



# Turning a health and social care digital blueprint into reality

Addressing the challenges of service demand levels, financial pressures and a strained workforce through digital transformation

# CONTENTS

How do we truly utilise the power of digital technology to transform health and social care? Channel 3's Ralph Cook brought together adult social care and health leaders at the ADASS Spring Seminar to discuss the way ahead.

INTRODUCTION	3
EXPLOSION OF POTENTIAL	4
THE NEW INDUSTRIAL REVOLUTION	5
BEST INTENTIONS	6
MAXIMISING THE POTENTIAL OF AI	7
THE HUMAN FACTOR	8
CONCLUSION	9
CONCLUDING REMARKS FROM OUR CONTRIBUTORS	10

Our health and care system is clearly in crisis and yet we are not fully utilising one of the key enablers of a more sustainable model – digital technology.

The ADASS Spring Seminar provided an ideal opportunity to bring together sector experts to explore the barriers to greater adoption and discuss and further inform Channel 3's evolving vision for digital.

Using our experience of working with the NHS trusts and councils across the country, we have created a digital blueprint for health and care that's designed to address the multitude of reasons that technology is not having the impact it should.

Findings from our first survey of digital maturity in the adult social care sector – highlighted in this report – further underline the challenges we face.

This report captures the lively and insightful debate that ensued, and I'd like to thank all those who participated for their openness and support.

**Ralph Cook**  
Social Care Partner  
Channel 3 Consulting



# INTRODUCTION

**Demand is soaring, budgets are at breaking point and the workforce is under ever-increasing pressure. It's clear our health and care system is unsustainable and yet we're failing to fully exploit one of our biggest assets – digital technology.**

To use a sporting analogy, it's like leaving out your best player or, at best, playing them out of position.

Drawing on Channel 3's experience of working with health and care systems across the country, we can see a consistently unhelpful trend emerging in how digital is being deployed.

While it's increasingly recognised as a key enabler in unlocking a preventative and sustainable model of health and social care, it's simply not having the impact it should have.













There are multiple reasons. Too often digital interventions are small-scale and targeted rather than being embedded in a strategic transformation journey.

They're frequently delivered in silos and resourced through central government funding pots overly focused on the technology rather than what it achieves in the long term.

To stimulate constructive debate and facilitate action on the ground, Channel 3 has created a digital blueprint for health and care that positions transformation, rather than digital, centre stage.

In a nutshell, it's about framing discussions around a person's journey through health and care, being clearer about the outcomes we're trying to achieve, and putting digital at the heart of a strategic transformation journey. Ultimately, it is about transforming models of care through digital.

It's a work in progress that will evolve over time, informed by discussions such as the one Channel 3 convened at this year's ADASS Spring Seminar, bringing together a range of adult social care and health leaders – including DASSs and assistant directors – along with industry representatives and, crucially, insight from a person with lived experience.

