Local Government Association

Local Investment Programme 2017/18

Final evaluation report

March 2019

NHS Digital

TRAVERSE

The Bayswater Institute

About the author

The Local Investment Programme is an NHS Digital funded programme managed by the Local Government Association (LGA). The LGA commssioned Traverse to evaluate the programme. Traverse have expertise leading high quality, mixed-methods evaluation for clients in health and social care and local government as well as other sectors.

Traverse demonstrated established and innovative evaluation for this programme and the Social Care Digital Innovation Programme 2018/19.

Contact socialcaredigital@local.gov.uk or visit www.local.gov.uk/scdip for more information on any of the projects

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Executive summary

The Local Investment Programme (LIP) 2017/18 is part of a NHS Digital funded Social Care Programme, focusing on improving digital maturity in the adult social care provider sector and using technology for better joint working between adult social care and the health sector. LIP is the first of three waves of funding for council-led innovation encouraging the use of digital technologies to improve the services, support service integration and create efficiencies within the challenging and increasingly financially pressed environment of health and social care. Through LIP, the Local Government Association (LGA) offered £50,000 of funding to 19 councils to develop these various technology-based initiatives.

Some projects have displayed measurable savings, for example **Barnet** (almost £500,000), **Solihull, Bath and North East Somerset** and **Nottinghamshire** have all evidenced varying levels of savings through reduced supporting independence and workforce efficiency. These projects will continue to be rolled out and expanded in future years, anticipating further savings.

Other projects, who were able to fully implement their approach and document significant non-cashable benefits include:

- **Hampshire**, who were able to demonstrate that the technology introduced improved independence of service users and freed up time for carers.
- **Liverpool**, where the project catalysed change and built confidence in the use of eMeds system and secured further funding to continue expanding.
- **Luton** and **Central Bedfordshire** who will continue to build on their approach of improving connectivity in care homes and have received funding to expand into more homes.
- **Norfolk** who have learnt from their project about how to improve their referral system prior to being rolled out for social prescribing across the county.
- **Kent** whose system for navigation of voluntary sector services has fed into the council's adult social care digital strategy published in January 2019 and aims to deliver savings in the long term
- **Plymouth**, whose project will be scaled up to all social care providers on the supported living framework and has the potential for a culture change towards improved collaboration.

These projects have not yet been able to evidence cost savings within the timeframe of the LIP programme. For some, this is because challenges at the start of the project delayed implementation, which has meant that it will take longer for project impacts to be seen. Several of these projects have used emerging outcomes from their LIP-funded projects to secure further funding or support to grow and expand their projects.

Other projects have not been able to fully implement their planned project. This has been down to either supplier failure (with contracting issues), data access issues, lack of project management or the digital solution being positioned in the wrong service area. All the areas that have not succeeded have provided valuable learning for the council-led projects and have informed the reflections within this report.

The sharing of information across council boundaries and between health and social care to integrate services and commissioning better was a key aim for many of the projects and was revealed to be incredibly challenging. Projects encountered issues with information governance and completing Data Access Request Service (DARS)[1] requests further exacerbated by the introduction of General Data Protection Regulation (GDPR)[2] during the course of the programme. More guidance is needed for future projects to help them to navigate these issues.

1 https://digital.nhs.uk/services/data-access-request-service-dars
2 https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr

Another outcome identified by the projects was to improve services for staff and service users by delivering some services digitally. This has led to users reporting increased digital literacy, independence and a reduction of social isolation and has also led to some care staff working more flexibly. Despite these successes, cost benefits for these types of projects will take longer to emerge. Additionally, to overcome challenges to adopting new technology, an understanding of the behavioural barriers and use cases for adopting technology from staff and users is needed. This could be achieved through user research and scoping within a project discovery phase.

While the LIP projects themselves have not always led to observable outcomes and cost savings, in some cases they have formed the basis of applications for further funding for a wider scale digital intervention which could have clearer impacts. Most projects have found it difficult to monitor and evidence outcomes and cost savings of their approach and local evaluations have been inconsistent. The evidence this could produce is essential for project sustainability for example when applying for future funding to further develop projects or producing internal business cases. To this end, the programme could have provided projects with greater support to evidence the scope of their intervention.

However, significant learning from the challenges that have emerged throughout LIP have formed the basis of the Digital Toolkit (Appendix 1) to help councils who are starting a new digital transformation project. This toolkit provides a step-by-step guide to introducing a new digital service and covers:

1. identifying the issue you are trying to solve
2. designing your approach
3. planning delivery
4. delivering the service
5. evaluating the success of the service including cost savings.

Additionally, learning from LIP has been built into future LGA and NHS Digital programmes, such as the Social Care Digital Innovation Programme 2018-19[3] (SCDIP). The programme has been designed so that projects undergo a discovery phase[4] prior to implementation to ensure that concepts and use-cases are tested, early challenges are overcome, and outcomes are effectively monitored. They have also been more prescriptive with monitoring tools to allow for constituents and ongoing evidence to support the success of projects.

For more information on the programme please visit www.local.gov.uk/scdip. If you would like to contact a project manager for any of the projects in this report please contact socialcaredigital@local.gov.uk.

3 www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/informatics/local-investment-programme/2018-19

4 www.local.gov.uk/sites/default/files/documents/SCDIP%20Discovery%20Phase%20Evaluation%20report%202018.pdf

1. Introduction

Background

The Local Investment Programme (LIP) 2017-18 is the first wave of NHS Digital funding aimed at encouraging the use of digital technologies to improve social care services and create efficiencies within the challenging and increasingly financially pressed environment of health and social care.

Through LIP, the LGA offered £50,000 of funding to 19 out of 76 council applicants. Projects had differing start dates, with some starting in summer 2017 and others commencing the following winter. In some cases this has had impacts on project outcomes. The learning from the first wave of funding has informed the shape of the future programmes; Social Care Digital Innovation Programme (SCDIP) 2018-19, and SCDIP 2019-21.

The LIP projects fall into one or more of the five following categories shown below:

Theme 1: **Sharing information and integrating services**	Theme 2: **Enabling people to interact with care services through digital channels**	Theme 3: **Promoting independence and wellbeing using digital services and technology**	Theme 4: **Integrating commissioning through the improved use of information and analysis**	Theme 5: **Enabling care professionals to work from any base at any time**
Luton & Central Bedfordshire: Enabling care homes to access NHSmail and care records	**Bradford:** The Digital Navigation Tool (DNT) for the front door	**Barnet:** Assistive technology in supported living	**Kent:** Care Navigator digital tool to assessing outcomes	**Peterborough:** Aligning systems using same social care database
Leicestershire: Maximising the benefits of the prevention journey	**Essex:** Video communication in reablement	**Bath and North East Somerset**: Range of assistive technology devices in reablement	**Liverpool:** Digital medication records in care homes	**Plymouth:** Enabling providers to access care management info
Norfolk: Online client referral system to voluntary sector	**Harrow**: Extend ePurse System to integrated personal health budgets	**Hackney**: Digital Cognitive Behavioural Therapy (CBT) for residents with long term conditions	**Wolverhampton:** Shared Delayed Transfer of Care (DTOC) data across five councils	**Solihull:** Providing Mental Health professionals with mobile tech
Nottinghamshire: Shared social care record system				
Sefton & Knowsley: Real time view of home care capacity	**Stockton on Tees**: Online care plan tool shared with professionals	**Hampshire:** Using voice activated home audio speaker for social care users		

Evaluation of LIP

Learning from these LIP projects provides an evidence base to help support ongoing local digital investment in health and social care. In December 2017 Traverse and Bayswater Institute (BI) were commissioned to assess the financial and non-financial benefits of the LIP projects as well as identify key learnings and provide future recommendations. As part of this process, Traverse and BI assessed the outcomes, impacts, challenges and enablers of the local projects, as well evaluating the programme more widely and the extent to which it has supported digital innovation.

Data used for analysis within this report has been captured through monthly progress reports, ongoing correspondence with local projects, and local evaluations where projects have reached this stage. The varying project statuses has meant that the level of information across projects is inconsistent and sometimes lacking richness. The thematic approach to evaluating projects should account for these gaps in information. We will comment on project reporting and local evaluation methods as part of our evaluation of the LIP programme overall (see chapter 4).

