WM5G – Technology Enabled Care Executive Summary

Overview

Between September 2024 and March 2025, Birmingham, Coventry, and Wolverhampton City Councils implemented a Technology Enabled Care (TEC) pilot programme across 525 citizens in receipt of adult social care (ASC). The initiative aimed to enhance care outcomes and demonstrate the cost-effectiveness of TEC at local and programme level. Social workers in ASC teams identified citizens who might benefit from TEC and referred them for personalised technology solutions. These were selected, installed and a data portal provided through a fully managed care technology service (Alcove). The programme also employed Digital Care Navigators (DCNs) within the local authorities whose role was to support social work teams in identifying social care recipients who could benefit from TEC and embedding TEC in ways of working. Support for Local Authorities and DCNs was provided through an independent culture change and transformation partner (Rethink Partners). This evaluation reports on the outcomes for 323 citizens in receipt of care technology for whom data has been made available, and provides the evidence of benefits from which business cases for each local authority have been developed by project partners 4OC.

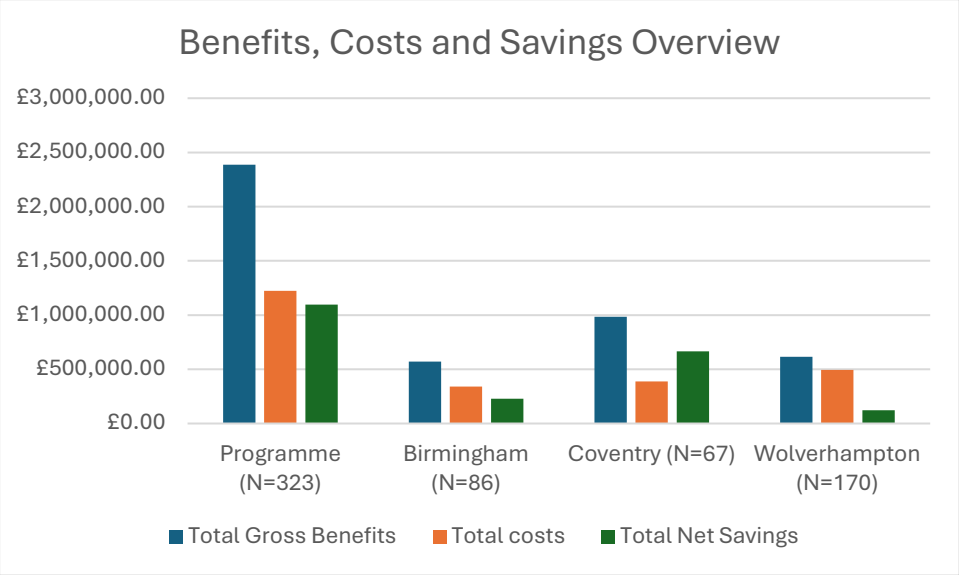
Key Findings

Programme level outcomes

- Gross annual savings of **£2.39 million** were identified, yielding net savings of **£1.1 million**, a Benefit-Cost Ratio (BCR) of **2.0**, and Return on Investment (ROI) of **90%**.
- The cost-saving was primarily through **delay (83% of savings)** and **prevention (14% of savings)** of care costs, rather than through **reduction of existing packages (3%).**
- Health service data showed signs of TEC flattening trends in ambulance and A&E usage, though no statistically significant changes were yet detected. This analysis is being continued over a longer timeframe as it will likely take longer for statistical trends to emerge.

Local Authority outcomes

- **Birmingham**: Achieved **£571K gross savings**, BCR of **1.7**, ROI of **67%**.
- **Coventry**: Realized **£985K gross savings**, BCR of **2.5**, ROI of **153%**
- **Wolverhampton**: Achieved **£616K gross savings**, BCR of **1.2**, ROI of **24%**.



Impact on Citizens and Carers

- **Improved Independence**: 84% of citizens reported feeling more independent; wearable TEC enhanced safety and autonomy, even outside the home.
- **Social Connection**: 60% said TEC reduced social isolation, though this varied by locale.
- **Quality of Life**: 64% indicated improvement; 80% felt the technology met their needs.
- **Informal Carers**: Reported increased peace of mind and found TEC helpful, although some noted issues with training and usability for citizens.

Impact on Adult Social Care Staff

- Staff appreciated TEC's ability to offer personalised care solutions and reduce pressure.
- Key facilitators included Digital Care Navigators (DCNs), targeted training, and peer support.
- Challenges included challenges with early internal communication to front line staff, availability of specialist technologies for specific use cases (e.g. epilepsy),

and uncertainty over long-term programme continuity.

Implementation Insights

- DCNs played a critical role in bridging staff and technology, though early training and integration challenges were noted.
- Staff engagement increased with visible case successes and strong leadership.
- Users showed willingness to continue TEC use post-pilot, though concerns about cost and ongoing access remain.
- Protected capacity to deliver a culture change programme is critical to the success of the programme.

Key adaptations to logic models

This evaluation was guided by logic models for the programme as a whole and for each local authority. The proposed outcomes of the logic models were treated as hypotheses which were tested throughout the evaluation. Key changes to the logic models as a result of testing include:

- Cost savings from TEC are primarily achieved through delaying or preventing the escalation of care needs, rather than through direct reductions in existing care packages.

- Successful adoption of TEC by staff and citizens requires sustained engagement, personalised support, peer learning, and clear early communication, rather than one-off training or exposure alone.

- Embedding TEC into adult social care services depends on broader system changes including culture change, integrated data platforms, and strategic alignment with healthcare partners, rather than technology implementation in isolation.

Conclusions and Recommendations

- TEC has shown positive outcomes for individuals and promising economic returns.

- To scale successfully, future rollouts should:

    - Strengthen upfront communication and training to front line staff.
    - Expand and diversify the device catalogue.
    - Improve integration with existing systems and workflows.
    - Clarify long-term funding and sustainability plans.
    - Continue co-production with citizens and carers.

Overall, the evaluation supports a strong case for broader TEC adoption across adult social care, with the potential to deliver improved outcomes, enhanced efficiency, and cost savings at scale.