Digital blueprint for health and care				
HEALTH & CARE SYSTEM	 Community care focused on wellbeing, self-care and support	 Preventative care to prevent health and care needs escalating	 Acute care supports assessment, intervention (where needed) and discharge	 Community care enables step down from hospital to home
HEALTH & CARE EMPHASIS	 Empower active independence and wellness	 Whole-system prevention	 Relentless focus on flow to prevent escalation	 Empowered return to independence and self-care if possible
PRINCIPLES & CHARACTERISTICS	People readily access technology to maintain their health and independence, without the need for formal care or support. Technology supports local connectivity for health and care in communities. Technology strengthens wellness.	The Health and Care system is focused on proactive as well as reactive care. Technology, data and insight is used to identify where someone's health or care may deteriorate and actively intervenes to try and prevent this happening. Predictive analytics reduces health escalation. Prevention is a core measure of success.	Where people need more formal care and support, technology helps to map out patient flow to prevent escalation wherever possible. Technology enables quicker, more holistic and joined up care, supporting people to exit formal care and support, where possible.	Integrated records and support help to return people to independence & self-care wherever possible. Technology connects people back into local community support as well as formal support where needed to keep them at home.
DESIRED OUTCOMES	People know how to access early care and support themselves and actively do so.	Many health and care needs don't escalate as system focuses on actively preventing this happening.	People stay in hospital or other acute health and care support for shorter periods.	Most people can return home, or to lower intensity support and don't return to acute care.
DIGITAL & AI SOLUTIONS	Assistive technology, community support apps, NHS App, personal interactive robotics.	Generative AI productivity solutions, sensors and wearable monitors, personal interactive robotics, on-line screening and advice with relevant professionals.	Longitudinal health and care record for each citizen (ShCR, EPR, etc), robotic process automation, insight driven dashboards powered by integrated data, virtual wards and care.	Assistive technology, community support apps, NHS App, personal interactive robotics, virtual wards/care.
SYSTEM ENABLERS	<b>Digital foundations</b> , including high-quality integrated data to enable the right digital platform to support capture patient records and enable effective performance reporting, <b>System integration</b> to enable holistic view, <b>Robotic process automation</b> to reduce need for paper, <b>Cultural change</b> – engagement of key including different roles for clinicians and virtual MDTs, <b>Real time intelligence</b> and forward reporting			
IMPACT / BENEFITS	 <b>Reduction in cost:</b> Lower costs for agency staffing, length of stay, acuity, contacts and re-admissions.	 <b>Improved retention:</b> less attrition of staff and increased resource re-deployment	 <b>Productivity gains:</b> increased capacity of staff and less time recording through use of technology and integration.	 <b>Improved outcomes:</b> reduction in escalation of needs, increased numbers of people living at home or in community settings and improved mobility and wellness.



[Click to expand](#)

# EXPLOSION OF POTENTIAL

Speaking at the Channel 3-hosted breakfast at ADASS Spring Seminar, Government advisor and former ADASS president, Sir David Pearson, set out three areas of an “investible proposition” for the next government and local authorities: digital, workforce and prevention.

Sir David believes vital elements are not joined up and that’s why “we are not taking advantage of being in the third decade of the 21st century with all the opportunities that it affords”.

They include sharing information and records across health, social care and housing and using data to identify and act upon key areas of need. Real-time evaluation is required to understand what works.



I think the opportunity is to do some of these things in bite-sized chunks, which a lot of local authorities and providers are doing. But the real nirvana is joining it all up and utilising the sort of explosion of potential that arises from having all those things pulled together in the local, digital strategy, that benefits the outcomes of the people who use the service and the effectiveness and efficiency of the system.



Sir David Pearson

Unsurprisingly, the current financial situation facing local government loomed large during the discussion.

Caroline Baria, DASS at Leeds City Council, described the “vicious cycle” of wanting to embrace technology but being constantly constrained by budgetary pressures.



We keep finding ourselves going around this loop of, we know we’ve got to do something, we know we can’t do it ourselves, but there’s no money,” she explained, adding, “we’ve got to find a way out of this.



Caroline Baria  
DASS, Leeds City Council



**SECTOR SURVEY INSIGHTS – Out of 10, how strongly do you agree with this statement:** We are digitally mature; we have strong digital foundations in place upon which we can deliver innovative digital solutions. Our digital infrastructure (systems and tools) is interoperable where required. We have deployed digital solutions across the person’s journey through social care (from front door to long-term care).



We are in danger of shunting costs from one sector to the other rather than looking at joint solutions. So, I’m really keen and enthusiastic about the work that’s being done by Channel 3 and with their support in Devon.

I’m pleased to say that we are moving forward in a good way where we’re starting to understand the financial pressures – and the transformation that has to occur so that we can get to a much better place, which is going to be sustainable not only this year and next year but for the next 10 years.



Bill Shields, Deputy Chief Executive at Devon Integrated Care Board, who believes financial pressures have the potential to “foster bad behaviour between local government and the health sector”.