In April 2018, Traverse and BI published a report[5] with the interim findings from our evaluation, as well as emerging project case studies. In this final report we will provide detail about what has been learned since and focus on how learnings can be used going forward. Where there has been no change to projects since the interim report, we have provided cross-referencing to the interim report where this information is documented.

Project status overview

Projects' progress has varied significantly, responding to local contexts and needs. As projects have moved forward, they have adapted to overcome the real-world challenges they have faced. This report documents and analyses the iterative journeys projects took, assesses learnings from challenges and enablers, and makes recommendations for how these learnings can be applied to other localities and future innovation programmes. It focuses on case study projects that best illustrate learnings that can be generalised across projects and then takes a thematic approach to ensure that specific learnings captured can be applied more generally to guide the development and evaluation of future innovation projects. Project progress has been broken down into five stages:

Stage 1 **Intervention**	Stage 2 **Deployment**	Stage 3 **Usage and feedback**	Stage 4 **Evaluation**	Stage 5 **Business as usual**
• the technology has been selected • the stakeholders have been engaged • the theories of action and change have been described	• the operational procedures have been agreed and allocated • the method of engaging and users is in place • some technology in the hands of end users	• the experience of end users is captured • the experience with technology is monitored • there may be some iteration at this stage to further develop the service or technology • learnings generated	• extension of stage 3 • outcomes originally described in theories of action and change have been captured and compared to what was expected • indirect and direct costs of the approach have been understood	• project learning has been embedded • project has become business as usual or the project is expanded further

5 www.local.gov.uk/sites/default/files/documents/Local%20Investment%20Programme%20Interim%20Evaluation%20Report%20NEW.pdf

There has been great variation in the stages reached by the projects due to many factors:

- when their funding began
- unanticipated external issues halting progress such as relationships with providers
- challenges around data sharing including the introduction of the GDPR in May 2018
- challenges around reorganisation or re-procurement of services.

The stages projects have reached can be identified below:

Council	**Stage**				
	1	2	3	4	5
Leicestershire	x	x			
Bedford, Luton, Milton Keynes	x	x	x	x	x
Norfolk	x	x	x	x	x
Nottinghamshire	x	x	x	x	x
Sefton	x	x	x	x	x
Bradford	x	x	x	x	
Essex	x	x	x	x	
Harrow	x	x	x	x	
Stockton-on-Tees	x				
Barnet	x	x	x	x	x
Bath and North East Somerset	x	x	x	x	x
Hackney	x	x			
Hampshire	x	x	x	x	x
Kent	x	x	x	x	
Liverpool	x	x	x	x	x
Wolverhampton	x				
Peterborough	x	x	x	x	
Plymouth	x	x	x	x	x
Solihull	x	x	x	x	x

2. Detailed project case studies

Overview

This section will examine five LIP projects in detail. These projects have been selected as they best illustrate the most recurring themes across all LIP projects, surrounding the complexity of introducing digital innovation into service delivery, as well as potential outcomes and future possible impacts. These provide examples of five factors essential in carrying out social care related digital projects:

- engaging stakeholders (internally and externally)
- the selection and procurement of appropriate technology
- the application of the technology including training staff and making changes to service delivery
- culture change for technology adoption
- the collection and analysis of evidence regarding economic and social outcomes.

London Borough of Barnet

The project	This project aimed to use care technology to support service users with complex learning disabilities and who are based in supported living facilities. They partnered with care technology specialist, Argenti Care Technology (part of PA Consulting), to provide more personalised, independence-enhancing support, as well as a quicker response to issues. The project focused on four strands of work: • increase in non-intrusive support, eg reduced night cover, less 1:1 where no direct care is delivered • person-centred care; better match between user's real needs and the care provided • link to Strengths Based Approach; if the user can do something for themselves, they should be doing it • quality of life and independence; greater sense of freedom and control.
Challenges and learning	Limited awareness of technology available: Early in the project, project leads identified that there was a limited awareness of the range of technology solutions available to people with learning disabilities. Attitudes towards technology: Care providers and families also raised sensitivities around the use of technology and the fear that it was being used to replace human contact and care. This highlighted a need for service-user engagement. Evaluating impacts: Project leads identified another challenge as determining the actual cost savings of this project within the scope of what technology can achieve. To overcome these challenges, the following approach was adopted: • engagement and communications with providers • pre-assessment and communication with service users and families • identify potential savings from the introduction of the technology and then establish savings have been achieved once technology had been installed and trialled.

Outcomes	The project exceeded the target of 18 service users being supported by March 2018 and by the end of the project had seen 22 service users across three providers. It achieved its project outcomes which included: Service users; • more personalised care • greater feeling of independence • instant response and support to issues • increased dignity from the reduction of face-to-face non-personal care. Professionals; • satisfaction of helping service users get the best care and maintain their independence. Council; • The installation of care technology did not result in a saving in every case. However, identified cost savings of up to £20,000 were achieved through reductions in overnight care in particular. Based on actual other costs of care avoided, the savings for the 22 cases in the full 2018/19 financial year will total £152,666. Full year savings for 2019/20 are projected to exceed £435,000.
Future scope	If the technology remains in place, there will be a recurrent and growing saving as more service users adopt the technology. The project could serve to promote better use of data and monitoring analytics to gain a more accurate picture of an individual's needs. It provides an example of an approach which structures care around technology.

Hampshire County Council

The project	This project trialled the use of the Amazon Echo/Alexa within Hampshire County Council's technology service working with Argenti. The Amazon Echo is a voice-activated home audio speaker with Wi-Fi and Bluetooth connectivity. The project goals were to: • run a pathfinder project with the Echo/Alexa for 50 people with social care eligibility • trial and refine an app that had already been developed, linking Alexa with alerts on TV (or other devices) to remind users of instructions such as 'take a pill' • develop a new app with calls to action and information, for example to remind individuals to keep hydrated or not to miss care provider visits • partially sighted and socially isolated service users could particularly benefit by being able to simply ask for information (next care visit, weather, local news, etc.) or switch on services like digital radio or audiobooks • forecast, measure and track benefits, including savings • provide a proof of concept and demonstrate future ways that Alexa and other devices can be used in a care setting, eg calling the 111 service after a certain trigger words have been spoken by the service user. The pathfinder project fully aligned with the council's move towards a strengths based social care, which focuses on helping people to help themselves and ties in with Hampshire's digital strategy to become 'digital by default', delivering cost effective services and increasing productivity.
Challenges and learning	Ensuring that using Amazon Alexa was compliant with data governance protocols. Ensuring an information governance model can be developed that enables the deployment of bespoke Alexa skills given that data will be held. Securing enough suitable volunteers for the pilot and managing activation. So far, more value has been achieved by focussing on supporting users to get the benefit from existing skills than trying to develop new bespoke skills.
Outcomes	72% believing the voice-activated assistant would improve their daily routine. 62% believing that it would relieve feelings of isolation, while 68% feel it helps maintain independence. While the feedback from users confirm that people still need physical care, one in three feel they could spend less money on care in the future. Two service users care packages were reduced with a total value of £5,000 per annum. 48% agree they could rely less on carers or care workers. "You need other stuff rather than physical stuff. You need to look after your mental wellbeing. I like reading books, and it does that for me." Service user

Future scope	These positive numbers indicate that technology could increase care and although not a replacement, the trial shows technology can reduce the risk of carer burnout. Currently, many family carers find themselves exhausted, without the option of respite care. If this leads to a breakdown of care, their family members can end up in care homes prematurely. These are incredibly difficult and upsetting situations, but ones that a wider rollout of voice-controlled assistants could reduce. This evidence provides an insight into how people might remain more independent and engage with statutory care later in their care journey. Supporting family members and informal carers is a model that councils should possibly signpost or offer through a collaboration with companies such as Argenti in future.

