

From confusion to collaboration: working together to make the most of TEC

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On 10th February I attended a gathering of 20 or so senior decision makers and influencers from various health, housing and social care organisations across England and Wales. The main question being asked was:

“Can outcomes for people be improved through collaboration between social care, health and housing and is technology enabled care (TEC) the enabler?”

As I'm fairly new in post, I was intrigued to explore the question and to listen to the different perspectives around the table. It was acknowledged that the potential of TEC (Technology enabled Care) to support people independently at home and in their communities wasn't being realised, and that health, housing and care needed to catch up with the digital shift that has impacted so significantly on all of our lives in other areas.

People who are in their 50s and 60s now are increasingly familiar with technology, so in 20 years' time, 70 and 80 year olds will expect technology in their homes. Given how ubiquitous technology is now and the accelerating pace of change, this next generation of older people will be not only accepting, but welcoming, of TEC. There is a relatively short period of time left until the vast majority of social care customers will be tech aware, and providers need to prepare for this. Professionals need to be well informed themselves in order to be able to give good information and advice on how technology can improve quality of life and empower people to take ownership of their wellbeing.

Discussion then turned to the barriers to TEC adoption, and there was a broad consensus that the tendency of health, housing and social care professionals to be risk adverse was a major challenge. An institutionalised mindset can sometimes act as a barrier to enabling independence, where professionals should be driving innovation. It was pointed out that consumers accept the risks of technology in the home not being 100% reliable every day (how often has your smart speaker misheard you or your mobile/broadband connection let you down?), and that they should also be able to choose to accept risks in relation to TEC. And of course, it doesn't have to be an either/or situation. Tunstall has a major focus on increasing interoperability, so why not have an ultra-reliable, standards compliant Lifeline system as well as consumer tech? I agree whole heartedly with the view that if professionals completely disregard consumer technology as too risky, they are putting the people they support at a disadvantage, limiting their choices and focusing on the legals, not the outcomes.

This led on to an interesting debate about issues of consent and capacity related to the use of technology and associated data, as well as cyber security. These are, of course, important issues, and it's absolutely true that as technology advances we need to be just as mindful of software and procedures as we do the technology itself. The potential for TEC to offer rich data insight is immense, but this too will have an impact on the way we work. Data only becomes insight when it's used in the right way; might we soon see data analysts becoming part of social care teams?

The discussion then turned to the role of prevention, where data insight around changes in someone's daily routines and habits can help to identify where 'upstream' interventions can help to delay need and manage demand. For example, changes in gait might indicate a high possibility of an imminent fall, in which case care and TEC can be put in place which can prevent a fall where possible, or at the very least prevent a long lie. I was interested to hear how Wales is making good progress in moving to more preventative models of care, with Carmarthenshire introducing proactive calling and TEC, and Cardiff using AI and predictive modelling as part of a falls project.

The group also considered how the increasing adoption of smart consumer technology in the home might lead to an increase in self-funding, e.g. investing in a washing and drying toilet might be preferable for some people to personal care visits. It could mean increased independence and dignity, and in some cases be more economical. However, it was agreed that this use of technology in place of human interaction needed to be balanced with the need for social inclusion, and that economics should not be the sole motive for providing technology.

In conclusion, I identified two major dependencies for development of a digital first approach in health, housing and social care:

- The need for a robust mobile network and accessible broadband network, with digital inclusion for all
- A national vision for the use of TEC, along with related legislation, to ensure we move away from small scaled pilots to population management models

Progress in technology is inevitable and accelerating. This roundtable event has confirmed the amazing opportunity TEC offers, but also highlighted the increasing urgency of addressing these dependencies and achieving a cultural shift amongst professionals to become more forward thinking. It is only by embracing change and driving innovation that we can offer the people we serve the best support possible.

Tunstall Healthcare is a headline sponsor of the Housing LIN's annual conference Vision 2020 on 26 March in Manchester. And for more about TEC, visit the LGA/ADASS/Housing LIN's [Going Digital webpages](#), also supported by Tunstall Healthcare.