Digital Health & Care Innovation Centre

Digital Innovation in Social Care

Priorities and Opportunities for Scotland

10 YEARS
Pioneering Innovation in Digital Health and Care

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DHI supports innovation between academia, the public and third sectors, and businesses in the area of health and social care.

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The workshops involved participation from national stakeholders across the following organisations and academic institutions in Scotland:

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1. Executive Summary

The Digital Health & Care Innovation Centre (DHI) was commissioned by Scottish Government Digital Health and Care Division (DHaC) in January 2024 to develop a Care and Wellbeing Innovation Portfolio to support the delivery of the policy objectives of Scottish Government and CoSLA Digital Health and Care Strategy. Social Care innovation is a key part of this portfolio of work.

As a priority action the DHaC Social Care Portfolio Board recommended a review of projects underway to focus on:

- identifying projects with greatest potential for acceleration to adoption at scale
- attracting R&I (Research & Innovation) investment

This report sets out the approach to mapping digital projects* in social care in Scotland, collaborating with national stakeholders and academic partners to identify key priorities for scale up in Scotland and to lever research and innovation opportunities. The report shares insight on creating the conditions to foster social care innovation and collaboration across sectors.

Using design research methods and employing DHI's innovation process model, DHI engaged nationally with stakeholders from 20 organisations, including academia, across Scotland. The engagement involved contributions to an initial online survey followed by three in person co-design workshops and one online collaborative review session.

The insights from these activities produced key findings related to creating an infrastructure to support digital innovation in social care; a framework for guiding, analysing and prioritising innovation impacts ('care continuum'); and identifying opportunities for alignment of work already underway to support acceleration and scale.

The work to date has highlighted the importance of universal and preventative services and support to act as a foundation for all stages of the 'care continuum' to maintain holistic support. Further work will continue the national collaboration to focus on progressing the plan for creating a pathway for digital social care innovation in Scotland and an implementation programme, timelines and associated governance.

Projects mapped were limited to those shared by stakeholders involved.

2. Background

The Scottish Government (SG) Digital Social Care Portfolio Board oversees a range of projects at varying stages of what could be considered an innovation delivery pipeline – projects and technology vary from proof of concepts and tests of change to implementation in practice.

In November 2023 the Board recommended a review of projects underway to focus on the projects with greatest potential for acceleration to adoption at scale and opportunities for attracting R&I (Research & Innovation) investment.

Building on this recommendation, the Digital Health & Care Innovation Centre (DHI) collaborated with colleagues from the SG Digital Social Care Programme to facilitate a series of workshops and aligned activities involving national social care and social work stakeholders in Scotland, to map ongoing projects and reflect on opportunities for innovation and acceleration.

Throughout this report we use the term social care innovation – this term also encompasses: social work, third and independent social care sectors, care in housing and housing support.

2.1 Strategic priorities for Scotland

The work is informed by a number of key Scottish Government (SG) strategic priorities in service of wider care and wellbeing in Scotland, specifically ongoing priorities related to the National Care Service and COSLA developments including:

- Digital Front Door
- Removal of charging
- Public Service Reform
- Integrated Care Record
- Improvements to infrastructure (e.g., New Community Health Index and Federation of M365)
- Digital Telephony
- Shared Alarm Receiving Centre for Scotland
- GIRFE (Getting It Right for Everyone)

The approach set out in this report supports the recent SG Health and Social Care Reform priorities and the four key priorities against a Vision for 'A Scotland where people live longer, healthier and fulfilling lives' :

- Improving access to treatment (services and support)
- A long term focus on prevention
- Shifting the balance of care into the community and homes
- Delivering a stronger digital first approach to all our health and care services.

In addition, recent key reports from Scotland, England and Wales focusing on digital innovation in social care informed the approach to this work.

The Fraser Allander report (2023) on social care innovation clusters highlighted that the current infrastructure in Scotland does not fully support innovation adoption and diffusion and there is limited engagement and representation of the sector in terms of innovation assets and entrepreneurial infrastructure. As part of the report conclusions, the ANIA model was suggested as a potential model to be considered for social care. However, it was noted that the pathway for social care must be distinct from health care and supported by different skills and personnel.