Liverpool City Council

The project	Care Quality Commission (CQC) inspections have highlighted the problems with medicines management in care homes. This project originally aimed to help with this issue by digitising medication adherence records. As part of this, Liverpool City Council worked with the 20 care homes who have had the most serious safeguarding incidents around medicine management to reduce medication errors and free up care home staff time. The project originally planned to introduce an Electronic Medicines Adherence Record (eMAR). This would have allowed medicines to be scanned and logged into a system, allowing for an automated reordering process. It was estimated that this would save an average of 15 hours per month per care home handling stock and could reduce over ordering, which would also reduce the cost of medicines wastage.
Challenges and learning	Engaging with care homes and signing them up to the eMar approach was more challenging than originally envisaged with operational challenges described below. The decision was taken not to enforce a choice of solution but to let the homes decide for themselves which eMar solutions to adopt via the Liverpool Care Homes Partnership, a Community Interest Company to empower care homes to make their own decisions, rather than the council dictating the solution. This aimed to increase buy in and explore the benefits of different solutions. The result was that nine homes decided on the Cura medication module and four chose PASSsystem, a product from from Everylife Solutions. An operational challenge was in ensuring that all homes had adequate Wi-Fi to enable the solution to work reliably. This limited the initial number to 13 representing some 500 beds.
Outcomes	The project has catalysed change and built confidence in the use of eMeds systems. The approach is aligned with the renewed push to provide better community support.
Future scope	The goal is still to address 90 homes in the long term and further funding is being secured to achieve this.

Nottinghamshire County Council

The project	The original aim was to have access to a shared record system to allow social care staff to access real-time acute, mental health, primary and community health information and allow more efficient use of practitioners' time to access service user data. Nottingham University Hospitals (NUH) had already set up a Nottinghamshire Health and Care Portal (Graphnet/System C CareCentric Portal solution) with data feeds coming in from Sherwood Forest Hospital Trust (SFHT) and GP data from a feed from the Medical Interoperability Gateway (MIG). They were also working with Nottinghamshire Healthcare Foundation Trust to get a Rio Mental Health Feed. Nottinghamshire County Council (NCC) were able to join this programme as a new user to the system supported by existing programme governance arrangements and processes. There were two parts to this project: • develop a social care view of the existing data available within the portal through a contextual link from the Mosaic Social Care system directly to the service user information • to upload a regular dataset of social care data into the portal to allow health staff access to information to make clinical decisions
Challenges and learning	Early engagement with Information Governance (IG) was difficult owing to the absence of having a finalised visual system available. The challenge of encouraging health IG leads to support to resolve IG issues where the benefits were seen as being only to social care. This has added to a delay in getting the necessary GP sign up so that MIG data could be made available for social care. The low level of understanding across clinicians in health about why social care staff need health information to carry out high quality assessment and support planning as well as provide appropriate support and care. NCC have had to explain this in detail using case studies delivered by front line staff, to gain commitment from clinicians. NCC have challenged supplier system specifications. This has led to two benefits: • more appropriate information being visible to different levels of staff • real-time availability of social care data to health staff via FHIR, is a standard for health care data exchange, published by HL7 – potentially support a standard national model for shared care records. It was very helpful to have case studies about when information is needed and what the current information sharing processes are, as different social care teams have different requirements. This has been used to baseline potential benefits to the system and provides clear use cases for any IG concerns raised.

Outcomes	Have succeeded in providing access to pilot social care team to view health data in the portal in January 2019. The GP data is still outstanding pending 100% GP sign-up (85% in February 2019) Swifter and more informed decision-making for all staff and significant reduction in time chasing information. NCC have seen multiple cases where having access to health information has saved hours of social care time. Further benefits mapping is taking place assessing the impact of the time saving impact for staff, and improved outcomes in patient care. Staff felt they consistently spent two to three hours per day chasing information from health which can now be accessed on the portal.
Future scope	Future roll out for other teams will begin later in the year. Phase 2 to design social care data to be available to health clinical staff has begun the development stage. NCC is now part of the ongoing Nottinghamshire Health and Care Portal (NHCP) programme. With more information becoming available to organisations across Nottinghamshire the NHCP will improve system wide information sharing and improve outcomes for service users and citizens going forward.

Sefton and Knowsley Council

The project	Aligning the process of requesting home care services across councils and providers. This was to be achieved by enabling a real-time view of home care service requests, existing home care delivery and capacity across the region for health and care professionals and commissioning. The aim was to develop a digital interface through the current case management systems which would: • maximise resources across the respective workforces through an electronic process • ensure a better service user experience through a sophisticated electronic pathway system • provide audit and accountability of transactions and communications • ensure service user privacy is protected through the use of a secure system.
Challenges and learning	Progress was interrupted by a re-procurement of domiciliary care providers, which led to a six month delay to the project. Until the new providers were on board, the engagement around the use of the system could not begin.
Outcomes	The project has progressed but not as far or as rapidly as anticipated given delays. Home care providers in Liverpool are engaged and submitting daily capacity tailored to their organisation and the areas within the region that they serve. This information is available to selected users enabling them to see and understand in almost real-time what each home care provider's capacity is to take new home care packages and particular areas. The capacity view can be rolled up to give brokerage and commissioning a high level view of provider and area capacity and capabilities.
Future scope	Goals of integration across the region is still being pursued and the goal of better balancing domiciliary care capacity with need required two steps: • the registering of care capacity on the Strata system to provide visibility of capacity and enhance the business intelligence from the capacity data provided • rollout the mechanism to send referrals electronically across the region.

3. Project outcomes

Overview

While the case studies illustrate some of the core outcomes and challenges, what follows is a thematic analysis of the outcomes, challenges and key learning across all projects. Initial outcomes and challenges may have been covered in the interim report (April 2019)) so this section collates additional learning.

Below is a table summarising the key outcomes, challenges, learnings and cost savings of all projects that have not been discussed in the case studies:

Essex County Council (delivered by Essex Cares)	
Brief project synopsis	Testing the hypothesis that video calls can replace physical visits to an individual at home by care workers through the Essex Cares reablement service.
Key outcomes	More independence. Confidence in using online services. More frequent and/or better quality contact with friends, especially following a hospital stay.
Challenges and enablers	Service users concerned that they were being 'sold' something by tech suppliers. Some residents had too complex needs for this service. Training on the use of devices needed frequent refreshing for staff. Referrals required three separate forms which became an administrative burden. Some areas had such poor connectivity they could not participate in the pilot.
Additional learnings	Video is not appropriate for short-term interventions (such as reablement) as it does not give time to adapt to the service. Younger people were more comfortable on tablet based services and older people on TV services. Offering an incentive to frontline staff enabled an increase in referrals, however an unintended outcome was once the referral was made some teams disengaged with the rest of the process. Compliance with GDPR meant this pilot had to use specialist applications that met the requirements, but care professionals felt that using mainstream platforms such as Skype and Facetime would have been easier to introduce due to confidence and familiarity.
Future potential / scalability	Although none of the participants had a care visit replaced with a video call, half of the participants would have been happy to do this had circumstances allowed. Four people were prepared to pay for the device on an ongoing basis out of 17 installations. Ongoing care (such as home care) would be more appropriate to embed this technology.
Cost savings	The cost of a visit could be reduced by up to 40% if undertaken via video call rather than a personal visit - though in practice none of the visits were replaced with a video call so no savings can be attributed to this project.

Solihull Metropolitan Borough Council	
Brief project synopsis	Mobile technology to access real time service user information for mental health professionals.
Key outcomes	Immediate and urgent information from Care First database. Considerable time savings for mental health professionals. Mileage is being reduced due to not having to return to the office to seek or write up information. Improvement in data quality as no forms are being completed by hand.
Challenges and enablers	Initial technical issues surrounding 4G were overcome but introduced a delay.
Additional learnings	This project will complement the update and replacement of the Social Care system used in Solihull, which will be designed to be used on the go by professionals.
Future potential / scalability	Solihull have appointed a Digital Programme Manager to ensure sustainability of pilot outcomes. Ongoing connectivity and maintenance costs will be provided by the council.
Cost savings	Estimates to save 24 hours per week of approved mental health professional's (AMHP) time and saves around 10 miles per assessment. Without accounting for new staff that makes for a total saving of £28,380.

