

THOUGHT LEADERSHIP PAPER

The Future of Social Care in the UK

Tackling Systemic Challenges Through Remote Monitoring and MySense

Steve Benns
Chief Commercial Officer, MySense Ltd
October 2026

Introduction

Social care in the UK stands at a critical crossroads. An ageing population, increasing levels of complex care needs, workforce shortages and sustained financial pressures are placing significant demands on a sector that is fundamental to the wellbeing of millions of people. At the same time, the boundaries between health and social care remain difficult to navigate, leaving individuals, families, local authorities and care providers to manage a system that can be fragmented and reactive.

The challenge is not simply how to provide more care, but how to deliver the right care, at the right time, in the right place. People increasingly want to remain independent in their own homes for as long as possible, while commissioners and providers must find sustainable ways to support them without compromising safety, dignity or quality.

Remote monitoring offers one potential part of the solution. By using technology to identify changes in an individual's daily routines and wellbeing, services can move towards a more preventative, personalised model of care. MySense, a remote monitoring solution focused on understanding patterns of daily living, illustrates how technology could help care professionals identify emerging concerns, prioritise interventions and support people to live independently for longer.

However, technology alone cannot resolve the structural challenges facing social care. Its value depends on appropriate funding, effective integration, skilled staff and a commitment to keeping people—not technology—at the centre of care.



1. The challenges facing social care in the UK

A growing demand for care

Demand for adult social care is increasing as people live longer, often with multiple long-term conditions, frailty, dementia or disabilities that require ongoing support. These pressures affect older people, working-age disabled adults and unpaid carers alike.

For many individuals, remaining at home is preferable to moving into residential care. Yet maintaining independence may require a combination of personal care, medication support, nutrition, mobility assistance, family involvement and regular professional oversight.

When these services are unavailable or insufficient, people's needs can escalate. A relatively minor deterioration in health or wellbeing may result in a crisis, an emergency hospital admission or the breakdown of an existing care arrangement.

The system therefore needs to become better at recognising changing needs before they reach crisis point.

Funding pressures and financial sustainability

Social care funding remains one of the sector's most persistent challenges. Local authorities must balance their statutory responsibilities against competing demands on public finances, while independent providers face rising employment, energy, transport and operating costs.

The House of Commons Library reported that local authorities in England spent £23.3 billion on adult social care in 2023/24. Despite this substantial investment, funding pressures continue to affect the availability and affordability of services.

The consequences can include restricted eligibility, waiting lists, pressure on providers' financial viability and difficulties recruiting sufficient staff. When budgets are stretched, commissioners must make difficult decisions about how resources are allocated and which interventions offer the greatest benefit.

This makes prevention particularly important. Supporting someone before their needs escalate may help avoid more expensive interventions later. However, preventive services often require investment upfront, while the benefits may emerge over time or accrue to a different part of the health and care system.

Remote monitoring could help demonstrate the value of earlier intervention, provided that its impact is measured rigorously and the financial benefits are shared across the organisations that invest in and benefit from it.

Social care under pressure

£23.3bn
spent by local authorities in England on adult social care in 2023/24

71%
of responding provider locations considered recruitment challenging

56.6%
reported difficulties retaining staff

Sources: House of Commons Library (2025); DHSC adult social care workforce survey, April 2025

Workforce shortages and retention

Social care depends on its workforce, yet recruiting and retaining care professionals remains a major challenge.

The Department of Health and Social Care's April 2025 workforce survey found that 71% of responding provider locations considered recruitment challenging, while 56.6% reported difficulties retaining staff. Pay competition, working conditions, limited career progression and the pressures of delivering care all contribute to these difficulties.

Care workers frequently work under considerable time pressure, travelling between visits and balancing multiple responsibilities. Providers must also manage scheduling, documentation, safeguarding, communication with families and coordination with healthcare professionals.

Technology should not be presented as a replacement for care workers. Rather, it should help them use their time more effectively. If monitoring can identify which individuals need attention most urgently, teams may be able to prioritise visits and interventions more intelligently while maintaining essential face-to-face care.

The objective is to make skilled care professionals more effective, not to reduce human contact to a minimum.