The report offers important recommendations for innovation in social care related to evaluation and better use of data, however the report was limited in that it did not cover the current landscape of innovation in relation to projects and programmes that have the potential for acceleration and scale. In addition, the report highlights the limited focus from Scottish universities on the delivery of social care innovations.

There is real opportunity to further develop engagement with colleges and universities as part of future developments to support knowledge exchange, attract inward investment for research and evaluation and lever economic benefits.

Similar conclusions were also found in a review of organisational capabilities associated with innovation in adult social care (Zigante et al., 2022). The review observed a limited evidence base to inform developments and that innovation is happening at the edges of adult social care, with little integration into mainstream activity.

Social Care Wales commissioned a review to support digital innovation in social care (Basis, 2024). Insights from the review revealed a lack of strategic leadership and coordination of digital innovation and a gap in reviewing evidence and learning on existing technologies which hinders scale. The research, innovation and improvement strategy for social care in Wales also notes the limited system of support for social care compared to support for sectors such as education and health.

In England, a review commissioned by NHSX on the current use and effectiveness of technology in adult social care and digital skills in the sector as well as opportunities for scale (Ipsos MORI, 2021) recommended building a national vision for a digital ecosystem to support digitisation of the sector. Other recommendations to support acceleration of digital transformation also included developing standards and systems to support implementation and improving access to funding and procurement.

Finally, in relation to the financial investment in social care innovation, according to the Department of Health and Social Care (DHSC) social care innovation projects received £42.6 million in 2023-25 (DHSC, 2023), in comparison to a budget of £188.5 billion with a planned increase to £214.1 billion for improving healthcare services (Issa, Watt & Fozzard, 2024). Therefore, the investment in social care innovation represents 0.02% of the funding allocated to healthcare innovation.

3. Role of the Digital Health & Care Innovation Centre

The DHI is a national resource for Scotland. Design innovation sits at the heart of the DHI, helping us shape the future of health and social care services.

Figure 1. The DHI Innovation Process Model

DHI adopts a person-centred, equitable innovation approach which focuses on the lived experience of citizens. Digital health and social care innovation is seen as the strategic application of technological advancements to empower individuals. Using the innovation process model (see Figure 1), DHI works with individuals and organisations across health and social care practice, government, academia, and industry.

To address demand led, complex challenges and create impactful innovation in key strategic areas, the DHI facilitates an innovation cluster approach to support collaborations between academic, business, civic sector and citizens. The aim is to promote connection and collaboration to enable multi-directional knowledge exchange, build on existing work across specific areas, and enable collaborative ideation to ensure successful outcomes with significant potential impact.

4. Approach and Methodology

This work builds on DHI's design research and innovation expertise, and experience of collaborating with colleagues across different sectors and disciplines. The work aims to understand and define key priorities for digital innovation in Scotland's Social Care sector by working with national stakeholders across social care practice and academia.

Figure 2. Approach to identifying and reviewing priorities for digital in social care

A survey was distributed to all stakeholders invited to join the workshops to capture digital initiatives in Social Care that they are involved in alongside barriers and enablers to their adoption and scale up. The information captured through the survey helped to set the scene for the discussions during the workshops.

Workshop 1 involved activities to support stakeholders to collectively review social care related programmes and projects in Scotland, share information and insights and map alignment of the work to national strategic themes and priorities, including the Digital Health and Care strategy. A set of design mapping tools were created to support activities – the tools are available in the digital annex accompanying this report.

Workshop 2 introduced stakeholders to the 'care continuum' framework developed from the learnings in workshop 1 (further elaborated on in the findings section). Stakeholders worked in groups to review a 'vignette' depicting the needs of a person accessing care and were provided with a template to map the aspirations, goals, circle of care and a 'day in the life' drawing from the information in the vignette (see the digital annex). Using the 'care continuum' framework, stakeholders placed where they felt the person was currently in the continuum and then mapped programmes and projects that could meet their needs and identified opportunities for improving care in the future.

Based on the findings of the survey and workshops, a consolidated set of action areas and a future proposal were developed and reviewed by stakeholders in an online collaborative session to ensure alignment, consensus and gather feedback on the areas identified.

Workshop 3 focused on collaboratively developing a distinct pathway/framework to support acceleration and scaling of innovation in the social care sector and approach to creating a digital social care innovation hub, based on emerging actions and priorities identified during the collaborative review. The creation of a digital social care innovation hub can support in creating the conditions to progressing the wider findings of this work.