Bath and North East Somerset Council	
Brief project synopsis	Technology Enabled Care (TEC) as part of the referral and assessment process (within reablement) before introducing care packages.
Key outcomes	22 service users were provided with care technology. Overall there was some decrease in number of therapist visits needed (15%). This could have been greater if the pilot was extended. For some cases, therapists reported an improved sense of reassurance in their care package recommendations (15%). There were examples of more personalised care and greater independence.
Challenges and enablers	New GDPR regulations required time to ensure the pilot met the regulations. There were several teething issues with technology due to a lack of supplier testing before going live. The computer system used by the therapy staff was incapable of exploiting the technology to the full extent.
Additional learnings	More time should have been spent on gaining the full buy-in from the senior management team from the operational aspect of the pilot. The time from assessment to installation of TEC was too great and should have been installed sooner after discharge.

Future potential / scalability	Had the trial been able to continue longer, evidence of the efficiencies within the reablement team for expediting decision making would be seen. Whilst the pilot did not demonstrate a reduction in the number of rehabilitation worker or therapy visits in every case, it did demonstrate a mitigation of the risk factors for readmission to hospital. Work is underway to embed this approach as business as usual.
Cost savings	Total cost avoided over 52-week period: £4,563.86 (larger sample size may bring more savings).

Norfolk County Council	
Brief project synopsis	Generate, track and follow-up social care service user referrals to local voluntary sector organisations via an automated signposting process.
Key outcomes	The number of referrals made has been lower than anticipated and some referrals are being made to the wrong organisations. However, feedback from service users successfully referred using the system was positive overall with 77% of people saying it had helped them to remain independent for the foreseeable future.
Challenges and enablers	Practitioners identified organisations that they refer to and that would be useful to be on the system, however many of those approached have not wanted to join the network as they manage their workload. An increase in the complexity of the needs of people contacting social care meaning fewer are suitable for signposting only.
Additional learnings	Existing referral form needs to be incorporated into the Norfolk Community Advice Network (who managed the referrals) system to avoid there being two separate systems.
Future potential / scalability	The learning from the pilot has been used to inform the use of the referral system for the roll out of social prescribing across Norfolk.
Cost savings	Anticipated reduction in cost of formal packages but it has not been possible to measure the impact on delaying or reducing the need for formal care.

Kent County Council	
Brief project synopsis	A digital tool that assesses the effectiveness of the voluntary sector care navigation and monitor outcomes for individuals.
Key outcomes	The project was delayed from April 2018 to August 2018 because of slower engagement with Kent County Council IT support. The app went live in August 2018.
Challenges and enablers	Usability testing showed that there were some elements of the tool people found challenging, such as separating the care navigator from the service they received. The tool initially had technical difficulties extracting reports from the database.
Future potential / scalability	Pilot has fed into the council's adult social care digital strategy published in January 2019.

Cost savings	No savings realised as pilot was delayed, but financial targets of (10% saving on their homecare spend and a delay of four to six months in uptake of statutory services) are considered achievable in the long term.

Peterborough and Cambridgeshire	
Brief project synopsis	Align their adult social care systems to support integrated working across the council boundaries.
Key outcomes	Understanding pathways and equalising coding language across the region has taken a long time. The development of data standards and service mapping will aid embedding in the future. Challenges overcome such as correct address entry and developing a data dictionary will remain valuable.
Challenges and enablers	Despite expectations for a successful bid, no national funding was made available to the health system for social care integration, which has meant that health have been less engaged than expected. The realisation of many of the integration benefits with health will take more time and are dependent upon the continually shifting context of IT in healthcare.
Additional learnings	The service mapping was undertaken differently in Peterborough and Cambridgeshire, where one used outside consultants. It was found that the intricacies of the pathways looked at were more effectively mapped by someone with local knowledge.
Future potential / scalability	The project will support the move to integration that has been started. The experience of integration of Mosaic across councils is becoming better understood. Unrelated to the LIP project, Richmond and Wandsworth have also undertaken a similar project and have valuable experience that Peterborough and Richmond are sharing in.
Cost savings	Roll out complete in 2021. No evaluation until 2022.

City of Bradford Metropolitan District Council	
Brief project synopsis	Digital navigation tool - powered by Artificial Intelligence (AI) to make call handling more efficient and take pressure off frontline.
Key outcomes	Taking a staged approach to creating the technology, starting with monitoring calls and applying speech and text.
Challenges and enablers	Difficulty with regional recognition of spoken word. Rescon Technologies, a technology developer, working with council IT to determine feasibility of interoperability with council and health it systems.
Additional learnings	Proof of concept user research with service users and staff providers helped to outline what would be most relevant and scope out what was possible with the technology available. Efficiencies from digitising services could free up additional resources which could be directed to people who experience any digital inequalities.

Future potential / scalability	Will continue to test, iterate and improve the service. More funding is needed for the next stage of delivery.
Cost savings	With full integration, estimated that 20% efficiency savings could be made across the access team with calls being filtered to the right teams and information being brought up for the call handler.

London Borough of Harrow	
Brief project synopsis	Extend My Community ePurse system which supports purchasing social care/equipment via personal budget online system to people with personal health budgets.
Key outcomes	Started deployment of IBM Watson Care Manager ePurse, although this was delayed. The additional required functionality will not be available until April 2019.
Challenges and enablers	Staff changes and internal reorganisation within the council has hampered progress. In the interim, Mosaic has been updated to handle personal health budgets.
Additional learnings	Project laid the foundation for wider programme of work around integrated budgets and personal health budgets.
Future potential / scalability	With leadership changes it is not clear what the future programme of work will look like.
Cost savings	No cost savings realised on this project.

Luton and Central Bedfordshire Councils	
Brief project synopsis	Enabling residential care and nursing homes to access NHS mail and electronic shared care records with health services.
Key outcomes	This has been successful with 13 care homes completing the Data Security and Protection Toolkit, and accessing NHS mail.
Challenges and enablers	The homes have been further incentivised to engage by establishing better quality Wi-Fi across the homes.
Additional learnings	Adopted a staggered approach for introduction of technology, from bronze to silver to gold. This has ensured buy in and build-up of commitment over time.
Future potential / scalability	The success in 13 homes has made a case for a wider roll out to 100 homes, with £995,000 obtained from NHS England to achieve this.
Cost savings	Anticipated reduction in cost of non-elective admission of £1.2million giving a crude average of £12,000 per home following though this saving will be challenging to attribute. Reduction in discharge team process costs.

Leicestershire County Council	
Brief project synopsis	Identify cohorts of service users from a risk stratification system to be able to coordinate care.
Key outcomes	The Data Access Request Service (DARs) was essential to share the data and is now in place. Agreements are now being put in place for the data sharing. The project has been moved into the Business Intelligence Team and is intended to become central to using a range of screening/ assessment/monitoring tools.
Challenges and enablers	The DARS process took a long time: 15 months in total. Concern about a flood of data requests once the capability is realised.
Additional learnings	Service deployment requires new staff members who can lead on the new way of working.
Future potential / scalability	Big potential learning for other councils around how to complete the DARs process. The LGA funding facilitated the technical issues around DARS and during this time strategic buy-in to the data use has evolved.
Cost savings	There will be a lessons learned document that will be produced in January and distributed by the LGA and the council.

Plymouth City Council	
Brief project synopsis	Enabling supported living providers to access care management information through a multi-agency view.
Key outcomes	Implementation of multi-agency view has gone live. Initially work will focus on commissioned providers assessing non-complex, existing clients. During the pilot to date only four to five assessments have been completed, with a further six identified. However, the approach will be rolled out with 17 providers by March/April 2019.
Challenges and enablers	It has taken time to determine what data needs to be shared and ensure that all terminology is shared. Outsourcing of IT has been slower than expected.
Additional learnings	The project identified some issues around application of the Care Act which have been resolved through the project period.
Future potential / scalability	Will be scaled up to all social care providers on the supported living framework and has the potential for a culture change towards collaboration. Will lead to more collaborative working with providers.
Cost savings	Cost savings are likely through a slicker review process between the council and supported living provider but this has not be calculated at the time of writing.