4.9

Average agreement out of 10  
All responses



4

Average agreement out of 10  
DASSs and ADs only

4.4

[Click to read full report](#)







# THE NEW INDUSTRIAL REVOLUTION

**A new industrial revolution is emerging, powered by the advance of digital technology. This digital wave has already transformed many industries and societies on an unprecedented scale, so what can it offer health and social care?**

Bill highlighted the potential impact of digital technology on health and social care in terms of improved services and outcomes and was one of two participants who likened it to the industrial revolution.

Like the industrial revolution, we stand at a "change point", according to Martin Samuels, DASS at Lincolnshire County Council, in that the current model "is no longer relevant and appropriate for the for the world that we're operating in". But public service leaders "don't really understand what we could be doing differently" in the same way that industrial leaders couldn't have understood the ramifications of the introduction of electricity more than a century ago.



We have not got enough money and we're never going to have enough money so we've really got to start to think about how we do things in a very different way... The industrial revolution led to fewer people being employed and I think we're looking at the same thing in terms of the digital revolution that we're on the precipice of. Through AI we can employ fewer people and save a lot of money as a consequence.



**Bill Shields**  
CFO, One Devon ICS



"I think one of the reasons we stumble with this is that we have that broad concept of digital, of new technology, and it's terrifying because it's too big and it's too vague. Some things that Channel 3 have been doing are useful in starting to help people to get under the skin of what this actually means and make it both comprehensible and breaking it into smaller chunks that people can deal with."

He believes the current situation has led to concern and uncertainty within the workforce, an issue reiterated by Carolyn Nice, DASS at Stockton-on-Tees Borough Council, who described a fear factor.

"I think there's a lot of fear out there. I don't think social workers' natural inclination is to run off and be digitalised. I think there is quite a lot of risk aversion and the fact that IT infrastructure in a lot of the councils is old and under-invested means there are times when you say, 'could I do this?'"

"But the appetite is absolutely there. Everybody keeps saying 'what about digital?' We want to do something, but we don't know what we don't know and I think that's the problem. We need to get our staff in the same place in terms of using technology because the public are already there."

**In Channel 3's view, if AI and digital can help reduce the need for traditional social care roles and activities, that would free up much-needed workforce capacity to focus on services that need dedicated human attention.**



**SECTOR SURVEY INSIGHTS – Out of 10, how strongly do you agree with this statement:** We have the internal resources, capability and capacity to deliver this new digital future at the pace required. The conditions are in place to deliver a digital future at scale e.g. system leadership, culture, front-line staff engaged in the change process.

**5.4**

Average agreement out of 10  
All responses



Average agreement out of 10  
DASSs and ADs only

**5.2**

[Click to read full report](#)



# BEST INTENTIONS

**Lacking clear objectives can often lead to fragmented and ineffective solutions. A clear set of goals, consistent leadership and supporting cultural change ensures successful technology adoption in health and social care.**

At the other end of the scale is the danger of rushing into investment without being clear on your objectives, as Nick Presmeg, DASS at Essex County Council, highlighted.

It all comes back to that issue of intentionality, as Bill Shields has discovered in Devon.

Torbay Council's Divisional Director for Adult Social Care, Lee Baxter, cited the importance of "system stability" and consistent leadership to ensure momentum isn't lost in the drive the utilise technology.



The risk we've got is in 10 years' time we will have swamped ourselves with tech that isn't interoperable because it was pursued through lots of disconnected investment propositions. I've seen it happen before.

So the first thing for me is about intentionality. Actually deciding what you're going to do, how you've got to do it, understanding how the process of adoption works and ensuring you have the organisational capability... otherwise we're going to end up with lots of little things that do little things.

I'm really optimistic about this but only if we approach it in a thoughtful, planned and intentional way. Otherwise I can see us spending millions, billions even, and ending up with a plethora of solutions that don't fit together.



**Nick Presmeg**  
Essex County Council



Virtual wards are a bit of a bugbear of mine because the work that Channel 3 has done in Devon showed that even in the health sector and within the integrated care board, we had about four different ways of doing virtual wards.