5. Landscape of digital social care innovation in Scotland

The mapping activity invited participants to share both completed, ongoing and planned innovation activity related to social care. The projects mapped also included work from across areas of housing, social work and wider community care focused initiatives. It should be noted that the mapping was not intended to provide a comprehensive record of digital social care innovation in Scotland but more an indication of the types of innovations, stages of development and maturity, and the intended areas of impact from the work across the landscape of social care. In this way, the mapping provided a 'snapshot' in time of innovation activity across various projects and programmes current and ongoing.

The resulting landscape map provides an overview of the work and exemplars of the types of digital social care innovation in Scotland (see Figure 3).

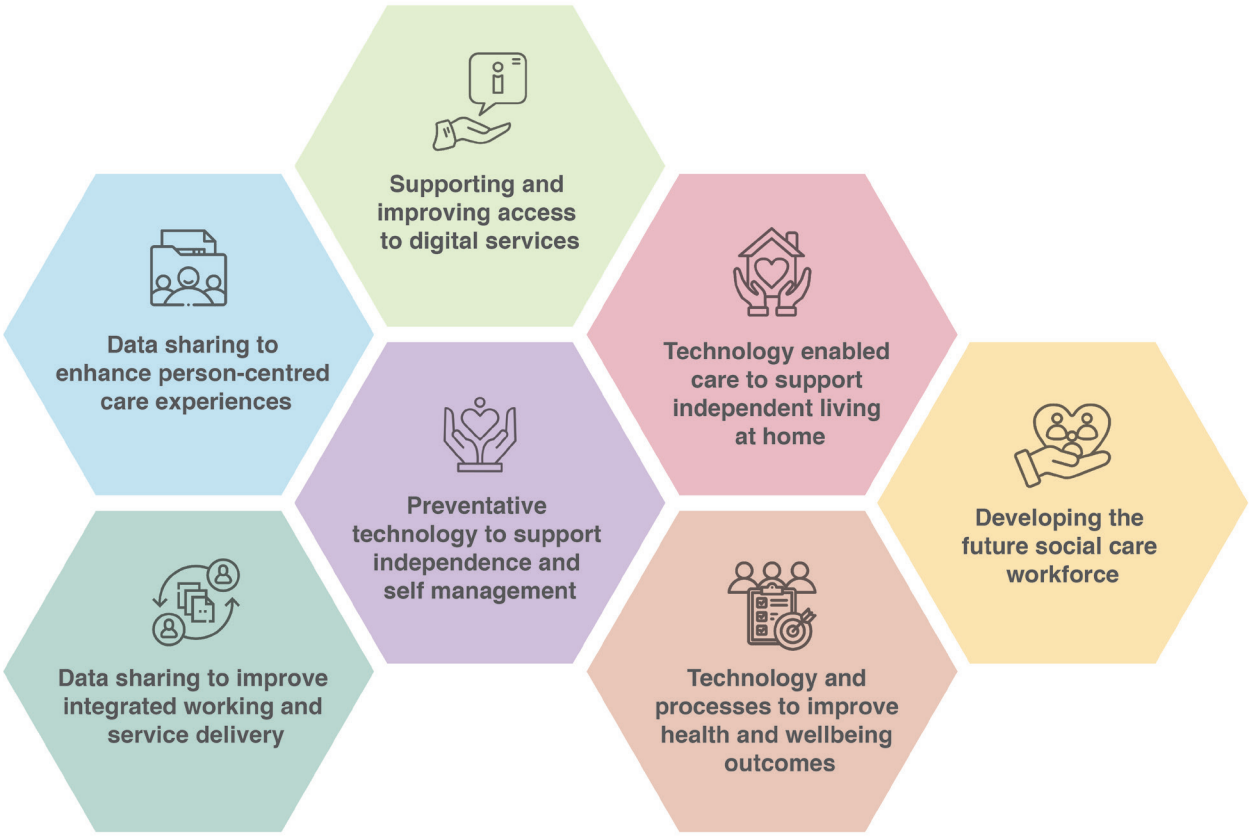

Figure 3. Landscape map of digital social care projects in Scotland

Participants were also invited to map the 'maturity' of the projects to consider the current stage of development (i.e., design, development, test of change, wider implementation etc.), readiness for adoption of digital technology as an enabler, and relationship of the work to strategic approaches such as 'Scottish Approach to Service Design' and 'Once for Scotland' as outlined in Scottish Government digital strategies. Further details of each of the projects are available in the digital annex accompanying this report.