City of Wolverhampton Council	
Brief project synopsis	Project to introduce shared data across five councils in the West Midlands covering DTOC and reason for hospital admission.
Key outcomes	A&E attendance and hospital admissions dashboard created by Predict X using existing data. The DARS was approved late December 2018.
Challenges and enablers	GDPR limited access to data. Challenging to maintain relationships with several health partners as DARs approval is sought.
Additional learnings	The scale of the project was perhaps too wide to start with, seeking shared data across many councils. Scaling back will enable the solution to be tested in 2019 following DARs approval.
Future potential / scalability	The dashboard created includes useful data for health and social care service planning. At the time of writing new data has not been inputted into the dashboard.
Cost savings	The project has not progressed enough to realise any costs savings.

London Borough of Hackney	
Brief project synopsis	Linking council, health and voluntary and community sector datasets to identify residents with specific long-term conditions to generate uptake in a new digital CBT tool
Key outcomes	The data sharing has been agreed between the need identification work to be carried out by the Clinical Effectiveness Group at Queen Mary Hospital and the targeting of the CBT intervention. Anticipate receiving the first data set by April 2019.
Challenges and enablers	Delays agreeing the data sharing means that the project will be delivered later than planned in March 2019.
Additional learnings	More focussed management needed to overcome IG issues. Pilot well behind target more rigorous project management could help.
Future potential / scalability	Not clear at this stage.
Cost savings	The project has not progressed enough to realise any cost savings.

Stockton-on-Tees Borough Council	
Brief project synopsis	Online Care Plan tool shared with all professionals (with consent) in order that service users only have to tell their story once. Project abandoned due to supplier issues.
Challenges and enablers	There was good buy-in for the project from the council and health partners. However, there were early delays in the delivery of the open publicly available application programming interface (API) software from a supplier.
Additional learnings	Early testing of supplier technology is essential in establishing required functionality. Where there is development required the relationship between the council and the supplier should be direct, closely monitored and linked to payment.

4. Outcomes

Sharing information and integrating services

Projects have led to the improved sharing of information through streamlined digital platforms that attempt to cross council, as well as health and social care boundaries. Outcomes from better sharing of information and integrating of services are listed below and are further detailed in the interim report (page 9):

- Fewer emergency admissions as some admissions could be avoided through digital communication with health care professionals and new uses of advanced assistive technology for service users and timely access to the most up-to-date service user information for health and social care staff.
- Fewer admissions would mean that care staff have time freed up.
- Efficiencies available to the system such as automated staff allocation.

> "This will make such a difference just knowing who else has been involved in their care. It will save me so much time!"
>
> **Social worker,** Nottinghamshire County Council

- Less or no delayed transfers when returning to care homes.
- Accuracy of data collected particularly for projects where data can be accessed and inputted at the source could reduce medical errors and insurance payments.
- Savings from shifting cost of care from acute to community settings and from statutory services to self-care and prevention.
- The ability to monitor digital product use through usage data.

Key learnings

- **trust** takes time to build up
- it is a challenge integrating and sharing data between health and social care
- data sharing authorisation from NHS Digital through a DARs process can take a long time to get approved
- it is important to note that convincing people to share data is a **time/cost in itself**.

Enabling people to interact with care through digital

One key outcome for some LIP projects is the ability for service users and care staff to engage in care services digitally. This not only provides greater independence for individuals (for example in Hampshire) removing the intervention of a care worker or hospital visit where this is not needed. It has also had the outcome of freeing up care worker time as for some projects, the technology introduced has enabled them to access care records eg Plymouth). Additional examples are provided in the interim report (on page 11 and 13).

Engaging with digital services had additional benefits for individuals, including:

- In some instances, engaging with the digital services reduced the feeling of isolation eg Hampshire.
- Improved wellbeing and increased independence was an additional by-product of some of the digital services offered, where the day to day lives of individuals was improved. For example, In Essex, the software allowed individuals to communicate with family members and friends and helped to improve their digital capacities (87% felt that one of the benefits of using the device was improved confidence using online service and social interaction).

"I loved being able to try out gadgets I have not been able to try before. It has helped me feel better."

Essex service user

- Several projects found that using technology meant a decline in the number of care visits for reassurance (eg Barnet and Bath and North East Somerset) further freeing up staff time.

Possible future outcomes:

- better care coordination and personalised care planning
- help to reduce health inequalities
- furthering the personalisation agenda.

Integrating commissioning through improved use of data

Several projects aimed to streamline commissioning or signposting services through data sharing platforms. This aimed to improve personalisation of care packages, automate and reduce administrative burdens. Additionally, these services were expected to reduce hospital, care home admissions and wastage of medicines.

Possible future outcomes:

- more effective commissioning of care navigation service
- identification of most effective community resources
- analysis of level of public follow-up of recommendations
- identify individuals who will benefit from further proactive interventions
- empowerment of service users and patients to become the commissioner and control their own care.

Enabling care professionals to work from any base at any time

Some projects (eg Solihull and Plymouth) have improved the flexibility and efficiencies of staff, allowing them to access and input data remotely. This has led them to see more service users and allowed them to optimise any waiting time and time outside of the office and has given them the option to work out of hours.

LIP projects leading to further work/investment

Some projects have sought further funding or expanded their projects based on learnings from LIP, for example, in Norfolk learnings from LIP have informed wider use of their referral system, in Solihull the pilot will be continued in conjunction with new software being developed, and in Kent the pilot has fed into the adult social care digital strategy 2019.

Other projects are not being expanded or operating as business as usual. This may be due to supplier failure (with contracting issues), data access issues, lack of project management or the digital solution being positioned in the wrong service. All the areas that have not succeeded have provided valuable learning for the council-led projects and have informed the reflections in this report.

Additional challenges and key learning

Challenges and enablers were discussed in the interim report (April 2018). The grid below highlights what was covered. Additional learnings since that date and further details are discussed below.

Theme	Project Impact
Ambition – the benefits of starting small	Some projects demonstrated the benefits of having narrow ambitions initially with a clear route to scaling once success was demonstrated. This contrasted with other projects that tried to engage widely from an early stage.
Information governance, data sharing and consent	The importance of this topic has seen it recur across nearly all projects. Some projects struggled with their Data Access Request Service applications to NHS Digital.
The impact of General Data Protection Regulation (GDPR) on projects	GDPR had a significant impact on projects both from a compliance point of view but also due to availability of information governance resource during the project.
Developing with partners and coming to agreement about intellectual property (IP)	The choice of buy or develop regarding solutions requires consideration of IP issues. This is particularly true when collaborating with the private or university sectors.
Ethics approval	Health has a much higher standard of ethical approval if the intervention is identified as research. As integration of health and social care progresses it will become very important to clarify what kinds of interventions qualify as research rather than service development or audit.
Sustainability of approach	Two of the projects have demonstrated a 'pump priming' approach to modifying practice where the LGA funding has acted as an exemplar. The future costs of the intervention will be borne outside of the health and social care system but provide benefits to the payer and the system. This is a highly sustainable approach. Other interventions cause cost to be incurred in external budgets but have great improvements in efficiency and outcomes.
Implementing behaviour change	Some projects have shown innovative ways to incentivise behaviour change. This is often a key cultural issue and any behavioural ways to embed new practice are highly pertinent.
Benefits realisation and data acquisition	This has been a recurring challenge with some projects not generating outcomes within the project timescale. Further, it often necessary to run a new service for a period to let practice embed and for longitudinal data to become available. Additionally, mechanisms were not always put in place to collect data that would capture the outcomes proposed.

The benefits of starting small
Challenge of working with multiple partners: multiple projects including Wolverhampton, Bath and North East Somerset, Hackney and Bradford had to change their approach due to issues with multiple partnerships that were challenging to maintain.

Key learning:

- ensure buy-in from most engaged stakeholders at the start of the project. Once initial project challenges have been overcome and the project continues to develop,other stakeholders will be given the confidence to participate.