Fragmentation between health and social care

Health and social care are closely connected, but their funding, responsibilities, information systems and operational priorities do not always align.

A person discharged from hospital may need additional support at home, yet community services may have limited capacity. Care workers may notice changes in someone's mobility, eating habits or daily routine without having a straightforward way to share that information with relevant health professionals.

Similarly, a local authority may invest in home support while the NHS bears the cost of avoidable hospital admissions. This creates a risk that organisations work towards separate objectives rather than a shared outcome: keeping people well, safe and independent.

Better information-sharing and integrated working are essential to overcoming this problem. Remote monitoring could provide a common source of insight into how people are managing between scheduled visits, helping care providers, families and healthcare teams coordinate their responses where appropriate.



Maintaining dignity, independence and quality of life

The quality of social care cannot be judged solely by the number of visits delivered or the number of hours commissioned. It must also consider whether people feel safe, retain control over their lives and can continue doing the things that matter to them.

Traditional care arrangements may provide only occasional snapshots of someone's circumstances. A care worker might visit for a short period each day, leaving many hours during which changes in routine or wellbeing are not directly observed.

For individuals living alone, this can create uncertainty for families and professionals alike. A person may gradually become less active, experience disrupted sleep or change their eating patterns without the change being immediately apparent.

Remote monitoring offers an opportunity to understand these everyday patterns more continuously, supporting earlier conversations and more personalised care. The challenge is to achieve this without creating intrusive surveillance or undermining an individual's autonomy.

2. Andy Burnham and the case for fundamental reform

Andy Burnham has become a prominent voice in the debate about the future of social care. His advocacy for a National Care Service reflects a growing recognition that the existing model needs more than incremental changes.

In 2026, as Prime Minister, Burnham has set out an ambition to establish a National Care Service that provides free personal care for older people based on need rather than ability to pay. His wider reform agenda emphasises sustainable funding, prevention, dignity and better coordination between hospitals, community services and home care.

These priorities are significant because they address several of the structural problems facing the sector.

First, a national framework could help reduce the postcode lottery in access to care, although its success would depend on how consistently services are funded and delivered locally. Second, a stronger emphasis on prevention could encourage investment in interventions that maintain independence rather than waiting for people to reach crisis point. Third, more joined-up services could help remove the financial and organisational barriers that currently separate health and social care.

Burnham's emphasis on prevention is particularly relevant to remote monitoring. If the policy objective is to help people remain at home safely for longer, commissioners need practical ways to understand how individuals are coping between visits and to identify when their circumstances change.

Technology such as MySense could support this ambition by providing insight into daily living patterns and highlighting potential concerns before they become more serious. For example, a change in sleep, movement or bathroom routines might prompt a care professional to contact an individual, review their care plan or arrange an appropriate assessment.

However, the relationship between technology and reform must be clearly understood. A National Care Service would still need sufficient funding, trained staff and effective local services. Monitoring technology can help make those resources more responsive, but it cannot compensate for inadequate care provision.

The opportunity is to make technology an enabling part of wider reform, rather than treating it as a standalone solution.

3. How remote monitoring can support social care

Remote monitoring uses connected devices, sensors and digital platforms to provide information about a person's safety, activity and wellbeing while they remain in their own home or supported accommodation.

Unlike a traditional personal alarm, which is generally activated when someone needs help, some remote monitoring systems can also identify changes in everyday behaviour. This creates opportunities to support both immediate responses to incidents and earlier intervention when a person's wellbeing appears to be deteriorating.



Moving from reactive to preventative care

One of the most valuable contributions of remote monitoring is its potential to identify changes before they become emergencies.

A person who is becoming unwell or less able to manage independently may gradually change their daily routine. They might spend more time sitting down, sleep poorly, visit the bathroom more frequently or show changes in their usual eating and drinking patterns.

Individually, these changes may have many explanations. Viewed in the context of a person's established routine, however, they can provide useful prompts for further assessment.

Remote monitoring can help care professionals identify these patterns and decide whether an intervention is appropriate. This could mean a welfare call, a visit from a care worker, a review of medication by a qualified professional or referral to another service.

The technology does not diagnose the cause of a change. Its value lies in helping professionals ask the right questions earlier.

