Digital Innovation in Social Care - Industry Engagement Workshop
Report, September 2025

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Background

The DHI Care and Well Being Portfolio, in collaboration with the Healthy Ageing Innovation Cluster, hosted an online interactive workshop on 17th June 2025 to engage with industry organisations on key priorities for innovation in social care in Scotland and opportunities for adoption and scale up.

The workshop built on a series of engagements with national social care and social work organisations and representatives from key groups working in the digital innovation landscape. This resulted in the publication 'Digital Innovation in Social Care: Priorities and Opportunities for Scotland' which provided context for the workshop. The workshop set out emerging proposals from previous work for how digital innovation in social care can be supported and developed, and how we can leverage research and innovation opportunities.

The aims were to:
· map products and developments relevant to social care that are underway;
· understand industry partners experience of scaling up and/or barriers preventing scale;
· identify new opportunities for digital innovation in social care;
· Explore how different organisations could contribute to the development and implementation of innovative products and services aligned to the needs of the sector.

The workshop was attended by 51 participants from across industry, health and social care providers, wider public sector services and academia.

Workshop Design

The workshop began with an overview of the DHI Digital Innovation in Social Care work, outlining national drivers and emerging key priorities for the sector, and a presentation on the DHI industry engagement strategy to set the scene.

Two industry partners followed with presentations focusing on their experiences of delivering innovation in a social care context and providing high level insights from their perspective on enablers, barriers and opportunities for delivering digital innovation. The first part of the workshop concluded with a brief question and discussion session based on the presentations.

The second part of the workshop involved breakout discussions in curated groups consisting of participants from across industry, health and social care providers, academia and wider public sector services. Each group started by mapping existing and emerging technologies and digital innovations that they were aware of and/or developing to current needs, emerging themes and priority areas for Digital Innovation in Social Care.

KEY THEMES (ABOVE) AND AN OVERVIEW OF CURRENT PROJECTS AND PROGRAMMES RELATED TO DIGITAL INNOVATION IN SOCIAL CARE (BELOW)

Figure 1. Emerging themes and priority areas for Digital Innovation in Social Care

Participants then collectively identified gaps and future opportunities for digital innovation aligned with the priority areas and the vision to shift the balance of care, focusing on 'prevention/ early intervention', strengthening a community-based approach to care and 'universal and preventative services' as a foundation for holistic support across all stages of the care continuum.
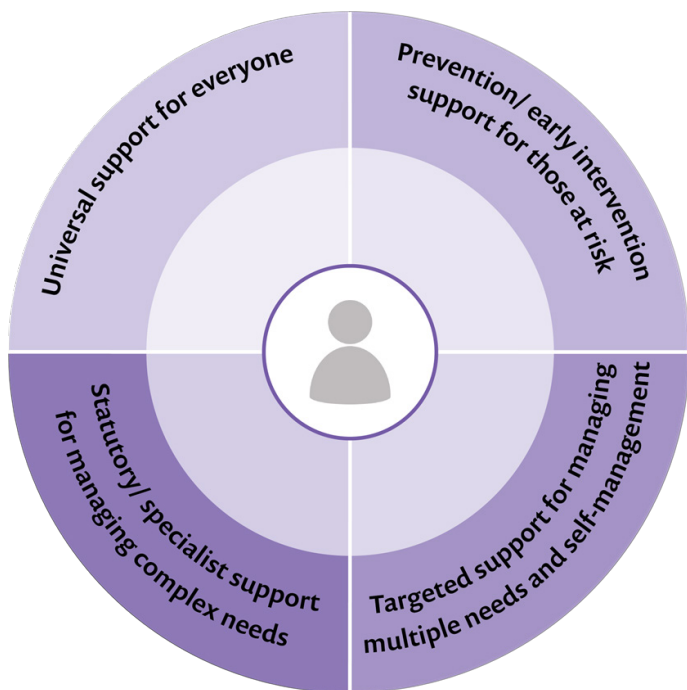
Figure 2. Care Continuum (Raman and Kunte, 2024)

The workshop concluded with an opportunity to hear from all groups to inform consolidation of key recommendations for next steps. A survey was shared with all registered participants to invite further contribution on how they would like to continue to be engaged in digital social care innovation activities moving forward.

Summary of insights and key learnings
Creating the conditions for systemic transformation:

There was a collective and strong agreement that approaches to systemic change need to aim for transformation at scale, not incremental changes. Participants concurred that building on the assets that already exist is key to accomplishing this.