Building the intervention slowly: Projects that took a gradual approach to implementing their services had more success. In Luton and Bedfordshire and Liverpool they adopted a gradual approach to introducing digital services into care homesensuring that care homes had Wi-Fi set up first. After initial scoping, Wolverhampton reduced the number of councils that they were partners with to have a leaner approach to overcoming project challenges. (See interim report p19)

Key learning:

- Build up the approach over time, overcoming initial challenges to the more crucial elements and then adding onto the solid base.

Information governance and consent
Using or sharing secondary data has been crucial for several projects to deliver their outcomes, but this has been a complex process, relying on approvals from multiple parties. Several projects have experienced delays as a result, including Wolverhampton, Leicestershire and Hackney.

Liverpool, Sefton and Knowsley and Kent have adopted successful approaches to overcome the DARS issues. These rely on establishing data sharing agreements as part of the project roadmap and avoiding using identifiable service user data where possible.

Key learning:

- In the interim report it was suggested guidance be offered from third parties to support the complex DARS process.
- Further LIP project experience indicates that data access requests can be complex and resource intensive (dependent upon the number of organisations involved) and bespoke in terms of data sets. Therefore, the key organisational capabilities in making the DARS request are a business analyst who can make the case for the data need and a full-time project manager who can oversee the DARS process.

Key learning:

- Care system innovation projects experience fewer barriers to data management than service user journey innovations. This is a benefit but skews innovation towards such system developments at the expense of projects that consider the service user journey. To move to an outcomes-based approach that is service user focused there needs to be guidance on how data can be used to achieve these benefits.

GDPR
The EU GDPR came into force on 25th May 2018, during the live pilot period. It caused many projects to reassess aspects such as consent and privacy impact assessments. This at a time when the information governance leads were focused on the many data systems across their organisations. There is evidence that this interrupted or delayed many projects and slowed the move to evaluation.

Key learning:

- Legislative changes on the scale of GDPR do not occur with great frequency. However, health and social care are provided against a background of continual change, which means that projects need to learn from this experience and be flexible, adopting an iterative approach.

Intellectual property

The ownership of intellectual property has been a source of risk for many projects across the public and private sector for two main reasons:

- in case the innovation breaches another entity's intellectual property and/or
- the development of the innovation through collaboration could result in disagreement over intellectual property that will stop the project.

This is discussed in further detail in the interim report (page 23). Currently, within LIP most projects purchased software/services from third parties and this usually requires that the third parties protect the purchaser against IP issues.

Key learning:

- consistent guidance around development and ownership of intellectual property arising out of projects would be beneficial for future programmes. Discussions are ongoing between the LGA, NHS Digital and the Government Digital Service in developing such a framework for future programmes.

Ethical approval

Ethics approval processes may differ depending on how stakeholders identify the project (eg as research or an intervention). This can stall projects as partners have to leave (eg Bath and North East Somerset)

Key Learning:

- Seek guidance early in the project design about the level of ethical approval required.

Technology buy in

Some service users and staff were more sceptical about the introduction of technology. In Essex many declined to take part in the pilot for fear that they were being sold something. Additionally, there were some behavioural barriers to adopting technologies, where some service users felt suspicious that these would replace human care, and other felt less comfortable agreeing to use the technology. To overcome this, some projects were sensitive to the experiences and technological capabilities that individuals had, for example in Essex, video-enabled care was better served through TV technology for older people and tablets for younger people. Additionally, Bradford has calculated that while some might be sceptical of more digitally-enabled care, the efficiencies afforded could free up more time for carers to address the needs of more complex cases or those who are digitally excluded. In Barnet, significant project time was used to explore technology options with care staff, service users and families which aided successful implementation.

First impressions count, so it was important that technology was working effectively before it was introduced to service users, as any issue when using the technology could put staff and service users off from using it in future, especially those who are more sceptical to begin with.

Lastly, in some cases there is little incentive for health and social care providers to adopt digital services. In some cases, payment structures are based on staff time and reducing this through introducing digital services could be seen as a threat to their business, where cost savings are a benefit to the council, not providers.

Key learnings:

- The introduction of technology requires a building of trust before service users feel confident in replacing a human visit with a digital one.
- There is a need for ongoing training and engagement of staff to increase confidence to advocate the tech products.

There should be consistent monitoring of reasons for rejecting tech among staff and service users and to understand if there are incentives needed (eg used in Essex).

Connectivity
Several pilots faced issues at early stages of the project as care homes and service users did not have effective broadband connectivity in order to use the digital services effectively. Pre-planning to assess connectivity issues would save time and ensure targeting of pilot activities.

Discovery phase
Projects would have benefitted from having more time built into the programme for a discovery phase, as many only found out after deployment that:

- the intervention was not appropriate for the application originally identified
- the service users did not engage with the approach
- practitioners did not engage with the approach and required motivation
- there were (further) technical issues.

For example, in Essex the reablement service was found to be too short to embed technology, a discovery phase would have revealed that it would have been more suited to a longer-term care service. In Bath and North East Somerset, the discovery phase could have been used to ensure that the technology was available to deliver their approach. Usability testing prior to delivery would also help ensure that the tech worked effectively before being put to use.

Key learning:

- Identifying a use case through user research prior to rolling out the project will ensure that the technology resonates with the widest number of people and that it is more likely to be successful. For example, in Bradford they engaged in user research with service users and staff to scope out what was needed and the tech available and in Kent user research revealed some elements of the digital tool which service users found confusing.
- Learning about the need for user research has been applied to a future LGA innovation project, the Social Care Digital Innovation Programme (SCDIP) which requires projects to undergo a discovery phase.

Measuring outcomes
Some projects were better than others at determining how successful their pilot was from a user perspective. Essex interviewed service users twice during the pilot to understand the change in their views of the video call technology. In Norfolk the project leads administered surveys to staff, service users who had been referred and organisations receiving referrals. Other projects did little or no user engagement.

Identifying sustainability of approach
Several projects including Luton and Liverpool have used the LGA funding to create exemplars to convince care homes that digital connectivity provides better outcomes for them as well as delivering wider systemic outcomes. The intention is that the ongoing costs of any broadband connections or software licenses to the home are outweighed by the benefits received. In Luton and Central Bedfordshire the approach is being built into the quality assurance for homes through the ADASS toolkit. This has the potential to make

the interventions highly sustainable as the costs are borne by the care homes and they receive benefits along with the local health and care providers.

In the Solihull project the ongoing cost of maintaining laptops that provide for mobile working has been agreed by the IT department. The outcomes are predominantly in efficiencies of being able to not only work on reporting without travelling back to the office but also being able to supply information on the spot.

Several projects including Nottinghamshire, Hackney and Peterborough require a lot of support from internal IT departments. This can involve extensive project management and vendor interaction. These costs are often treated as sunk costs because the IT department is seen as a shared resource. They are real costs however and a realistic assessment to guide other organisations would be to include them as start-up costs.

Key learning:

- clearly differentiating between start-up costs, hidden costs (such as IT), ongoing and direct costs is important in realistically evaluating the economic value. A key aid in developing this understanding comes from the stakeholder mapping.

Implementing behaviour change

As discussed within the interim report (page 25), implementing a behaviour change among front line staff and service users to adopt the technology is a key barrier. The role of champions is often a key factor in motivating people to change. Motivation can also come from incentivising new behaviour. For example, the Essex project implemented a reward system for referrers and, in Luton, the project offered to improve Wi-Fi in care homes that they worked with to deploy their project.

Key Learning:

- By exploring the capability, opportunity and motivation for change, the projects will also contribute to better understanding of how behaviour can be successfully addressed when implementing interventions.
- The use of incentives and digital champions are successful approaches to engage staff as well as service users with the technology.

The impact of external factors

Each of the adoption journeys undertaken by projects have been impacted by issues from the external environment.

Projects that relied on other organisations such as care providers or outsourced IT suppliers experienced delays whilst contracts were re-negotiated, or services were brought back in-house.

The introduction of GDPR during the projects.

"Many didn't progress as hoped; Government changes and GDPR were a bit of a perfect storm" - Programme Support, NHS Digital

Whilst working with providers to do things differently, councils may be having their budgets cut. Councils are skilled at managing these ongoing challenges, but the impact can mean delays are necessary.

