Digital Care Technology
Care Technology Outcomes Framework

rethink partners

Local Government Association

This Care Technology Outcomes Framework is based on our experience of working with councils and care technology leads in councils over the last 15 months. It is part of a wider suite of tools and resources commissioned by the LGA as part of its Care Technology Support Programme. This framework is intended to act as a starting point for councils who want to capture benefits arising from care technology services and we hope start to create a platform for the sector to move towards standardising how benefits and outcomes are measured.

Each section focuses on capturing benefits relating to a key stakeholder group. Whilst a number of the benefits may arise from both analogue and digital care technology, there may be greater benefits from truly digital solutions (interoperable, collecting / analysing data, promoting self-management); and there are some benefits which in our experience are arguably unique to digital care technology solutions – listed below as "Digital Tech Boost".

Value for commissioners/councils

- Reduced care costs
- Delayed care costs
- Improved outcomes for service users
- Increased productivity / flexibility for care providers
- Increased job satisfaction for practitioners who are able to do more to support service users
- Increased understanding of staff regarding the appetite of service users to use technology to maintain their independence at home
- Better utilisation of third sector networks and community skills

Digital Tech Boost
- Increased impact / value
- Digital culture change
- Increased aspiration for meeting the needs of service users
- Enabling prediction of need and data for assessment

Quality of life/outcomes for service users

- Independence
- Safety
- Confidence
- Social connections
- Quality of life / pleasure
- Reduced risk of harm (falling, wandering)
- Prevention of escalation of need
- Reduced need for care and support in the home
- Ability to live at home / in the community for longer
- Choice and control in when and how to meet and manage needs
- Regained autonomy
- Improved health and wellbeing
- Crisis prevention
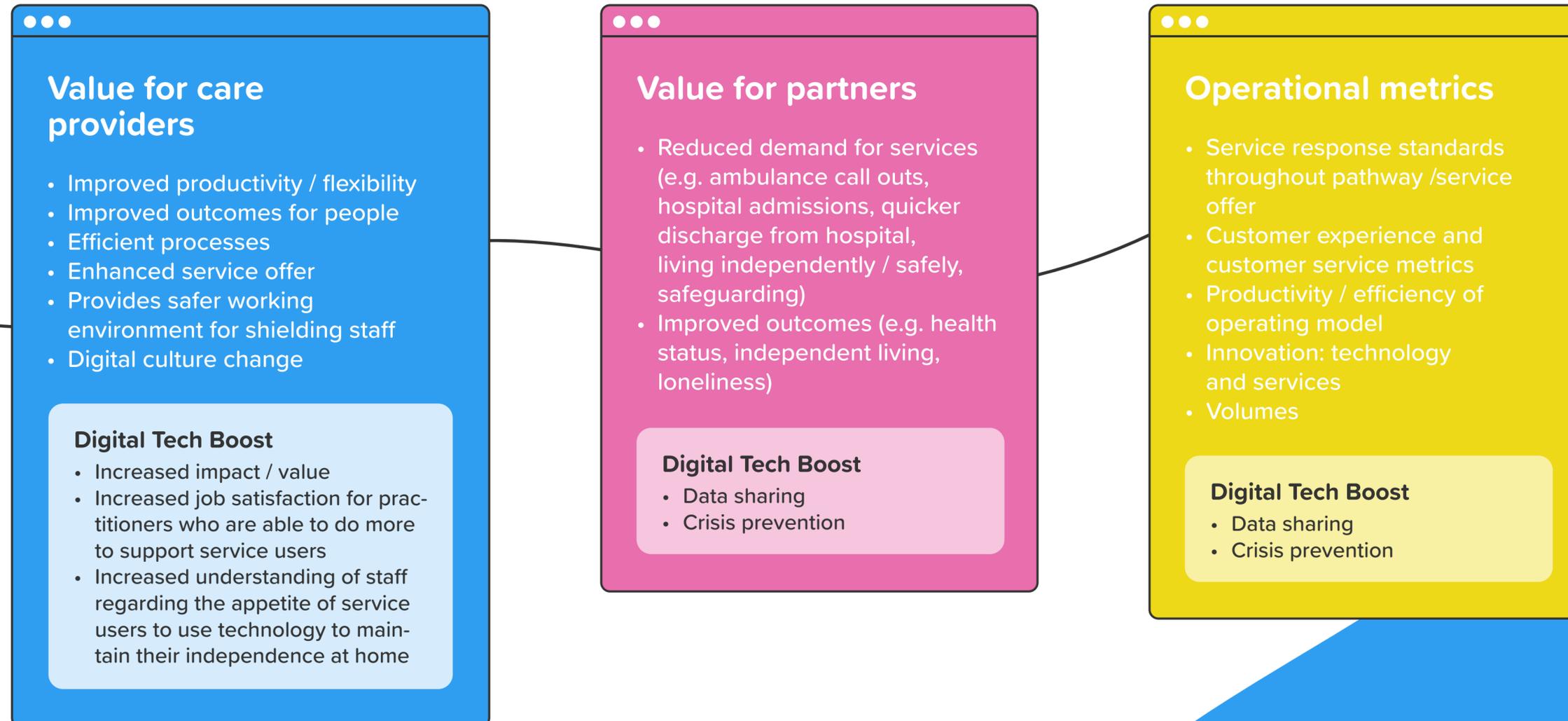- Increased independence
- Increased safety