Many examples shared involved projects which were no longer in progress and hence were not included in the current landscape map. Key reasons why projects had concluded or were no longer continuing were due to budget implications and the time and funding limited nature of the work. There were limited opportunities to transition these projects from their pilot or test of change stages towards implementation and scale.

Mapping projects and prototyping scenarios of care led to: the creation of a framework representing care transitions and needs; learning on project alignment with strategic priorities and opportunities for acceleration and scale; a proposal to create a pathway for digital social care innovation; and a set of action areas reinforcing current priorities and policy ambitions for future care practice.

The key findings emerging from the workshops validate previous learning and insight related to priorities for social care including the need for better integration to support person-centred care, appropriate service responses that meet individual needs, and enabling better access and sustainable models of care.

6. Care continuum as a framework for representing care transitions and needs

The framework was developed following a review of current representations of care continuums. A number of existing care continuums largely draw from and represent a 'health' perspective often with a focus on a single 'health event/ condition' and a linear journey– i.e., prevention, detection, early intervention, treatment, discharge, post-event care and self-management (ref). It is not an adequate representation of people's holistic and diverse needs in a social care context. While there is no consistent model for care continuum found across social care in Scotland currently, we found a 'pyramid model' of care (Scottish Government, 2021)– representing people's journey from universal to targeted to specialist services; this however assumes an upward progression in the level of needs.

We found alternative representations in areas such as children and young people's services, for example the 'Continuum of Need Windscreen' which are 'needs-focused' than 'condition-focused', and further take into account a 'step up' and 'step down' approach to moving between different levels of need. This was closest to representing the lived experiences that we have come across during our research. We adapted these to develop a care continuum representative of evolving care needs (see Figure 4), emphasising a 'non-linear' model that acknowledges that people go back and forth between different types of support as their needs change or sometimes concurrently receive different levels of care for a diversity of needs.

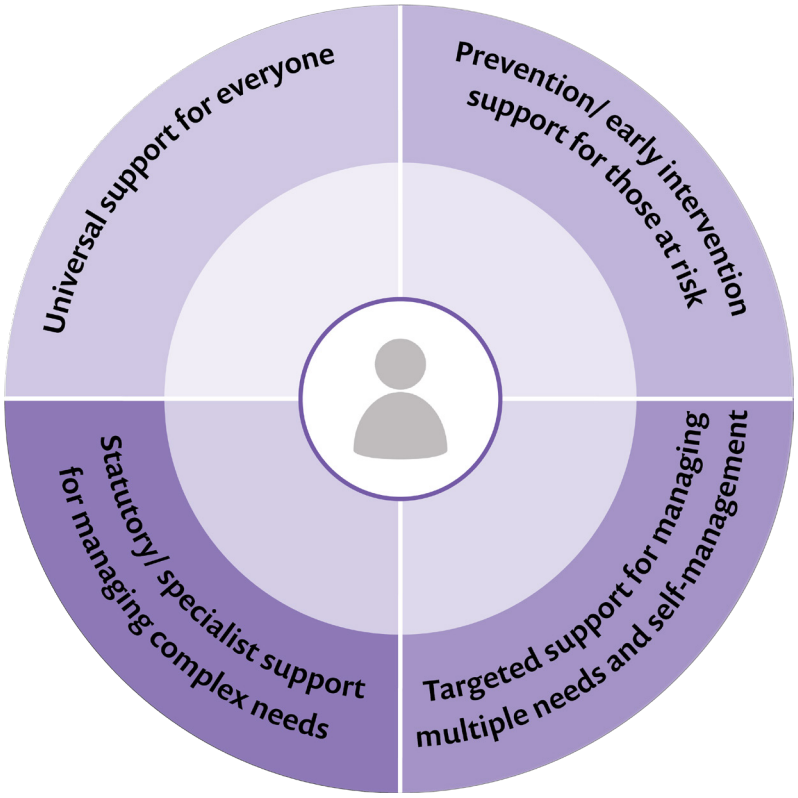

Figure 4. Care continuum for social care (Raman and Kunte 2024)

The four stages on the continuum focus on:

- Universal support for everyone
- Prevention and early intervention support for those at risk
- Targeted support for managing multiple needs and self-management
- Statutory and specialist support for managing complex needs

Findings from the workshops validated current policy ambitions and activity underway to shift care from the bottom half to the top half of the continuum.