The impact of these external factors is difficult to predict, successful projects have remained flexible to external forces, and have not stuck steadfastly to their original proposals.

Project outcomes and timescales

Often the ambition in the original project applications was not possible to realise within the twelve-month timescale. This means several projects are still on the road to implementation and evaluation. Success is related to start small as discussed earlier, but the time constraint of the project will be discussed in further detail in section 4 (page 28).

Interoperability
Some projects have relied on the integration of existing systems which are not fit for purpose and therefore create challenges when developing a streamlined service. For example, in Norfolk an existing referral form for one of the organisations on the network needs to be incorporated within the new system to ensure that referrers do not have to duplicate information. In Peterborough and Cambridgeshire, much of the project has involved identifying pathways to develop mutual languages of sharing data across the council boundaries and in Plymouth it has taken time to ensure an agreed terminology prior to the sharing of data.

Procurement challenges
Some projects identified issues with the procurement of IT technology which halted progress, for example Sefton and Knowsley who were delayed by six months.

Benefits realisation and data acquisition
A real challenge of the LIP programme has been in evidencing the benefits of outcomes as specified in the project applications. There are several reasons for this including:

- the impact of external factors discussed above
- changes to project partners and implementation due to external circumstances
- changes to project outcomes and timescales through project evolution
- changes to required data to measure benefits as projects evolve.

Some projects were better at evaluating their approach than others, where some have not yet reached the evaluation stage and others adopted ambitious projects without providing a benchmark.

Programme evaluation

"We're not at robots yet, but we can think about it and plan for the future now." – Programme Lead, NHS Digital

Findings from projects as well as stakeholder calls with LIP programme leads have been used to assess the overall programme approach as delivered by LGA and NHS Digital. By making space for digital innovation, projects involved in LIP had the opportunity to test out ideas and solutions to localised issues. Bringing organisations together has enabled the sector to start discussing digital technology in practice, in a health and social care context. LIP has provided opportunities for co-design to deliver identified outcomes, rather than simply implementing 'at' citizens, and recognises that the answer for social care isn't a one-size-fits-all approach.

> "The additional funds enable you to employ a member of staff or try something out you couldn't do during the day job."
>
> **Wolverhampton Project Lead**

Key aims of the programme
The key aims of the programme were interpreted somewhat differently by each stakeholder, covering the following points:

- **To create exemplars** in the sector, demonstrating what innovation can do and the common barriers. This means evaluating outcomes, spreading learning and encouraging uptake, and developing an understanding of what return on investment is likely to be.
- **To empower councils** to design and build solutions based on what would be most relevant in their area.
- **To inspire, invest in and catalyse** the use of digital innovation in councils.

- **To improve social care capacity**, particularly by preventing people from becoming ill or entering care homes/institutions and addressing other specific issues.
- **To share information and integrating services**, using technology to reduce hospital admissions and build more efficiencies.
- **To enable people to use digital channels** to access health care services, improving service user independence, efficiency and wellbeing.

Key aims were felt to be partly met by projects where challenges to delivery were viewed as valuable learnings, providing they are documented and shared. A return of investment (ROI) for the programme has not yet been identified, but many projects expect to see cost savings in the future as projects overcome key issues and move into implementation.

Key programme activities
The LIP delivery team was kept small and it was felt that individuals were clear on their roles in delivering the aims of the programme.

The key programme activities were described by stakeholders as:

- generating interest and identifying innovation in the sector
- administration, monitoring, calls and check-ins meeting with projects
- supporting and advising projects in evaluation and writing case studies
- suggesting mitigations and advice on communication if things were not going to plan
- reporting and sharing learning
- bringing councils together for cohort-based workshops
- promoting LIP via newsletters, bulletins, conferences and webinars with councils across England.

Indicators of success
Stakeholders agreed on the following characteristics of successful projects and should be used as indicators of success for Digital Innovation:

- the service focuses on the reduction or management of the social care needs of individuals, as well as their user experience – making people more able than before
- the right information is available in the right place at the right time
- generation of interest from other councils and rolling out the innovations tested
- strong partnerships
- resources held locally
- more targeted, achievable goals (ie not overpromising).

Communication between programme partners
There was a 'feedback loop' of project developments (including challenges and successes) between the LGA, NHS Digital and the projects. Stakeholders felt that management and communication was handled well throughout.

Positive aspects were:

- regular checks, reports and external scrutiny, which were helpful for projects
- structure, roles and good working relationships/ collaborations
- open honesty was welcomed
- a cohort-based programme enabling shared learning.

In contrast, concerns were raised that the pace of feedback was not sufficient to allow project to implement changes within the pilot timescale.

Capturing learning to inform future programmes
The programme prioritised capturing learning to inform future programmes, and commissioned Traverse as an evaluation partner to support this. This has ensured that **learnings from Local Investment Programme have informed their Social Care Digital Innovation Programme**, for example this programme includes a built-in discovery phase, has increased the level of funding for implementation and reporting has changed, with more reporting published on www.local.gov.uk/scdip and more substantial end of programme reporting.

There were several challenges to capturing learnings at project level. Not all projects completed local evaluations, the level of information provided varied, and many had ambitious targets but lacked a clear benchmark or baseline.

Programme support of projects
Stakeholders felt that there could have been more support for projects at the beginning to help set more realistic ambitions, as many overpromised

Once NHS Digital were aware of some of the struggles, support was put in place, but it took time and more could have been done to allow issues to be flagged sooner.

There could have been more practical help on how to unblock generic issues eg information governance, using relationships that councils don't have. Projects that encountered issues with IG were generally less successful than others.

The assessment process had a reasonable level of detail without being too onerous for projects.

Programme timescales
Projects were constrained by strict timescales. This left a short turn around for application, discovery work and delivery, as well as capturing outcomes, with no room for delays.

Timescales were set by NHS Digital due to Government and NHS Digital's structures and processes. Funding could not be carried over, so the projects had to deliver within the financial year.

It was felt that other issues such as partnerships would have been resolved had there been more time and flexibility. Other challenges due to timescales were:

- not having time to embed innovations
- coping with delays, eg people moving on and relationships being built again
- the programme asked for measurable outcomes and cost savings at too early a stage and within too short a delivery timescale.

Once deployment stage had begun, it was common to discover issues that were unforeseen or emerged from necessary changes. It was at this stage that many projects experienced delays.

It was generally reported by stakeholders that a year was a challenging timescale within which to overcome many of the challenges encountered. It is because of timescales that the projects were unable to both embed the intervention and generate enough data to enable an evaluation within the timescale. This did not mean that projects ended, but that their long-term impact would occur outside of the programme timescale.

Reporting
The programme required reporting during stages 1-3, assuming the intervention, once deployed and in use, would be evaluated. There was no requirement for an end of project report or any reporting of outcomes after the programme timescale.

Follow up with the projects revealed several factors that are important for future programmes:

- Seeing the intervention as a project with a 12 month timescale has resulted in several projects being run by contract project managers. Follow-

up after the end of the project was viewed as "out of scope" of the project. This along with the lack of a final report has meant that obtaining useful data about use has been challenging.

- Several projects did not put in place the necessary data collection to evidence the outcomes they had written into the original project application. This again resulted in lack of useful data for reporting.
- The challenges encountered by the projects in the intervention development and deployment stages resulted in a lack of focus on the collection of data when the interventions came into use. This coupled with the fixed timescale resulted in a lack of data for benefits realisation.

Sustainability

Whilst the question around sustainability was asked in the assessment, overall the programme focused on proof of concept and delivery of the projects and didn't look ahead to scaling up if successful. However, the programme has given projects a protected resource to highlight challenges and share their learning.

Evaluation and dissemination are viewed as being critically important to the sustainability of LIP; sharing learning in context with improving services or making savings, not just talking about technology or information sharing for its own sake.

Although the documents of another councils' intervention may not be reusable their experience would be. There were examples of innovations that had been undertaken in other councils that could have helped in the LIP projects. Facilitating the sharing of experience is a low-cost way to overcome some of the challenges experienced by the projects in innovation programmes such as LIP.