Outcomes for carers and families

- Increased confidence / peace of mind
- Increased independence
- Protects shielding carers and family members
- Increased health and wellbeing

Digital Tech Boost
- Increased visibility of loved one through remote monitoring

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Value for care providers

- Improved productivity / flexibility
- Improved outcomes for people
- Efficient processes
- Enhanced service offer
- Provides safer working environment for shielding staff
- Digital culture change

Digital Tech Boost
- Increased impact / value
- Increased job satisfaction for practitioners who are able to do more to support service users
- Increased understanding of staff regarding the appetite of service users to use technology to maintain their independence at home

Value for partners

- Reduced demand for services (e.g. ambulance call outs, hospital admissions, quicker discharge from hospital, living independently / safely, safeguarding)
- Improved outcomes (e.g. health status, independent living, loneliness)

Digital Tech Boost
- Data sharing
- Crisis prevention

Operational metrics

- Service response standards throughout pathway /service offer
- Customer experience and customer service metrics
- Productivity / efficiency of operating model
- Innovation: technology and services
- Volumes

Digital Tech Boost
- Data sharing
- Crisis prevention

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Measuring impact, benefits and value

There are many challenges when it comes to measuring the impact and benefits of care technology, these include:

- **Lack of standardisation:** between suppliers, across councils, within councils. This makes it challenging to compare like with like and be confident that you are able to assess the true impact of technology across different solutions and settings. There is a tendency to report cashable and non-cashable savings together which can further confuse the picture and does not help transparency (see below).

- **Lack of independent research:** whilst this is improving and councils are increasingly sharing information with each other, there is a still a lack of recent, reliable evidence about the impact of care technology generally, and the impact of specific technologies in different settings / cohorts. The pace of change in technology means that academic research can often a bit behind the curve.

- **Digital vs analogue:** many suppliers will have evidence of impact across a number of similar domains whether they have analogue or truly digital solutions e.g. reduced costs of care, prevention, improved independence. Integrated, digital solutions - particularly those that make active use of data for real time monitoring – can provide greater benefits against similar metrics (outcomes and value), but understanding, unpicking and evidencing this can be hard.

- **Value vs affordability:** there is shared understanding across the sector that a good quality, well-used care technology offer can deliver improved outcomes for service users and generate economic value for commissioners and the wider public sector. Sadly, this does not always mean it is affordable for an individual council in a specific year. Councils need to consider available financial resources, competing priorities, and the timescale for cashable savings and a return on investment to be realised when making important decisions about when, how and how much to invest. This of course is challenging – but it places the onus on those leading care tech approaches in councils to make a strong case, and to think of more incremental ways of bringing a local vision to life.

