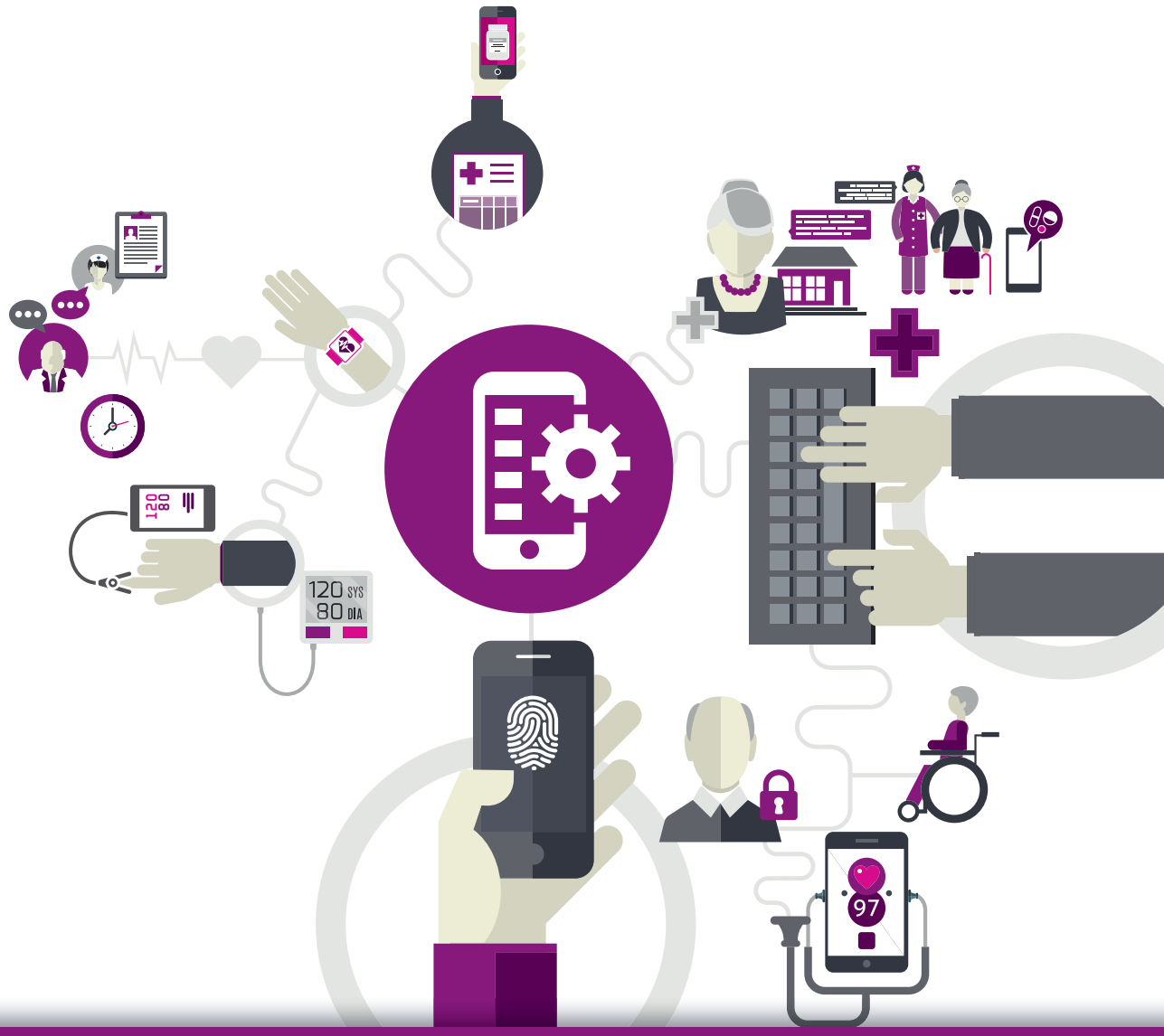
ENGAGING CITIZENS ONLINE
BRIEFINGS

04

Planning online transactional facilities



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2016

directors of adass
adult social services

SOCITM

Local Government Association

In Briefing 3 in this series we set out the overall approach to the business case for a council to offer online adult social care transactions to the public – in the context of increasing demand and reducing council resources. This new briefing assesses different possible areas for online facilities with pros and cons for each.