Stakeholders felt that for projects to be sustainable there is a need to demonstrate financial benefits, and to encourage central Government to see the value of softer learnings and invest what's needed to effectively support the sector.

"There is a huge piece of work to do to understand how important the social care angle is to health."

Luton Project Lead

The characteristics of sustainable projects were felt by stakeholders to be:

- projects where there's local leadership
- projects which are laying foundations for going onto something else, particularly those where it's been about better use of data
- projects where the learning can be shared and used in other areas.

"Some projects will have a lasting impact if they haven't worked as it will inform future testing of the idea. Even if it doesn't go on to be used, it's given a vivid example of how technology can be used in their own lives and given them the space to think. It's about innovation triggering other discussions and having examples which include what happens to data, the risks etc."

Programme Lead, NHS Digital

5. Conclusions and recommendations

LIP funded a broad range of digital innovation projects to improve and streamline health and social care services. While projects have not been able to identify clear outcomes in terms of cost savings within the short one year programme lifespan, project findings reveal important outcomes, learning and future scope for delivering savings and efficiencies.

The sharing of information across council boundaries and between health and social care to better integrate services and commissioning was one key observable outcome, with future scope identified through evaluating project activities. Striving for this outcome has helped to identify that more guidance for complying with information governance issues was needed from NHS Digital. It has also raised awareness about the complexity of this type of project, where projects benefitted from starting small and building their approach more gradually and ensuring that they had the right members of staff on their project delivery team to manage DARS requests. Challenges to information governance and data sharing were exacerbated by the introduction of GDPR in May 2018.

Another outcome identified by the projects was enabling people to interact with digital services. Several projects succeeded, and service users reported increased digital literacy, independence and a reduction of social isolation. Some projects enabled care staff to work more flexibly through digitally enabled technology. To overcome challenges to adopting technology, an understanding of the behavioural barriers to adopting technology from staff and service users is needed. Additionally, it will take longer to be able to assess the cost benefits of increased use of digital services.

While the LIP projects themselves have not always led to observable outcomes and cost savings, in some cases they have formed the basis of applications for further funding for a wider scale digital intervention which could have clearer impacts. To this end, the programme could have helped projects to better evidence the scope of their intervention as many projects were inconsistent in their approach to monitoring the outcomes of their projects and evaluating their projects.

While many project challenges have been discussed within this report, there are some which could be overcome with changes to the programme. Most importantly, the programme could have encouraged a consistent and ongoing monitoring approach to projects, a structure to evaluating outcomes and help with creating a baseline to quantify outcomes. Additionally, the timings and structure of the programme could have better with a discovery phase to test the use cases and usability of the selected approach to ensure that it responded to a need and would be adopted. There could have been more support in navigating challenges such as with information governance. These recommendations have been taken on board by LGA within their SCDIP. Some stakeholders and project leads felt that the programme could have been strengthened through more peer-to-peer learning, where projects could share challenges and ways of overcoming them.

The learnings from LIP will be important to any future digital innovation project and have informed the structure of LGA's SCDIP, which has built in time for a discovery phase and regular project monitoring and evaluation, as well as peer-to-peer learning into the programme approach.

Summary of recommendations

- Projects require more support, particularly with IG requests and processes.
- Behavioural barriers and attitudes to adopting technology need to be understood in order to be overcome.

- Projects need more guidance and support to monitor and evaluate their work.
- Innovation programme timescales need to be built with a discovery phase and with time for interventions to overcome initial challenges before delivering outcomes.
- The programme should encourage and facilitate peer-to-peer interactions.

Appendix 1:

Starting your digital project - toolkit

If you don't know where to start, you could begin by:

a) Reading through case studies/examples of digital innovations tried by other councils.

b) Identifying a need in your local population by reflecting on data, talking to your staff or consulting with your citizens.

Once you've identified a need or decided on the area for improvement, you can research solutions and reach out to other councils or organisations who've focused on the same issue/solution.

Think through potential solutions and identify partners. Try to have conversations with partners as early as possible so they can contribute.

Refer to Appendix 2: Digital maturity checklist throughout planning.

Key things to remember when identifying a digital solution:

- focus on needs; using digital innovation to address that need
- start with the experience of the end-user and maintain focus
- start small; break down big visions and start with phase one
- think about stakeholders and how it would work in practice
- think about funding/costs and consider what success means

Establish a steering group and test your ideas. Reflect on similar projects if the information is available to see what can be mitigated.

Getting the concept right may take several attempts so work flexibly and responsively with stakeholders. It's important to design something that your citizens and staff can get behind and promote.

Once you've got your concept ready define success and establish a baseline to measure against with ongoing demonstrators.

For example, if success is defined as improved user experience and financial savings then you could generate a baseline by using a survey to understand the current user experience and gather data to assess the current cost of a service. As you progress you may do this again part way through, as well as at the end, to assess impact. Using unit cost data, such as the New Economy Manchester Model, can provide a useful starting point. Cost avoidance approaches can also prove useful although these need to be realistic.

Thinking through your concept, make a list of your key partners and stakeholders who will contribute to the success of the project. Create a comms plan and think through how you will approach and maintain continual engagement. It doesn't need to be complex.

Complete a risk assessment. Try to envisage unexpected outcomes and plan mitigations, particularly if your project involves data sharing.

For example, local organisations may worry about job loss. So, you could contact the media first and do work in the community to inform them of your plans and reasoning, working with them to understand and resolve their concerns.

Create a project plan with timelines, activities and responsibilities. Keep this updated throughout and use it as the basis for delivery. Make sure there are regular points to gather monitoring data throughout, and that responsibility is assigned.

Key things to remember:

- think through stakeholders and ongoing communication
- think through risk management
- try to build in flexibility to timelines
- assign tasks to groups or individuals along with "deliver by" dates
- have a tool and designated person/s to keep track of progress
- build in points to gather data for monitoring and evaluation.

Begin delivery. Maintain an ongoing dialogue and monitor how things are playing out. Be prepared to re-shape approaches, activities and timelines. Maintain communication, adapt your plan with clarity, and keep a record. If something doesn't work, it still has value.

Remember: even if your idea doesn't work in practice, so long as you record and share the learning it's still a success; you will still be contributing to the advancement of Digital Innovation in Social Care.

When you've completed your project, or it has come to a natural end, reflect. Ask stakeholders, particularly those who used the technology, for their views and gather the evidence you kept throughout.

Evaluate the outcomes against the baseline measurement and see if you have met your definition of success. The data you gather throughout should show whether you have succeeded and why.

Share your learning with other councils and organisations. If you've achieved something positive, it's worth shouting about so others can adopt or be inspired. If you haven't reached your definition of success, it's still worth sharing your learning so that others don't waste time and money unnecessarily. Engage with stakeholders to push your story out and if you can spare the resource find events to speak at.

Keep your presentations snappy and clear. Think of your own time restraints and what information is most useful. Ideally you will have a detailed report and a short summary to be used in different contexts.

Appendix 2

Digital maturity checklist

The checklist below using the NHS Digital 'Digital Maturity Assessment' as well as the Government Digital Service 'Digital Service standard' and learnings from the projects to determine how best to implement a successful digital service:

1. **Staged and iterative approach**: projects should have a discovery stage and be flexible to respond to any changes throughout, while developing a roadmap of activities.
2. **Stakeholder map**: projects should clearly identify key stakeholders including service users, practitioners, IT.
3. **Stratification or selection process**: the end user engagement process should be identified.
4. **Data sharing and governance**: the roles of data controller and data processor should be identified.
5. **Engagement with NHS Digital**: early engagement with NHS Digital and the need for DARS should be explored at the start.
6. **Ethics**: the status of the project with regard to whether it constitutes health research, service development or audit should be established to avoid bottlenecks.
7. **Intellectual property (IP)**: the role of IP should be considered early on.
8. **Sustainability**: there should be a strategy for sustainability in place.
9. **Exemplar search**: has the approach, or something similar, been attempted elsewhere? Are documents available?
10. **Behaviour change**: the capability, opportunity and motivation for behaviour change should be considered. Drawing on previous examples could guide motivational aspects.

More information about all the projects is available at www.local.gov.uk/scdip

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