What are you measuring? Is it avoiding admission, facilitating discharge, both or neither? When you are embarking on something like this it's really important that you're clear about the outcome.

What I've seen in Devon and elsewhere is far too often we embark on something, whether it's around digital or around AI, because it's a nice shiny thing that will solve all the problems. But we haven't actually diagnosed what the problem is in the first place so we've no idea what the solution is that we're looking for.



**Bill Shields**  
One Devon



"There needs to be a continuation of development, otherwise it will be start-stop or we'll de-prioritise it to do something else. We've seen it in trying to have joint records and shared data when it never quite follows through. So there's a strategic tension issue there.

There's also the staffing culture. How do we take everybody on a journey and one they can believe in because they're going to have to change the culture of the health and social care system? That's quite an ask. In our transformation work, how do we help that culture change?"



**Lee Baxter**  
Torbay Council



# MAXIMISING THE POTENTIAL OF AI

The advent of artificial intelligence (AI) – in particular, generative AI (Gen AI) – has generated a good deal of excitement about the possibilities it holds for health and social care.

But its effectiveness relies on the quality of data it feeds off, as Helena Zaum, from software solutions provider Sentinel Partners, explained.



I don't think the optimism around AI is misplaced, but I think it's fair to say there's quite a lot of work to do to realise the potential. Gen AI is a step forward and could be really useful in terms of capacity and it is already being used by some local authorities to support demand management at the front door.

It's very important that we consider carefully what it can do is not necessarily always the same as what it should do. But Gen AI, like all other kinds of AI, relies on data and if your data is bad, your AI will be worse. The reality of bad data is that it very often has nothing to do with systems and everything to do with people.

When we think about embracing this technology we must explain to staff that as data and AI become more important, the quality of the information they enter also becomes more important. We need good data that's been gathered with consent and that is integrated, not in multiple places.



**Helena Zaum**  
Sentinel Partners



Backed with good data, says Helena, AI can help to deliver much more tailored services for the individual and enable those in health and social care to, for example, get a single view of hospital discharge to create more personalised experiences and enable an even stronger focus on prevention at the front door.

Utilising AI and other forms of digital technology are effectively presenting practitioners with "a very good blank sheet of paper", but expectations have to be managed because it will take time to implement the collective, integrated approach needed, according to Deborah Gidman, Head of Strategic Delivery for Adult Social Care at Torbay and South Devon NHS Foundation Trust.



We can't just land in AI and we can't just land in digital – it's not going to happen like that and it will take time. We need to harness the power we have collectively, but in the meantime as we go through our transformation we need to think about what we do with prevention and how we manage expectations.



**Deborah Gidman**  
Torbay and South Devon NHS FT



Back to the topic of data, a number of participants highlighted the importance of not losing sight of who ultimately "owns" that information.

Tandra Forster, Director of Integrated Adult Social Care at Devon County Council, shared her first-hand experience of the health and care system when her mother fell ill:



Mum's fine now, but at the time it looked really drastic and we had to go to hospital in London. I was frustrated and my parents were shocked that they weren't able to share information between two hospital sites. It just leaves you in limbo.

When it comes to the shared care record, we just need to do it. I think part of the barrier is about us owning information and the fear about sharing it. What we're forgetting is what that does to the person involved.

So for me it's not just about what's happening in Devon but what we do as a country. We could become ill somewhere else, so how do they get your records?

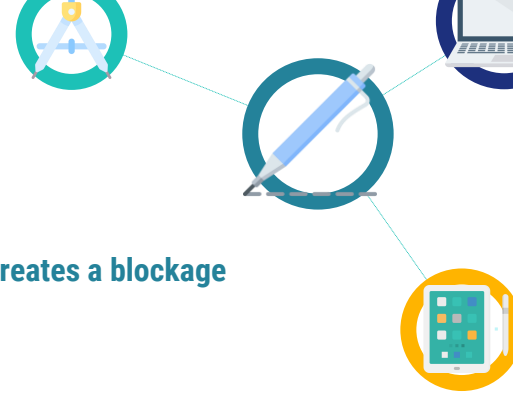


**Tandra Forster**  
Devon County Council



Carolyn Nice echoed that feeling of frustration: "The information isn't ours, it belongs to the person themselves. People are always gobsmacked when we say we can't see your information from the hospital or the GP or vice versa because it doesn't work like that."