A wide range of software applications is being developed commercially and by public sector bodies – from self-assessment of need, through e-marketplaces, to smartphone apps for informal carers to monitor and plan their loved one's care. Some of these replicate existing council processes in a self-service fashion in order to reduce demand on council staff time. Others focus more on enabling families and communities to self-care. Those responsible for public engagement by councils have difficult decisions to make as to where to focus their time and resources. This briefing will help you prioritise.

Yes, you know that digital public engagement is part of the solution, but what exactly brings greatest benefit in the short, medium and long term?

Contents

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1. FROM SELF-SERVICE TO ENABLING COMMUNITY ACCOUNTABILITY

Commercial companies have achieved huge efficiencies and faster customer service in the last two decades by shifting public interactions from face-to-face or telephone to online.

This is less easy for the public sector and especially in adult social care where the majority of council-funded care recipients are less digitally capable than average. Digital divides still exist, for example in terms of age, rurality and income. Digital exclusion is reducing, as more and more older people come online, rural bandwidth is improved and costs come down. This creates opportunities, but people with limited access to the internet cannot be excluded and should not be disadvantaged when it comes to care services. Moving exclusively to online self-service, as some airlines have done, is not an option for social care for the foreseeable future.

Nevertheless, councils can deliver efficiencies and improved services by encouraging some public cohorts to complete processes for themselves online. There are many councils that are starting to see the benefits of going down this route, for example, Oxfordshire and Southampton with carer self-assessments. There are more examples in the following sections.

To date the emphasis has been on putting existing council processes online such as carer self-assessments. This can achieve short-term demand management by reducing some of the pressure on call centre staff numbers, as outlined in Briefing 3.

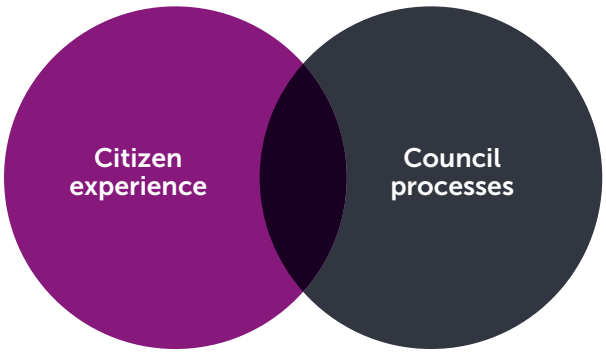
In line with personalisation, some adult social care departments offer new online processes designed to put the citizen in control. E-marketplaces fall into this category and they are discussed in a later section. There is evidence that some have delivered improved value for money, especially when internal or externally commissioned brokers use them effectively.

A new area gaining attention is the use of online apps to change public behaviour, encouraging more informal care and healthier lifestyles, leading to increased life expectancy of a higher quality. Benefits to councils may be harder to quantify and take time to realise, but many individuals and families could soon see improved lives. Up to now technology in this area has come under the heading of 'telecare' or 'assistive technology' and has been expensive to deploy and of limited application. This is changing fast and companies are beginning to offer a variety of consumer-oriented solutions. Some of these were showcased at the ADASS Care Apps Showcase in Leeds in October 2015.

In the medium term, behaviour change could also bring savings to councils. As a 'back of the envelope' example: on average an English council spends about £50million per annum on care for older people. A modest 2% reduction in demand arising from healthier lives (eg reductions in loneliness) and more informal support could therefore equate to an annual saving on council tax payer funds of £1million.

In summary, online processes have mainly been viewed through the lens of council processes until now. Equal or greater benefits may be gained by taking a more radical view of what members of the public really want in order to improve their lives. Part of that consists of building online 'communities of care'. The diagram illustrates the two lenses where some facilities (eg an e-marketplace) may fall in the overlap. In the following sections we consider the pros and cons of a range of online transactions, including ease of implementation and to what extent they just turn council processes into self-service or genuinely empower communities to take greater accountability for their own care needs. In the concluding section, we map the different online options against these criteria.

Two perspectives



2. PERSONALISED INFORMATION AND ADVICE

> *All local authorities should have plans to develop their online information...*
>
> *Desirable:*
>
> - *Personalised online advice to follow online assessment...*
> - *IT systems 'trigger' personalised communications*
>
> ***Guidance note on social care information and technology,*** **Joint Department of Health/ADASS IMG, January 2014**

WHAT WE MEAN

Store personal information about a person's circumstances so as to push information of relevance proactively.

Councils improved their social care website sections in 2015 because the Care Act requires them to ensure good information and advice is available to all local people with care and support needs. Many councils might argue that their website offers a personalised path through providing different options for visitors to find what is relevant to them. In some cases, online needs checklists signpost users to particular services according to their answers/choices (eg Surrey or Enfield). However, we are not aware of any that have introduced personalised information and advice as defined here. Nor do we know of any software suppliers that offer the facility. We are missing an opportunity.