7. Creating an innovation hub and pathway for digital social care

A key priority identified from the workshops is the need to create an innovation pathway and necessary infrastructure required to support digital innovation in social care. Many of the projects that were shared during the workshops have concluded testing and evaluation however, they remain limited in opportunities to scale and sustain due to a lack of infrastructure specific to social care. The Accelerated National Innovation Adoption (ANIA) Pathway is focused on using technology to fast-track proven innovations into the healthcare frontline on a once for Scotland basis, with the aim of reducing barriers to national innovation adoption. However, the current set up, methodology and governance of ANIA is focused on the NHS and does not take account of social care. Learning from the ANIA pathway provides an opportunity for how the work in health can inform developments for social care in this area.

Innovation trajectories in health also benefit from the Innovation Design Authority and the Chief Scientist Office (CSO) funded Innovation Fellowship schemes which aim to strength the innovation culture in NHS Scotland. The appointed Innovation Fellows are then attached to one of the three regional innovation hubs also funded by the CSO. Although both the fellowship scheme and the Innovation Hub definitions include reference to social care, to date both have predominantly focused on capacity and capability for the NHS in supporting innovation activity and development and adoption of new technologies.

The opportunity to create a distinct pathway and a framework for digital innovation in social care could bring benefits through collaborative working across stakeholders, including industry and academia, including: supported navigation and application of innovation processes, development of an evaluation framework to understand impact and support learning and evidence-based approaches to future implementation of digital technology in practice – contributing to technical and cultural readiness.

The findings highlighted that creating a pathway for digital social care innovation would involve:

- Developing a framework for social care innovation, considering drivers, criteria and 'measurements' for prioritisation and evaluation underpinned with a focus on outcomes for people accessing care and support;
- Adopting evidence-based process models for project development and implementation;
- Collaboration and knowledge exchange across stakeholders (policy, practice, research and innovation), avoiding repetition/duplication.
- Embedding multiple perspectives in decision making - e.g., people accessing care, care providers including unpaid carers, policy makers.

Key benefits and outcomes of developing a pathway would be:

- Parity for all types of services, contributing to strengthening the wider health and social care innovation landscape;
- Ensuring sustainability and scalability of social care innovations by providing a pathway and associated resource;
- Supporting a cultural/mindset shift towards digital innovation, complementing wider care delivery.

Key questions that may inform the design and development of a digital social care innovation pathway or 'hub' have been suggested in previous research (Cahill, 2022) including:

How might we:

- support stakeholders across social care to imagine, test and evaluate how technology can enable the functions and principles of proactive and relational care concepts;
- convene social care actors to imagine and propose solutions to care problems;
- convene care and technology system leaders to bring concepts together and ideate proposed solutions;
- support stakeholders to evidence the benefits of longer term care concepts that may result from proposed solutions;

- build an approach to help prime markets for technology for social care;
- support the generation of valuable classifications and categories across different areas and solutions to help support those buying and building in social care, and create better market definition;
- support spread and influence across different local areas and provider types; and
- influence and support national bodies to use the evidence to drive proliferation

Participants built on these findings and key questions during the third co-design workshop to initiate the development of a social care pathway and innovation hub. During this workshop, participants also reviewed existing frameworks in social care and related areas to identify distinct considerations for development of a digital social care hub/pathway.

Key considerations included:

- The need for a set of overarching ethical and operational guiding principles specific to social care that emphasise the importance of digital as an enabler, digital inclusion, creating the conditions and culture for innovation (e.g., safe space for positive risk, bottom up approaches and permission to 'stop' when things don't work);
- Responding to the unique characteristics of the social care sector such as scale and diversity of providers, commissioning models, market stability, limits on resource and the need for increased standardisation and consistency across functional and specialist areas of care;
- Ensuring appropriate digital infrastructure and technical readiness to support acceleration and scaling of digital across social care by standardising data and implementing interoperable systems;
- Making digital 'visible' across commissioning and resourcing;
- Consolidation of existing evidence on digital innovation in social care and the need to evolve processes and regulation to support the conditions for innovation;
- Capability and skills development for digital innovation across the social care sector responding to what matters to the workforce and including sustainable opportunities for role progression supported by a standardised competency framework;
- Ensuring that all developments related to digital innovation in social care are grounded in the realities of delivery across the sector acknowledging the very real pressures and complexities faced by providers

Further definition of the purpose, key functions and process for a hub were identified.