Supporting people to live independently for longer

Remaining in familiar surroundings can be important for people's identity, confidence and quality of life. It can also help avoid or delay transitions into more intensive care settings when appropriate support is available.

Remote monitoring can provide additional reassurance to individuals and families by helping identify certain risks and changes in routine.

For people living alone, this may offer greater confidence that a change in their circumstances is less likely to go unnoticed. For supported housing providers, it can complement existing welfare checks and emergency response arrangements.

The aim should not be to remove human contact or leave people to manage without assistance. Rather, monitoring can help ensure that independence is supported by a more informed and responsive care network.

Helping overstretched teams prioritise their time

Care providers must often allocate limited staff resources across people with different levels of need. In domiciliary care, the challenge is particularly acute because workers travel between visits and have limited time to observe changes outside scheduled appointments.

Remote monitoring can provide additional information to help teams prioritise follow-up.

For example, where a person's activity levels have changed significantly, a care coordinator may decide that a welfare check is more urgent than a routine visit to someone whose circumstances remain stable.

Such prioritisation must be guided by professional judgement, individual care plans and appropriate escalation protocols. It should not be based solely on automated alerts.

When implemented effectively, monitoring may help reduce unnecessary reassurance calls and make better use of available staff time, while directing attention towards individuals who need additional support.

Improving communication and care planning

Remote monitoring can contribute to more informed conversations between individuals, families and professionals.

Instead of relying exclusively on occasional observations or retrospective accounts, care teams may have access to information about patterns of daily living over time. This can help them investigate concerns, assess whether interventions are working and adjust care plans to reflect changing needs.

With appropriate consent and governance, relevant insights could also support communication between social care, primary care, community health teams and family carers.

This is particularly important for people with complex needs, whose support may involve multiple organisations.

Supporting hospital discharge and recovery at home

A further opportunity is to use remote monitoring to support people returning home following a hospital stay.

Discharge is not simply an administrative event. It is a transition during which individuals may be recovering from illness, adjusting to medication or experiencing temporary changes in mobility and confidence.

Where clinically and operationally appropriate, remote monitoring can help teams understand how someone is managing after discharge and identify potential concerns that warrant follow-up.

This aligns with the wider policy objective of providing more care closer to home and reducing avoidable hospital admissions.

Nevertheless, monitoring must sit within an appropriate discharge and community-care pathway. It cannot replace essential rehabilitation, nursing, personal care or face-to-face assessment.

4. MySense: applying remote monitoring to real-world care

MySense is a wellbeing analytics platform designed to support people living independently and the professionals who care for them. It combines discreet in-home sensors, a wearable device and a digital dashboard to build a picture of an individual's normal routines and highlight potentially significant changes.

Its approach is particularly relevant to social care because it focuses not only on responding to emergencies, but also on understanding everyday patterns that may provide early indications of changing needs.

MySense™



Understanding patterns of daily living

MySense describes monitoring capabilities that include sleep patterns, activity levels, bathroom routines and other indicators of daily living.

Sensors can help establish an individual's typical routine, allowing the platform to identify deviations that may warrant attention. For example, a significant change in overnight movement or a sustained reduction in activity could prompt a care professional to check whether the individual needs additional support.

This approach could be particularly useful for people who live alone, those receiving domiciliary care and residents of sheltered or supported accommodation.

Importantly, a deviation from someone's routine is not necessarily evidence of a problem. The information should be interpreted in context and used to support a conversation or assessment rather than trigger an automatic assumption about a person's health.

Combining preventative insight with emergency response

MySense also describes wearable-based fall detection and an emergency alert function. According to its published information, detected falls can be escalated through a 24-hour alarm receiving centre, while other alerts and wellbeing insights can be shared with carers or family members through its platform.

This combination addresses two distinct needs

Immediate response

Helping an individual request assistance or triggering an alert when a fall is detected.

Earlier intervention

Identifying changes in established daily routines that may indicate a need for additional support.

The distinction matters. An emergency alarm is designed primarily to help when something has happened; behavioural monitoring may help identify when circumstances are changing.

Neither approach guarantees that every incident or deterioration will be detected. Monitoring should therefore complement, rather than replace, established safeguarding arrangements, professional assessments and appropriate care visits.