It is standard in some commercial websites to track a user's interests by what they look and search for either through cookies or against the account they create. The prime example is the most successful online retailer of all, Amazon, which will suggest products you may be interested in, according to previous purchases and what other customers have gone on to buy after one particular product.

While we need to be sensitive and avoid intrusive marketing techniques, there are approaches that could be implemented quite easily. Let's take the example of someone who searches within your website for 'respite for carers'. In addition to the information on how to apply and where it is available, the site could offer a notice suggesting contacting the local carers' association. If the person has logged into your site and created a personal account for care, you may wish to generate an email to that person when the local carers' association sets up a new support group in the area.

There are countless other examples we can imagine linked to particular care needs or conditions. Some software systems such as e-marketplaces already include a customer account, which could form the basis of such an approach. Ideally, over time, the software would learn from user behaviour. That level of intelligence within a website might lie beyond the resources of a single council to develop, but a start could be made with a simpler approach identifying a few areas that could offer greatest benefit in terms of promoting more self-care within communities and greater public health awareness as a means of reducing future care needs. Indeed, there are examples where proactive telephone and text messaging to targeted populations is being carried out for public health purposes based on risk profiling (eg Birmingham), but councils need to take account of the requirements of the Data Protection Act.

Another point worth mentioning here is whether councils should make use of text message reminders of appointments to service users and carers, like many GPs, dentists and other NHS services.

SIMPLE OR COMPLEX?

Firstly, an online citizen account for care is required in order to push messages out. Where this is established, it would not be complex to start generating targeted messages according to information held on the citizen. However, to make such an approach comprehensive and effective for a wide range of circumstances would require extensive testing, evaluation, risk assessment and software development.

MODERATE TO COMPLEX

INTEGRATION WITH BACK OFFICE SYSTEM

Existing back office care management systems hold a wealth of data about a person's needs and services being received. Accessing this information could improve targeting of messages. Consent and the Data Protection Act need to be taken into account to establish whether such use falls within the registered purpose for which such data has been collected in the past.

NOT REQUIRED BUT COULD ADD VALUE

LOCAL, COLLABORATIVE OR NATIONAL?

A simple local solution within the council can be a good starting point. Indeed, some councils do occasionally issue bulk postal mailshots already – based on client data held within the case management system. Where email addresses are captured, such mailshots can be sent much more cheaply electronically.

Councils with a corporate citizen account or one dedicated to care might experiment with personalised messaging.

A collaborative approach might involve working with other local agencies such as charities or NHS partners, particularly where personal data is held that may legitimately be shared for this purpose.

A collaborative approach amongst councils sharing the same supplier's software for online engagement may also be fruitful, for example as an extension to an existing regional e-marketplace.

In due course, for this to become a truly comprehensive, effective and trusted method for improving self-care within communities, there may need to be a national initiative with the greater technical resources and wider public trials that can only be accessed at a national scale. Combining data about care requirements with information that members of the public share regarding their health also offers greater potential for proactive public health targeting.

- Start local and small scale where you have the infrastructure.
- If you are part of a regional collaborative that provides a starting point, then explore how that can be built upon with your partners.
- ADASS and the LGA are raising this with the nhs.uk team to assess the feasibility of a longer-term, more comprehensive national solution.

REASONS TO PRIORITISE

- Within the spirit of Care Act requirements for public information and advice
- Builds on existing investment in information and advice content
- Simple to start if some infrastructure in place already, eg for emailshots
- Proven preventative benefits based on similar proactive telephone messaging campaigns

REASONS TO DELAY

- Comprehensive personalised online system requires significant investment
- Co-production and consumer trials needed to ensure appropriateness and effectiveness of messaging
- Where simple automated personal messaging is implemented based on online activity, then consent must be clear
- Content of messaging must be kept up-to-date and under review

COUNCILS WITH SOME EXPERIENCE

We are not aware of any councils that push personalised messages to individual citizens but many offer advice web pages that signpost to services according to individual needs. Examples include MyCareInBirmingham and Enfield and Surrey adult social care pages.

ADASS Informatics Network has combined results from recent surveys by Socitm and Independent Age showing that the following offer good online information and advice: Barnet, Barnsley, Cambridgeshire, Cheshire East, Derby City, East Sussex, Hackney, Hampshire, Luton, North Yorkshire and Oxfordshire.