# THE HUMAN FACTOR

The lack of joining up across the system, alluded to by Sir David Pearson at the beginning of our discussion, disempowers individuals and creates a blockage for staff.

Ultimately, it comes down to the health and social care workforce, not the technology, according to Martin Samuels.

But the human factor is all-important and should not be neglected in our efforts to embrace technology, Rich says.



We need to think about reframing of the role of people because, yes, we need to have technology, but ultimately this is about changing the way that people think and feel at work and it's there for people change using technology, rather than digital is going to save the world.



**Martin Samuels**  
DASS, Lincolnshire County Council



We need to invest in digital because it's the right thing to do instead of 'because we have to'. Channel 3's blueprint references the need for a holistic transformation approach where digital isn't treated in isolation to the human workforce. Whilst there are clear ways in which digital can work towards enhancing productivity, we need to remember social care is built around the relationships of people to people. It's about the nuances that enable the connections between one another and the trust that is gained which is all transformative in its own right. I wouldn't be who I am without human support.



It's also imperative that we move beyond viewing technology as a way to mitigate crisis, according to Rich Amos. He is a member of the National Coproduction Advisory Group and West Midlands ADASS Coproduction Advisory Network and is someone with lived experience of drawing on support from three different local authorities.



Rather than technology enabled care we need to think of how tech can empower people in a way to facilitate technology enabled lives. How does tech become an everyday feature of our daily lives to elevate the possibilities? We've all probably got an Alexa in our home and it's reimagined how tech can be used that is affordable, multi-functional and a mainstay.



**Rich Amos**



**SECTOR SURVEY INSIGHTS – Out of 10, how strongly do you agree with this statement:** Our frontline staff are digitally confident, with high levels of digital literacy and are using digital tools to be more efficient and deliver high-quality care. We understand that digital transformation is more about cultural change than technical solutions.





# CONCLUSION

**Our ADASS Spring Seminar breakfast meeting highlighted the critical role of digital technology in transforming health and social care, underscoring both its potential and the barriers to its effective deployment. Despite the significant opportunities offered by digital solutions, their impact remains limited due to fragmented, small-scale interventions and a lack of strategic integration.**

Key insights from the meeting emphasised the need for intentional investment, robust data utilisation, and overcoming cultural resistance within the workforce. Leaders stressed the importance of integrated approaches across digital, workforce, and prevention strategies, as well as the necessity of clear and coordinated financial planning.

The advent of AI, particularly generative AI, holds promise for enhancing service delivery and efficiency, but its success hinges on high-quality data and a well-prepared workforce. Ultimately, while technology is a powerful enabler, the human factor remains central. Effective transformation relies on changing mindsets and fostering relationships within the system. By aligning digital initiatives with strategic goals and maintaining a focus on human interaction, we can create a sustainable and effective health and social care system for the future.

Channel 3's digital blueprint provides a comprehensive framework to address the issues raised by embedding digital tools within broader transformation strategies, focusing on patient journeys, and defining clear outcomes. But as mentioned previously, it's a work in progress and we would like to engage practitioners and those with lived experience in developing it further.

If the points raised in this document resonate with your own experience of digital transformation in health and care, and you would value exploring this in more detail, we'd love to hear from you.

## We have identified a need for:



**INTENTIONAL INVESTMENT**



**ROBUST DATA UTILISATION**



**OVERCOMING WORKFORCE RESISTANCE**

# CONCLUDING REMARKS FROM OUR CONTRIBUTORS

Channel 3 would like to thank our contributors for taking the time to share their insights, knowledge and experience. Here are some final thoughts shared by the group.