- **What are real savings?** This is where the devil really is in the detail, but most councils are keen to distinguish between:

  - **Cashable savings:** where care technology results in genuine reductions in existing budgets e.g. reduction in overnight cover, reduction in existing care packages. Realising these benefits generally require some kind of decommissioning or change to care packages and/or care provider contracts. Cashable savings can also contribute to avoiding budget increases and stabilising demand, but this should be tracked so that the impact is visible and attributable.

  - **Non-cashable savings:** Where care technology has potentially resulted in a delay to the need for funded care and support, or has resulted in less care and support needing to be provided for a period of time. This can often only be measured based on the assessment of social workers or therapists at assessment / reassessment and will fundamentally be based on professional judgement. If the capacity that is freed up is simply taken up by other users then these theoretical savings will not be realised.

  - **Prevention / avoidance:** councils and commissioners are keen to make the case for value generated through using care technology to prevent escalation of need and to avoid adverse events such as falls. There is no doubt that care technology can make a significant contribution to helping people and their carers maintain a good quality of life at home for longer, but it is difficult to measure the impact in this space and to attribute this solely to the technology. Other factors will come in to play and these savings can be difficult to realise other than across a population and over the long term.

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Measurement and metrics

- **Outcomes v inputs:** getting the balance right between input, process and outcome measures is essential. Whilst there is a real need to focus on outcomes and not over prescribe how these are achieved, there will be elements of inputs and processes that are non-negotiable as they are fundamental to how you want outcomes to be achieved and delivered. Examples of this might be supplier response times, the standard of digital technology available, minimum volumes of technology deployed per month. Developing a value proposition for your service can help identify which metrics are important for you at different stages of the care technology process / offer.

- **Frequency:** deciding when and how you want to gather certain types of data is important and will be guided by:
  - Who is using the data and for what purpose
  - How difficult it is to collect the data
  - What data you need to assess the performance and impact of a care technology offer to make sure it is achieving its aims

Data may need to be collected daily, weekly, monthly, quarterly, annually or even on a one-off basis if you are undertaking an evaluation.

- **Qualitative v quantitative data:** generally it is easier and simpler to collect quantitative data and this can be built into systems and processes to ease reporting. But qualitative data is also essential to get a full picture of performance and benefits. The collection of qualitative data can be systematised; for example building in service user outcomes at the point of referral to establish a baseline and revisiting these as part of a re-assessment can ensure that qualitative data is also part of routine reporting.

- **Comparison:** it can be useful to make the case for investing in care technology to consider how you can create a comparator dataset without care technology. Will you establish a baseline? Create a control group? Compare historic data? These are all valid ways of showing the difference in value and outcomes that care technology can make.

Intelligence and using the data

It is helpful to be clear about how you are planning to use the data and intelligence in order to inform what, when and how you collect data.

Uses include:
- Using data to inform decision-making about investment
- Data to improve the performance of a supplier
- Data to influence stakeholders e.g. other internal teams, partners, senior leaders and elected members
- Using data to support culture change and embedding care technology into day to day practice e.g. through team meetings, adult social care performance dashboards
- To engage and report back to service users, carers and others who have engaged in the work
- To inform and influence care providers
- For business planning and budgeting – both for care technology budgets and services and for care budgets that may be positively impacted by care technology

Measuring outcomes

Whilst the measurement of outcomes continues to evolve, some useful tools include:
- ASCOT (Adult Social Care Outcomes Toolkit) provides a range of resources to help organisations measure social care outcomes and the SCRQoL (Social Care Related Quality of Life measure)
- The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a method of measuring wellbeing
- The ONS have developed guidance and questions to measure loneliness in children and adults

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