FURTHER INFORMATION

This topic will be covered more extensively in Briefing 9 in this series.

3. NEEDS ASSESSMENT

> *Where appropriate, an assessment may be carried out over the phone or online.*
>
> ***Care and Support Statutory Guidance,*** **Department of Health, October 2014**

WHAT WE MEAN

'Needs assessment' covers four aspects which are different ways of capturing a person's care and support needs online in order to improve the service level and efficiency of a council's statutory care assessment and review duties.

Online referral: ***'Structured information about a person's care needs from themselves, a carer, a volunteer or allied professional so as to enable more effective triage'.***

Currently, most councils accept referrals to adult social care through a telephone call centre or, particularly from other professionals, on paper forms. Offering an online (self-)referral option enables people to submit referrals 24/7, reduces the pressure on the call centre staff and can ensure that appropriate structured information is gathered to enable a care triage professional to pass the referral efficiently on to the most appropriate team. Derbyshire County Council has found this a major step forward from paper forms for professionals and has designed different forms for different professionals. For example, the form for a GP is basic and streamlined with reference to a health condition given their tight time constraints in consultations. The form for a housing officer is more extensive.

Increasing numbers of councils are taking the view that a first contact should be 'a meaningful conversation', ie more than just a junior call centre staff member entering structured referral data into a case management system, so that someone more experienced can carry out a formal assessment as the next step. It might be said that a static online referral form goes against this trend. However, the online facility can be designed so that the user is offered suggestions for action according to their responses while completing the form. It would also be feasible to offer time slots for a call-back on completion of the form – or an online web chat facility (which, for example, might benefit someone with verbal communication difficulties).

Needs checklist: ***'Structured checking of a person's care and support needs against the eligibility criteria'***

This goes a step further than an online referral in as much as the person completing the online form is expected to go through all the domains that may entitle the subject to statutory care services. The facility should then give the person an immediate indication of their likely eligibility and what the next steps should be, given their circumstances. Effectively, this is what has always been called a 'needs self-assesment', but there are problems using that phrase for two reasons:

- In practice, the form will frequently be completed by an informal carer, or volunteer or allied professional on behalf of the person and include their subjective view of the person's needs.
- If a person only completes an online form, policy and legal questions remain as to whether a council has discharged its duty to assess.

Consequently, some councils use the phrase 'needs checklist' instead.

Members of the public receive an improved service knowing immediately if they are likely to be eligible for funded care based on their needs. Clearly ineligible cases can be signposted to other support services without any impact on council resources. Likely eligible people can be prioritised according to their urgency and routed to the correct geographic or specialist team for a full assessment.

Online review: ***'For people receiving ongoing services, a check that their eligible needs have not significantly changed since the last assessment and that their services are meeting their needs'***

Care Act statutory guidance makes clear that care plans should be reviewed at least annually. There are two aspects: reviewing needs and the adequacy of the care services. Both could be facilitated online with the help, where required, of an informal carer or advocate. Where the person has a care account, their previous full eligibility assessment domains could be presented for confirmation or amendment according to their current condition. An online form can also ask

how satisfied they are with the services being delivered, so that professional council staff are only required to intervene on an exceptional basis where needs have changed or the service is unsatisfactory. The technical implementation of such a facility is not very different to the 'needs checklist', but it does raise slightly different policy and practice issues.

Carer's self-assessment: *'Structured check of a carer's eligibility for support, which may lead immediately to issuing a voucher or credit for a service'*

The clearer requirement for councils to offer support to carers under Part 1 of the Care Act has led many councils to implement online processes. It is easier to offer a full carer assessment online than one for a service user. Carers are more likely to have the capacity to complete one for themselves and to benefit from the ability to do so outside office hours. The cost of a support package for a carer is typically far lower than a care plan for the person in need and also is very rarely means-tested. This is enabling some councils to move straight to issuing entitlement to a support service based on completion on an online form.

SIMPLE OR COMPLEX?

An in-house web team with any e-forms tool should be able to design its own online referral form that routes the information to an appropriate triage professional or team. Most case management suppliers offer online 'self-assessment' facilities that may be used as e-referrals, needs checklists or carer self-assessments. The ease with which they can be configured to local requirements and incorporated into existing council websites and branding varies according to the supplier.

MODERATE

INTEGRATION WITH BACK OFFICE SYSTEM

Any online referrals or assessments that require further processing by council staff will only generate real efficiency if integrated to the back office case management system so as to avoid re-keying of data.