Applications across different social care settings

MySense's published social care offering describes several potential applications.

Domiciliary care

Monitoring could help providers identify changes in activity, rest and daily routines between scheduled visits, enabling more targeted follow-up and more informed reviews of care plans.

Sheltered and supported housing

Insights into routines and overnight activity could help staff prioritise welfare checks and respond to emerging concerns while supporting residents' independence.

Local authority services

Monitoring could support preventative care pathways, reviews of individual needs and appropriate discharge-to-home arrangements.

Family and unpaid carers

Where access is authorised, information about daily routines and alerts may offer reassurance and help families recognise when additional support might be needed.

These applications are most valuable when monitoring is integrated into a clear operational process. An alert must reach someone who understands its significance, has the authority to act and can arrange the appropriate response.

The potential impact on outcomes and costs

MySense published a case study involving the NHS Midlands Partnership University NHS Foundation Trust's High Intensity Team. The company reports that, over a 12-month period, its deployment supported earlier intervention and helped avoid hospital admissions, with estimated savings in NHS bed costs of 1,296 days across a cohort of 105 patients.

CASE STUDY · MIDLANDS PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

1,296

estimated NHS bed days saved

105
patients in the cohort

12
months of deployment

Reported outcomes reflect MySense's contribution alongside wider clinical interventions and service delivery by the Trust's High Intensity Team.

These results are encouraging, but they should be interpreted carefully. MySense states that the reported outcomes reflect its contribution alongside wider clinical interventions and service delivery. They should not be treated as proof that the same results will automatically be achieved in every social care setting.

For local authorities and providers, the important question is whether a carefully designed deployment can demonstrate measurable improvements in areas such as:

- **Timely identification of changing needs.**
- **Avoidable emergency admissions and hospital readmissions.**
- **Falls response and appropriate escalation.**
- **Independence and time spent safely at home.**
- **Staff time, travel and workload.**
- **Quality of life and confidence among individuals and family carers.**
- **The overall cost of care over an appropriate period.**

A robust evaluation should establish a baseline, compare outcomes over time and account for differences in the needs of the people being supported. It should also distinguish between financial savings, additional capacity and improvements in quality of life.

5. Turning the potential into practice

For remote monitoring to make a meaningful difference, providers and commissioners need to consider more than the technology itself.

Integrate monitoring into existing care pathways

Technology is most useful when it supports a defined service model. Providers should establish who reviews alerts, how quickly different types of concern must be addressed, and what happens when an individual cannot be contacted.

Clear escalation arrangements are essential, particularly where a service operates outside normal working hours.

Protect privacy and personal choice

Monitoring in someone's home requires sensitivity. Individuals should understand what information is collected, why it is collected, who can access it and how it will be used.

Implementation should consider consent and decision-making capacity, data protection obligations, information security and the person's right to dignity and privacy. Data collection should be proportionate to the intended benefit.

MySense describes its in-home monitoring approach as camera-free, which may help address some privacy concerns. However, camera-free monitoring is not the same as risk-free monitoring: data governance, access controls and appropriate oversight remain essential.

Support staff and build confidence

Care workers and managers need appropriate training to interpret insights and incorporate them into day-to-day practice.

Staff should understand the limitations of the system, how to distinguish an alert from a confirmed problem and when professional judgement or a face-to-face assessment is required.

Involving frontline workers in the design of the service can also help ensure that monitoring reduces unnecessary administrative work rather than creating another source of alerts and tasks.

Evaluate outcomes before scaling

Commissioners should begin with a clearly defined use case and an agreed evaluation framework. A pilot might focus on people at risk of repeated hospital admission, residents of supported accommodation or individuals whose needs are changing but who wish to remain at home.

Evaluation should consider safety, user experience, staff workload, equality of access and total costs. It should also investigate whether monitoring benefits some groups more than others and whether people without reliable connectivity or digital support are disadvantaged.

The aim is not simply to prove that the technology works. It is to establish where it works best, for whom, and under what conditions.

Conclusion: building a more preventative model of social care

The UK social care sector faces challenges that cannot be resolved through technology alone. Funding, workforce capacity, unmet need and fragmented services require sustained political commitment and long-term reform.