**Iain MacBeath**  
DASS, Bradford City Council

Innovating with technology that really improves people's lives will have to be a constant collaboration between local authorities, care providers, technology providers – and the people and carers who will benefit. Only by designing and delivering something between them all will we find solutions at scale that address the quality and financial issues we all face.



**Martin Samuels**  
DASS, Lincolnshire County Council

This is ultimately about people – the people who draw on care and support, their carers, and their communities, and also the people we work with as colleagues. Digital is a means for us to achieve those ends more effectively, but it must always be the servant rather than the master.



**Sarah Rank**  
Head of Digital Business Partnering, Norfolk CC and National ADASS Lead for Digital

My takeaway was technology is moving at such pace and therefore the readiness and willingness of staff and citizens to embrace and adopt digital solutions will be key. This will require effective co-production, engagement, communication, education and support in order to raise awareness and also the understanding of the benefits and opportunities of digital solutions. We must address the concerns and barriers that may prevent or deter their use.



**Caroline Baria**  
DASS, Leeds City Council

This is a cross-system issue across health and social care and we need a system-wide solution. Local authorities have to work together with their local NHS organisations by systematically planning and implementing technological solutions in order to realise the benefits that tech will bring in improving people's quality of life.



**Helena Zaum**  
Sentinel Partners

The sector badly needs help to navigate the opportunity – in a step-by-step way.



**Nick Presmeg**  
DASS, Essex County Council

The key takeaway for me remains the intentionality piece: understand the problem you are trying to solve and then develop a working method; be prepared to try and sometimes fail to keep the goal in sight.



**Sir David Pearson CBE**

Everyone could see the opportunity – and a key action is to utilise the opportunity and benefit of digital and AI in all future social care change and service developments.



**Lee Baxter**  
ASC AD and Transformation Lead, Torbay Council

My key takeaway would remain around making sure we pay as much attention to the cultural revolution alongside the technical revolution to ensure we deliver a person-centred care revolution.

# MANY THANKS ALSO TO



**Bill Shields**  
Deputy Chief Executive, Devon ICB



**Deborah Gidman**  
Torbay and South Devon NHS FT



**Tandra Forster**  
Devon County Council



**Carolyn Nice**  
Director of Adults, Health and Wellbeing Services, Stockton-on-Tees Borough Council



**Rich Amos**  
Member of the National Coproduction Advisory Group and West Midlands ADASS Coproduction Advisory Network

**Without the contributions of our fantastic leadership panel members at the ADASS Spring Seminar, and our peers from across the sector who completed the Digital Maturity Survey, these insights would not be possible. We plan to continue the conversations and, even more importantly, the work to fully utilise the power of digital technology to transform health and social care.**

If you are interested in learning more about the Health and Social Care Digital Blueprint and how it can address challenges across demand, budgets and workforce pressures, then we would like to hear from you.

The team at Channel 3 comprises of people with experience of working in the social care sector who also have firsthand experience of delivering successful and meaningful change through digital transformation.

We understand your challenges and we want to join you on the journey to resolve them to create a better future for people being supported by the social care sector.

## Continuing the conversation

As main sponsors of ADASS Spring Seminar, Channel 3 also held a workshop with Nottinghamshire County Council (NCC) to discuss how lives have been digitally enabled across Nottinghamshire. Left to right:

- Melanie Williams - ADASS President and Corporate Director Adult Social Care and Health, NCC.
- Stuart Lindsay - Managing Consultant, Channel 3.
- Sue Batty - Service Director, Ageing Well Community Services, NCC.
- Nyasha Fumhanda – Consultant and Social Worker, Channel 3.



# Get in touch

 [www.channel3consulting.co.uk](http://www.channel3consulting.co.uk)

 [/channel-3-consulting](https://www.linkedin.com/company/channel-3-consulting)

 [info@channel3consulting.co.uk](mailto:info@channel3consulting.co.uk)