HIGHLY DESIRABLE

LOCAL, COLLABORATIVE OR NATIONAL?

Given that these processes must tie closely into local council procedures a national solution would not be a priority at this stage. Where an existing system supplier has an adequate offer, a local council can implement for itself. Some regional collaboratives for e-marketplaces are developing these types of facility, which represents an alternative option for those councils. There may also be opportunities for collaborating locally with NHS partners or the third sector.

LOCAL OR COLLABORATIVE ACCORDING TO WHICH EXISTING SYSTEMS ARE IN PLACE

REASONS TO PRIORITISE

- Improved service for citizens and allied professionals
- Reduces demand on call centre staff and other professionals
- Enables quicker, more accurate triage
- In line with Care Act guidance, particularly for carers
- Facilities available from multiple system suppliers

REASONS TO DELAY

- The fuller the 'assessment' aspect the more problematic to design (but the greater the potential efficiencies and public benefit)
- Cultural change required from staff involved in the existing assessment process
- If case management system supplier does not offer an adequate solution integrated to their database, then any efficiency gains will be reduced, if it means re-keying data, professionals using multiple systems or complex technical integration work

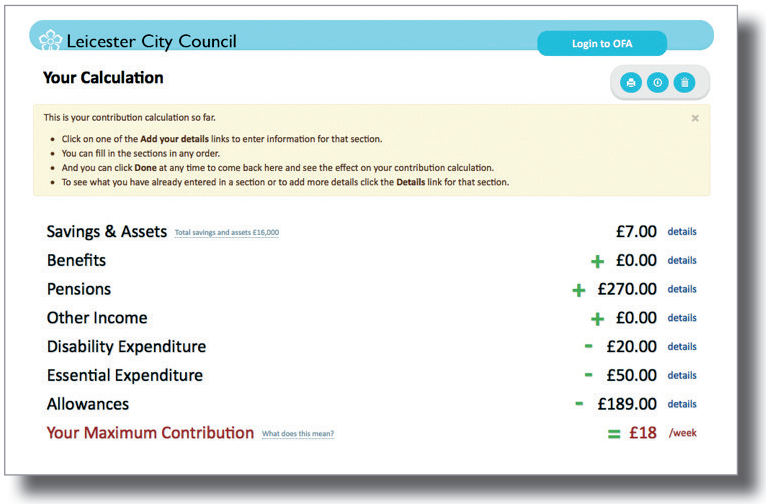
COUNCILS WITH SOME EXPERIENCE

North Yorkshire and Southampton

FURTHER INFORMATION

This topic will be covered more extensively in Briefing 5 in this series.

4. FINANCIAL ASSESSMENTS



WHAT WE MEAN

Ability to record your financial details and establish whether eligible for any council-funded care and if so, what your maximum financial contribution will be.

Given the continuing stringent means test for council-funded care following postponement of Part 2 of the Care Act, the public will often not wish to bother with council assessment and care planning processes if there is no financial benefit (even though there may be other benefits to them). From the citizen's point of view, it is therefore a high priority to be able to establish quickly online whether they are financially eligible for care from the council.

A survey commissioned by the ADASS West Midlands through Socitm checked how easily someone could establish the basics of financial eligibility from their council website. In most cases, this was not clear. It did not look for any clever calculations – just a simple statement regarding the means test and the capital threshold. On average nationally, approximately one-third of people with an eligible care need are excluded from council funding simply because they have savings or capital over £23,500. Making this clear online can avoid frustration, time-wasting and unnecessary use of council resources.

Some councils have implemented a facility to give an indicative level of financial contribution in particular circumstances, eg Kirklees have developed its own 'Mini financial assessment', for single people living at home.

A full financial self-assessment is now being implemented by other councils. This is no more complex than an online self-assessment for tax purposes which many of us complete (and for which HMRC mainly rely on our honesty with limited checks). Several suppliers of back-office financial assessment products claim to have or be developing such a facility. A person can obtain an immediate indication of how much they will have to pay. Where a financial assessment officer needs to review the case, it can speed up their process – particularly if the data gathered is loaded into the back office system.

It is also worth highlighting that there are tools that enable members of the public to estimate how much their total care costs will be. The BBC, for example, produced a Care Cost Calculator. This is quite a simplistic approach, only suitable for certain circumstances. HSCIC is providing the latest data from the 2014-15 social care finance return to the BBC so that the calculator can be updated. Birmingham City Council offers another method based more closely on your personal needs, including to remain at home. It is explicitly targeted at self-funders.