Andy Burnham's proposals for a National Care Service place prevention, sustainable funding and more coordinated care at the centre of the national debate. Delivering that ambition will require practical ways to help people remain independent while ensuring that changes in their needs are recognised and acted upon.

Remote monitoring can contribute to this shift by giving care professionals a better understanding of everyday life between visits. MySense offers one example of how discreet sensors, wearable technology and wellbeing analytics can support early intervention, emergency response and more informed care planning.

The greatest opportunity is not to replace human care with technology, but to strengthen the relationship between the two. When used responsibly and integrated into effective services, remote monitoring can help professionals focus their attention where it is most needed, support families and individuals with greater confidence, and contribute to a social care system that is more preventative, personalised and sustainable.

The future of social care will ultimately depend on the quality of the human support provided. Technology such as MySense can help make that support timelier, more informed and better suited to the needs of the people who rely on it.

MySense™

THE MYSENSE VIEW

MySense believes that traditional "button and box" responses to critical events no longer deliver the benefits care providers need today. By the time an incident occurs, cost has already been incurred. The key is to reduce the likelihood of such events in the first place, by proactively monitoring the signals that may indicate a deterioration in an individual's behaviour before it leads to a critical incident.

The tendency to run repeated pilots of new technologies delays the deployment of these services at scale. The technology is proven; the challenge is to find ways to deploy the service alongside existing care pathways. Those organisations at the leading edge of this technology are already demonstrating the tangible benefits of adopting a new approach to care, the rest of the sector needs to take the step.

The challenges facing the Social Care sector are real and present today, through its deployments into health and social care providers, MySense has demonstrated tangible benefits in terms of reduction in avoidable hospital admissions (1,296 bed days across a cohort of 105 patients in 12 months). The time is right for care providers to take the next step on their journey to providing a preventative care service and MySense is there to support them achieve this ambition.

The time is right for care providers to take the next step on their journey to providing a preventative care service.

Learn how proactive monitoring is helping UK care teams intervene earlier and support independence at home.

mysense.ai

References and further reading

1. **House of Commons Library (2025)**
Adult social care funding in England
Overview of local authority expenditure and funding pressures.
commonslibrary.parliament.uk/research-briefings/cbp-7903/

2. **Department of Health and Social Care (2025)**
Adult social care workforce survey: April 2025 report
Recruitment, retention and workforce capacity.
gov.uk/government/statistics/adult-social-care-workforce-survey-april-2025/adult-social-care-workforce-survey-april-2025-report

3. **Institute for Government (2025)**
Performance Tracker 2025: Adult social care
Analysis of sector performance and longstanding policy challenges.
instituteforgovernment.org.uk/publication/performance-tracker-2025/local-services/adult-social-care

4. **Department of Health and Social Care and NHS England (2025)**
Better Care Fund policy framework 2025 to 2026
Policy objectives relating to prevention, independence, digital technology and integrated care.
gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026

5. **Department of Health and Social Care (2026)**
Findings from the 2025 adult social care provider technology survey
Evidence on technology adoption and barriers to implementation.
gov.uk/government/statistics/technology-use-in-adult-social-care-2025-survey-results/findings-from-the-2025-adult-social-care-provider-technology-survey

6. **UK Government (2026)**
Prime Minister sets out plans for a new National Care Service
Policy announcements on reform, personal care and the future direction of social care.
gov.uk/government/news/prime-minister-andy-burnham-sets-out-plans-for-a-new-national-care-service

7. **MySense**
Health and Social Care Providers
Company overview of its monitoring platform and reported NHS outcomes.
mysense.ai/health-social-care-providers/

8. **MySense**
Social Care Providers
Information on applications in domiciliary care, sheltered housing and local authority services.
mysense.ai/social-care-providers/

9. **MySense**
How it Works
Description of home sensors, wearable technology, alerts and daily-routine monitoring.
mysense.ai/for-families/how-it-works/

MySense™

Learn how proactive monitoring is helping UK care teams intervene earlier and support independence at home.

mysense.ai

© MySense Ltd 2026 · The Future of Social Care in the UK · Steve Benns, Chief Commercial Officer