

# Telecare and the Personalisation Agenda – the implications for providers of telecare and telehealth.

In theory giving people more control over how their care funding is spent is a wonderful idea. In practice, there are still hurdles to overcome – and significant implications for telecare and telehealth. This article outlines the latest position and explores some of the challenges facing providers of assistive technology.

This is a summary of the workshops I delivered at the recent National Telecare Conference. I began with a story. Helga, my mother in law, is determined to live in the house she shared for many years with her husband. Things were fine until she went into hospital for a hip replacement. While she was keen to get home after the operation, Helga was nervous navigating the stairs of her Victorian semi to go to the toilet, and get to bed.

Simple, I thought – we'll organise convalescent care for a few weeks so Helga could settle before being left to manage on her own. My first hurdle was linguistic. The social worker explained that what I called convalescence is termed respite now. Ok, so can we arrange respite care, I asked? Well this depends on what the outcomes of the care will be, they explained. So I outlined the goals my mother in law needed help to achieve independent living, and regain confidence. The response was apologetic – as these are social care rather than health outcomes they couldn't arrange this.

The difficulties haven't stopped since Helga returned home. Someone comes in each day to help her out of bed. When she asked her care assistant to put some clothes in the washing machine after getting her up, she was told that wasn't their job. Instead, it's the role of the cleaner who comes in every fortnight. It is irrelevant that Helga wants clean bedding or clothes before the allotted time slot.

What stories like Helga's tell us is how inflexible and customer unfriendly traditional care

packages can be. Being visited by a procession of people makes it all too easy to lose track of who is doing what and why. The risk of Helga ending up back in hospital after another fall is significant.

The advent of Direct Payments and Personal Budgets is, in theory, the answer to at least part of the nightmare scenario outlined above. For people like Helga there are clear benefits in controlling her own care budget – she could recruit her own staff to wash and cook at the time of her choosing. She could also use some of the budget to purchase personalised assistive technology – such as a watch and lifeline-system, connecting care workers in case of emergency, and sensors triggered by any abnormal activity such as fire, dramatic heat increases or a fall.

There are however a number of challenges to be overcome. For example, Helga's local authority, along with a significant number of others, hasn't yet begun to offer Personal Budgets. Latest government figures (as at August 2010) show a take-up of only 13% across English councils for 2009/10 (up from 6.7% in 2008-9.)

Even where they are in place, funding cuts following the recent Comprehensive Spending review have meant that eligibility criteria in many councils have risen to levels where only the most acute needs can be met. Preventative solutions such as telecare and telehealth are much less likely to be included in an individual's Personal Budget if their needs are so high that they need residential care or hospitalisation.

Having said that, Personalisation, and Personal Budgets seem to be here to stay. They remain a

key priority for the Coalition Government and, over the next few years, there will be significant changes in the way that social care money is allocated. To quote Personalisation consultant Jeremy Cooper, of iMPower "Councils must keep their eyes focused on delivering truly transformed social care, not just ticking the milestone box in April 11. Get used to talking about 100% on personal budgets by April 2012 not 30% in April 2011."<sup>2</sup>

## Implications for providers of telecare and telehealth

Imagine a situation where your key customers are individuals or their families, rather than local authorities. Big block contracts may become increasingly a thing of the past, and tailored individual packages, purchased either through a Personal Budget, or privately, could become the norm. (Bear in mind however that even with a Personal Budget, individuals can elect to retain their council run service, so council and PCT block contracts will continue, albeit on a smaller scale.)

This has implications for unit costs, as economies of scale diminish. For example, how easy will it be to keep telecare packages under £5 per week as larger local authority contracts shrink?

It's also worth bearing in mind that this new market, (which also includes the new GP Commissioning Consortia set up as a result of the Health White Paper<sup>3</sup>) may not be aware of assistive technology and the cost effective benefits it can bring. The default may be to spend scarce resources on direct care or treatment, rather than on low-level preventative packages that includes telecare and/or telehealth.

There is at present a lack of robust evidence for the cost-effectiveness of telecare and telehealth. The Department of Health's Whole System Demonstrator (WSD) Pilot Programme – the largest randomised control trial of its type ever carried out, involving 6192 people across 3 local authority sites is due to publish its findings in 2011. It is exploring the impact of a range of electronic and assistive technologies generally known as telehealth, telemedicine and telecare used to support people at home and maintain independence. This is the first objective evaluation of the benefits of assistive technology – and the results are awaited with interest worldwide. This major trial should hopefully provide some of the quantitative data that the sector needs to demonstrate cost effectiveness and overall value for money.

However, delegates at my two workshops felt that as this major study concludes there is parallel work to be done by the sector. Providers need to adapt their marketing strategies to the needs and aspirations of the emerging new markets. Individuals (as well as councils and PCT's) need to be persuaded to purchase technology that might, at least initially seem complicated, unnecessary and even demeaning.

People need to be encouraged and persuaded that telehealth, telemedicine and telecare solutions are truly personalised and effective ways of enabling them to remain independent. Positive stories, case studies and examples will help with this. These examples are out there, but have they been collated in a meaningful way? Is this something that the TSA could take a lead on?

To finish on a positive note, it is a changing world and there are potential challenges for providers of assistive technology. However there are also significant opportunities for those providers who are able and willing to adapt to the new market. Ensure that your focus for the future is on the following

- Cost effective services for local authorities (who will remain key customers for some time yet, as the personalisation agenda slowly gathers steam). Remodel unit costs as contracts shrink and ensure that you remain competitive.
- Individuals (and their families). Think about how to package and market your services in a way that demonstrates the difference that they can make for a low-level investment.
- The emerging new GP Consortia, with considerable purchasing power, and, in many areas little or no understanding of the benefits of assistive technology.

<sup>1</sup> Picture from Ableweb York.

<sup>2</sup> Previous government deadline to get 30% of adult social care recipients onto Personal Budgets

<sup>3</sup> By 2012, legislation will be in place forcing all practices in England with a registered list to be part of a commissioning group

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Direct payments, personal budgets and, to a lesser extent, individual budgets are still at the core of the Coalition Government's aim of personalising adult social care services around the needs of users.

Direct payments are cash payments given to service users in lieu of community care services they have been assessed as needing, and are intended to give users greater choice in their care. The payment must be sufficient to enable the service user to purchase services to meet their needs, and must be spent on services that users need.

Personal budgets are an allocation of adult social care funding given to users after an assessment of their needs. Users can either take their personal budget as a direct payment or, while still choosing how their care needs are met and by whom, leave councils with the responsibility to commission the services. Alternatively, they can use some combination of the two.

As a result, personal budgets provide a potentially good option for people who do not want to take on the responsibilities of a direct payment.

The aim of a personal health budget is to give individuals and their families' greater control over their own health and by using innovative ideas and an individual approach, achieve better health outcomes. The first step is for the patient to create a personal health plan, looking at their health needs and what outcomes they would like to achieve. 20 local authorities are taking part in a pilot programme, set to run until 2010.



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