It was also noted that more work is needed to create readiness for change within the various organisations across the sector. Noting that local innovation does not readily translate into systemic change, the need to develop a structured innovation pipeline with defined success criteria, evaluation frameworks, and funding pathways for national or regional scale-up was identified as a core requirement.

Participants also discussed the Care Reform Bill, highlighting that it currently lacks a clear translation into delivery frameworks for digital transformation. It was also reflected that existing policy levers are underused or poorly activated, and there is a further opportunity for using existing legislation as a more effective basis for securing investment, setting national digital goals, and driving implementation plans with measurable outcomes.

A persistent leadership and strategy gap which seems to be stalling momentum and limiting delivery was highlighted. To address this, it was suggested that dedicated digital leaders be appointed (e.g., Chief Digital Officers in social care settings), alongside embedding strong governance structures that enable coherent strategy and shared responsibility.

Cultural differences in decision-making across Scottish Government, Local Authorities, and the NHS, were noted identifying a need for a joined up but flexible approach that recognises the diversity of the social care sector. A potential opportunity was discussed relating to the new NCS Board as a main player in this context.

While fragmentation and diversity across the sector was highlighted as a challenge for sellers and buyers of technology and for scaling up adoption, participants also reflected whether diversity is what makes the sector distinct from the NHS and whether aiming for 'universal adoption' was realistic.

Participants emphasised that meaningful transformation must go beyond implementing technology. It needs a clear focus on change management and communicating how technology will change outcomes for people and services. Digital strategy must align with frontline delivery, including investment in capability building (including embedding digital skills, funding new roles e.g. care technologist), and empowering staff to use technology for proactive and integrated care. When developing innovation for social care, an awareness among industry of workforce skills and development needs was also noted as important. It was suggested that DHI could play a crucial role in advocating for investment in social care.

Knowledge exchange

There is a real appetite for improved knowledge exchange between industry and social care. This would involve creating more opportunities for people to come together and share experiences, perspectives and insights, supported by curating and creating collective assets – including resources facilitating a clear understanding of up to date social care priorities and needs for industry partners, and resources supporting awareness and access to current and emerging technologies, digital tools and approaches for social care stakeholders.

Participants also reflected on the need to balance innovation with understanding the benefits of what is already working in practice. Concerns were shared about some tools - such as the electronic frailty index - being useful but at risk of not being used widely because of inconsistency in how they are embedded in practice and further impacted by the discontinuation of tools such as SPIRE (Scottish Primary Care Information Resource).

This raised the question of a potential disconnect between care providers, commissioners, and industry; and where effective knowledge exchange could help address this gap by creating a shared understanding of practice.

Knowledge exchange is also a mechanism to surface innovation gaps such as the need identified by participants for innovation to include and address the needs of unpaid carers in Scotland. The need to reduce duplication was a key concern raised by participants, with a range of current and emerging technology, digital tools and approaches already existing with significant overlaps (e.g., in functionality, application, use).

A key question that emerged around opportunities for innovation was: how might the social care sector take more advantage of existing technology aligned to social care needs and priorities? In addition to knowledge exchange providing a space to connect and share, participants were also interested in how this space could be used to facilitate the testing of ideas and opportunities to gather feedback ensuring representation from across sectors e.g., providers, industry, academia.

Guidance and support to invest in technology

With the breadth of digital technologies and technology providers available, it is challenging for social care providers to know what to invest in. There is currently no 'guidance' or support in investing in technology or making decisions regarding purchasing products.

In addition, digital transformation is only a small margin in the contract and not currently included as a core aspect of care delivery in relation to what is monitored and scrutinised by the Care Inspectorate. This adds to the challenge for care providers in terms of what digital technology investments to make.

An opportunity suggested was to support more showcasing and sharing of digital technologies that other care providers have invested in to demonstrate how these are being used and impacting care practice/delivery.

Procurement and scaling

Procurement is a well known challenge in the context of social care. With the complexity of care delivery across the social care landscape, single big changes and solutions are unlikely and therefore, without intervention, small, local and incremental developments will continue to support change and improvement. There are opportunities for strategic partnerships in digital to bring benefit to the complexity of the landscape of care delivery rather than continuing the culture of competitive tendering.

Scaling digital solutions and transformation continues to be challenging and will remain so unless fragmentation is addressed. Successful scaling of digital solutions involves shifts in funding cycles to avoid numerous pilot projects and commissioning also plays a critical role in ensuring scale up is considered early. A key question around opportunities for innovation was: how might we help industry scale successful solutions?