These included:

- Playing a leadership role in advocating for the sector and influencing future policy, national and local decision making to create a platform for the profile of digital social care;
- Developing a framework for 'baseline' digital skills specific to the needs and legislative requirements of the social care sector, alongside creating appropriate resources to support skills development;
- Up to date data on social care and how this could act as both a repository and an evidence base for digital social care innovation;
- Embedding a community development approach to digital social care innovation to support acceleration through inclusion of partners and widening collaborative opportunities.

Participants reiterated the role of the hub in acting as a trusted source of information and advice on digital social care through modelling and curating 'what good looks like'.

During the workshop the roles of organisations in relation to the proposed hub were also considered as well as timelines and key actions required for implementation.

The emerging pathway for accelerating and scaling innovation in digital social care and the overall insights captured can be viewed in full in the digital annex.

8. Prioritising action areas and connections to national programmes

The findings of the workshops also reinforced key areas for action with connections and alignment to national programmes. The actions support the vision for whole health and social care system reform in relation to access, prevention, quality and people and place. The areas of action validated by the findings include:

- Accelerate work that has a greater focus on universal services for care;
- Expand work that foregrounds social care expertise in prevention and early intervention;
- Increase collaborative care practice and digital curation of community assets;
- Develop an interwoven care pathway for carers alongside those they care for;
- Increase acceptance through ubiquitous 'invisible' digital social care.

8.1 Accelerate work that has a greater focus on universal services for care

The findings reinforce the need to accelerate work that has a greater focus on universal services given that these services and supports underpin all stages of the care continuum. Stakeholders described universal services as services in the community (non-statutory), which do not require assessment or specific eligibility criteria for people to access (e.g., libraries, community groups).

This action aligns most closely with the 'prevention' vision for whole health and social care system reform, focusing on prevention, self-care and early intervention to improve health and wellbeing. The focus on universal services may support a holistic approach to health creation, prevention and early intervention through harnessing and appropriately utilising community assets. Increasing level of involvement of universal services as people move across different stages of the care continuum could contribute to growth in self-care through knowledge and connections in how they can support their own health and wellbeing.

Accelerating work in this space also aligns with the national work in Scotland on GIRFE (Getting it Right For Everyone). The GIRFE pathfinders have been exploring a multi-agency approach to support and services to provide a more personalised, joined up and consistent approach to accessing support, informing future models of care.

This action would accelerate work that focuses on enabling people to benefit from universal services by working in partnership with Third Sector and community organisations. It could help reduce recurring hospitalisation by focusing on supporting recovery and resilience. The impact created could see reduced pressure on the healthcare targeted / specialist services.

Benefits of accelerating work that has a greater focus on universal services:

- **Person accessing care** - supports recovery and resilience, makes transitions more seamless (to come back to the community and stay connected)
- **Care providers** - reduces pressure on unpaid carers by providing support for their own mental and physical wellbeing. Service providers may experience reduced pressure through a shift in the balance of care with more investment shifting to universal services.
- **Community** - Strengthens the sense of care in the community services and resources (non 'services') within the community

8.2 Expand work that foregrounds social care expertise in prevention and early intervention

The findings provide further evidence on the need to accelerate work on predictive data to support preventative approaches to identifying and responding to future care needs, which could help to introduce care earlier, enable self-directed support, and prevent or better prepare to support and manage need for targeted/specialist input. This action aligns most closely with the 'quality' vision for whole health and social care system reform focusing on high quality, effective and value for money health and care.

The focus on foregrounding social care expertise in prevention and early intervention could reform models of care, systems and structures – transforming the shift to a community-based, multidisciplinary focused approach to care. Accelerating approaches to predictive data modelling would also support the vision to harness the power of innovation creating opportunities for early detection, diagnosis and treatment at scale – as well as preventing acute, reactive responses.

However, insights shared during the workshop reiterated the known issue that social care data has not been utilised to full capacity and is thus more limited across the wider health and social care system. Ongoing initiatives related to self-directed support that build greater autonomy for individuals and providers need to be realised and recognised. Further consideration to the potential role of consumer technology in supporting prediction and prevention is also required building on the success and evidence of the Care Technologist and TEC in Housing projects.

Work related to this action would see data informing the care and support responses from services potentially supporting better planning, assessing and anticipating needs as individual situations and circumstances may change. The impact could lead to reduced pressure on targeted/specialist services and potentially reducing risk of hospitalisation.

Overall, this work could support a shift in the balance of care delivery to the top half of the care continuum. It could address holistic needs of people accessing care and carers through a more person-centred, tailored approach. Finally, the work in this space could lead to a shift in culture across the system and working practices to become more preventative supporting better delivery of care and relieving pressure from NHS and statutory/specialist services.

Benefits of expanding work that foregrounds social care expertise in prevention and early intervention may involve:

- **Person accessing care** – can avoid unscheduled care situations, enable timely discharge from hospital and escalations or movement between different care settings, which could further impact on their wellbeing.
- **Care providers** – have reassurance and confidence, and feel better supported to manage their care responsibilities as preventative measures are already in place and reduces uncertainty and stress.
- **Services** – are better equipped and able to manage risk and crisis situation responses.

8.3 Increase collaborative care practice and digital curation of community assets

The findings reinforced existing ambitions to accelerate work which focuses on collaborative, integrated approaches to care. This action is not new and renews calls for a shared digital tool that provides signposting and accessing reliable personalised information and resources (regionally and nationally) to support holistic, community-based care were also validated through the insights shared. Work related to this action would see linkages and connections across various smaller projects and existing assets to maximise efforts.

The creation of a digital interface (e.g., Community Connections – a project being developed as part of the Rural Centre for Excellence) which provides a way to keep information updated in a reliable place and provide links to services and support available locally and nationally continues to be raised as a solution. Integrating services into a single portal increases familiarity and provides confidence for professionals to navigate and signpost to a range of services (including those outside their specialist areas; e.g., housing).

The action to increase collaborative care practice and digital curation of community assets aligns most closely with the 'access' vision of whole health and social care system reform focussing on health and care that is accessible, seamless and respects individual needs.

Ensuring a joined up and holistic network for care and support is built around the person could help to deliver a greater level of integration for person-centred care by the right people, right place, at the right time. Increasing collaborative care practice and digital curation of community assets could also support the community first approaches where care is delivered in the community closer to home. Digital ways of working would also support care delivery and facilitate connections to accessing support in the community.

A national infrastructure and hyperlocal implementation would be essential to ensure that the services are place-based and locality driven, creating additional value to existing digital service finder/connector tools. There is a real opportunity in Scotland to build on and promote the national ALISS digital programme which is funded by Scottish Government as a key source of local community services and supports. Expanding the use of digital tools that are personalised would not only help people find and access services but would support tailoring services options to individual needs.

Online options are essential to deliver care services locally to remote locations and varied geography of Scotland. Digital literacy and Digital inclusion are crucial for success in the long term to ensure digital options are accessible and easy to navigate for all. Benefits of increasing collaborative care practice and digital curation of community assets may include:

- **Person accessing care** - Enables choice, makes support and services easy to find, and accessible on their own terms.
- **Carers and care provider**s - Enables choice, makes support and services easy to find, and accessible on their own terms (or supports referral processes) - aligning to their own needs as well as the needs of the person they are caring for.
- **Services** - Greater awareness over what people need and would like to access to make decisions around their own care which can support service and support options, commissioning and delivery.

8.4 Develop an interwoven care pathway for carers alongside those they care for

The findings reaffirm wider objectives to develop support for wellbeing of unpaid carers. Specifically, the action focuses on ensuring an interwoven care pathway that is developed alongside the care plan for the loved ones they support, taking into account changing care needs.

The action to develop joint care planning for the unpaid carer alongside the person they support aligns with the both the 'access' and 'prevention' vision of the whole health and social care system reform. The interwoven pathway could support access to universal/preventative services to help the unpaid carer navigate through a range of resources and provide a mechanism to support at points of crisis. Creating the pathway would ensure support can be put in place to assist with daily activities/respite to reduce stress on the carer. The plan would ensure unpaid carers are seen as equal partners in decision making, not just in the care planning of those they care for but also around their own care needs. Digital tools were suggested as ways to support care planning for carers including further development of 'Circle of Care' tool which has been developed as part of a co-design project in Midlothian.