Relationship building between industry, providers and commissioners

Care providers can often be sceptical of industry partners where digital technology solutions are offered from 'private' companies. There is a prevalent mindset that solutions should be provided by government or available via Health and Social Care Partnerships or NHS boards. The scepticism is a barrier for industry to engage with care providers, impacting their ability understand needs and where digital technology can bring benefit and impact.

A key concern related to the development of digital solutions by government which takes significant time and expense, whereas independent companies can do this at pace and are more cost effective. A key opportunity was the need to consider the industry 'pitch' in how to better articulate innovation and digital solutions and the benefits, difference and impact these can make for social care. In addition, building relationships with care providers was seen as a key driver for innovation and a strategy to drive adoption.

DHI thematic surgery sessions as part of industry engagement and technology 'show and tell' opportunities embedded in previous DHI projects such as Nursing Records could support in creating spaces for knowledge exchange and relationship building tailored to specific innovation areas/needs.

Data sharing and integration

Participants agreed that meaningful use of data is essential for enabling a shift towards predictive, preventative, and person-centred models of care. Data sharing continues to be a barrier due to fragmented systems, proprietary siloes, and a lack of shared data standards, preventing the sector from unlocking the full value of data.

The discussions highlighted that without interoperability and governance frameworks supporting secure data sharing, opportunities for integrated insights and collaboration across social care, health, and housing sectors, remain limited.

A related question that emerged was: how might we 'derisk' data integration? Participants shared examples, like the Personal Data Store and Community Connections that DHI are supporting the development of in Moray, and the use of shared Medicus EHRs in England, that demonstrate the potential of integrating data to improve practice. From an industry perspective, understanding data flow – where data comes from and where it goes to – and what systems it needs to integrate with, will be essential to support the development of innovative solutions and technology.

The DHI could play a role in mapping work underway in integration of data in social care building on existing work in health and related areas, and link in with relevant work in other areas such as Public Health Scotland's work on social care data.

Use of AI and emerging technologies

A need for greater clarity in the use of AI and how research will progress in AI and emerging technologies were also highlighted by participants. One participant shared MXAi Health (Memorable Experiences Transforming Lives) as an example of emerging use of AI in social care to address social isolation and loneliness, frailty and support people living with dementia using positive connections.

There are opportunities for the Hub to enable a greater understanding of the role of AI in social care by creating links with work already underway in this area (e.g., Scottish Government Framework for Artificial Intelligence). Wider DHI work will also explore broader questions around ethical digital practices and sustainable use of AI, informing the activities of the Hub.

Evaluation

A need for independent evaluation that supports scalability of technology deployments was noted as key. Participants felt that a lack of reflective learning leads to repeating the same mistakes within the sector. This was attributed to a lack of formal feedback loops or learning mechanisms built into organisations and initiatives. There is an opportunity to establish sector-wide communities of practice, mandate post-implementation reviews, and embed reflective evaluation into project lifecycles.

The opportunity to develop an objective measure of quality in relation to digital was highlighted. It was suggested that the Care Inspectorate could work with industry to explore how 'quality' could be measured in relation to digital. An example shared that could provide learning in how to develop this more broadly was TSA community alarms.

Digital inclusion

Digital inclusion remains a concern for digital innovation. Opportunities to promote digital inclusion as part of digital innovation in social care can build on the principles and practices related to ethical digital practice, addressing inequalities and prioritising sustainability.

Conclusion and Next Steps

DHI will continue to develop ways to share and take forward the insights emerging from this engagement summary as work progresses towards developing and establishing a 'Digital Care Innovation Hub'.

Following the workshop, an online survey was shared with all registered participants to understand how they would like to continue to be involved in this work and how they would like a Hub to support them in their work.

The responses in the survey indicate an appetite for a collaborative platform that enables knowledge exchange, showcases innovation, and provides practical support through funding opportunities, testing environments, and pilot facilitation.

Stakeholders also emphasised the importance of training, professional development, and strategic working groups, while offering contributions such as case studies, testing facilities, and cross-sector expertise. Suggested networks for involvement include NHS and social care directors, HSCPs, and international connections such as the Global Scots, with events like Connected Britain identified as opportunities for engagement.

Overall, the survey responses demonstrate that the development of a Hub has the potential to become a national focal point for digital innovation in social care, anchored in Scotland, with wider UK and international reach.

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