The interwoven pathway would promote opportunities for regular check in on carer wellbeing, understanding personal aspirations and provide support to manage any changes in their care situation effectively. The need for data and touchpoints to recognize and effectively support carers was emphasised. The outcomes of this action would anticipate improved wellbeing of carers, preventing burnout and/or risk of deterioration in their own health.

Participants also discussed the challenges of identifying carers and the importance of integrating support for carers into existing processes and organisations like Support in the Right Direction (SiRD) programme or signposting to carer organisations like VOCAL.

Benefits of developing an interwoven pathway for unpaid carers alongside the people they support may include:

- **Person receiving care** - Reassuring to know that their loved ones are supported well, alleviating any worries caused by their dependence on their carers.
- **Unpaid Carers**- Ensuring carers feel 'seen' and listened to and their mental and physical wellbeing are supported, and are able to support the people they care for.
- **Community** - Unpaid carers or others in the community who might become a carer in the future will be better prepared and supported in their role as a carer and be looked after.

8.5 Increase acceptance through ubiquitous digital social care woven into the fabric of everyday life

Digital innovation offers a transformative way to reduce stigma around social care and enable its seamless integration into people's daily lives, homes, and communities. The findings of the workshop reinforced the ways in which digital can complement social care practice, supporting independence, choice and control for people accessing care and support. Increasing the use of digital interventions such as telecare and wearables provide discreet forms of support and safety for people living at home.

Stakeholders shared ways in which digital telecare services and wearable devices can remove barriers and minimise the 'visibility' and stigma often associated with having care at home or loss of independence, by weaving these seamlessly into the fabric of everyday life. In addition, current work supporting data-driven personalisation through analysis of health and care data has the potential to inform ways of achieving this in a highly personalised way to better integrate with individual preferences and ways of living.

The action to increase acceptance through ubiquitous digital social care integrated with everyday living aligns most closely with the 'quality' vision of the whole health and social care system reform.

As part of work to reform care, there is a need to harness learning from evaluation and outcomes of digital social care initiatives so that areas for service development, improvement and change can be informed by existing evidence. Building on the success of digital interventions in home settings will align with the ethos to seamlessly integrate technology to complement and support continued independent living.

9. Conclusion

One of the key recommendations from the outcomes of this work is to create a distinct pathway/innovation hub for digital social care to create the conditions to enable acceleration, scale and adoption of technology. Working in collaboration with partners across the social care landscape including policy and academia to maximise existing assets and capabilities in Scotland will be critical. Future work will also focus on engaging with people with lived experience expertise and foreground citizen perspectives in further iteration and development of key priorities and the social care pathway/ innovation hub.

DHI hosts the Healthy Ageing Innovation Cluster which is currently undergoing a refresh in terms of focus areas and objectives and there is an opportunity to embed social care innovation within the new cluster arrangements.

DHI will continue to progress plans for establishing a digital social care pathway and innovation hub in partnership with stakeholder organisations and explore opportunities to prototype and evidence the infrastructure required to support wider social care innovation and transformation. A key focus of this work would be to create the conditions for the development of digital social care innovations that are sustainable and scalable, supporting the cultural/mindset shift required to implement in practice. The recommendation to shift focus towards 'universal and preventative services' as a foundation for holistic support across all stages of the care continuum reinforces the need to strengthen work already underway which prioritises individual wellbeing and quality of life – beyond episodic health interventions.

For example, DHI is developing a portfolio of care and wellbeing projects that will identify digital services, products and solutions for social care, integrated care and housing. Future work will also encompass broader social care skills and expertise and build on wider digital maturity work to strengthen the focus on digital transformation across social care.

The report provides a coherent starting point to make sense of a complex and evolving landscape. DHI will continue to adopt an iterative approach to build collaborations and partnerships with policy, practice, academia and industry across the landscape of digital social care to create a strategic framework and pathway to mobilise change.

By working together to action the recommendations in this report and overcome the barriers to sustainable innovation and acceleration of digital in social care, we can ensure that investment in future innovations contributes to national ambitions around service reform and benefits the people of Scotland.

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