Such tools can aid financial forward planning, since most people severely underestimate likely care costs, especially in old age or as an effect of long-term conditions.

And finally, analysis of common internet search terms shows that many people search for phrases regarding paying for care. If these searches can lead to council sites regarding social care finance, then it is also an opportunity to direct people to other information and advice sources regarding care.

SIMPLE OR COMPLEX?

Straightforward technical implementation if your software supplier can offer a satisfactory solution. Some cultural and process change is needed for a small number of financial assessors.

SIMPLE TO MODERATE

INTEGRATION WITH BACK OFFICE SYSTEM

A straightforward statement about financial eligibility potentially combined with a simple indicative calculator can offer real clarity to the public. The council will not notice efficiency savings, unless a full financial self-assessment tool is implemented and the data integrated with its back office system.

HIGHLY DESIRABLE FOR FULL FINANCIAL SELF-ASSESSMENT

LOCAL, COLLABORATIVE OR NATIONAL?

Simple statements and indicative calculators can be implemented locally (or as part of a regional collaboration).

A full financial self-assessment for residential and non-residential care must be local and take into account local charging rules. There would be a case for a national solution which ADASS and the LGA have raised with the nhs.uk team, but this is complicated by the necessity to integrate data with local systems for maximum efficiency (and to take into account obscure variable local charging rules).

PRIMARILY LOCAL

REASONS TO PRIORITISE

- Useful for public
- No more onerous than an online tax return
- Reduces financial assessment admin especially if data integrated to back office system
- Some good examples emerging

REASONS TO DELAY

- Some financial circumstances are too complex without professional financial assessor input
- Potential risk of fraud/non-disclosure of assets

COUNCILS WITH SOME EXPERIENCE

Birmingham, Hillingdon, Kirklees, Lancashire and Leicester

FURTHER INFORMATION

This topic will be covered more extensively in Briefing 6 in this series.

5. DEFERRED PAYMENT ELIGIBILITY CALCULATOR

WHAT WE MEAN

A facility to input details about assets, income and care costs in order to be given an indication whether you are eligible for a deferred payment agreement and, if so, what the costs will be including interest and admin fees over the total expected duration.

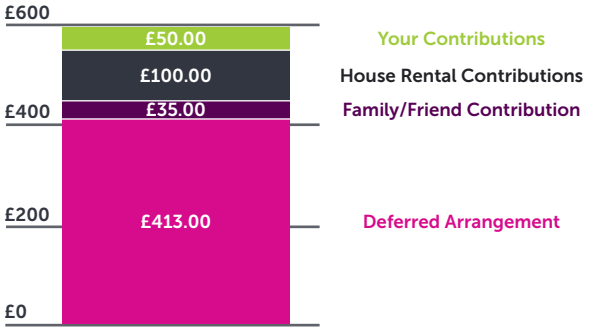
A high profile part of the Care Act implemented in April 2015 was the duty to offer a deferred payment agreement (DPA) according to national eligibility criteria. Under a DPA, the council pays part of the cost of residential care and the recipient builds up a debt to the council, which is guaranteed against their assets – usually their home. The debt will normally be cleared on the sale of the asset. Councils are now entitled to charge interest and administrative fees.

A DPA calculator allows a person to establish whether they are eligible and what the costs will be. Some councils may wish to develop such a facility independently, but in August 2015 the Department for Local Government and Communities (DCLG) released a set of application program interfaces (APIs) on a free-of-charge open licence basis. The APIs incorporate the national rules on eligibility and can be configured to reflect local charges for calculating total and weekly costs. This removes some significant programming complexity and testing, but still requires development resources to handle the input parameters and display the results.

The commercial company that developed APIs also worked with eight councils to develop the user interface screens. The follow diagram illustrates the nicely graphical presentation of a result:

Weekly Costs

This graph shows the split in weekly care costs between the deferred payment and other sources of contribution (if applicable).



These interface forms are available on a licence basis from the company that worked with DCLG. They are currently priced at £4,000 per annum which includes hosting the forms, the APIs and the database. A discount of 25% off the first year's fee is available on purchases completed by 31 May 2016. The back-end database that must be used with the APIs collects anonymous data about queries that have been submitted through all the participating councils, so that this may be analysed by the council, DH and DCLG.

SIMPLE OR COMPLEX?

The technical implementation of the DCLG-funded solution can be simple depending on which option is chosen:

- In-house development (or commissioning) of the user interface forms to operate with APIs is likely to be between 6 and 20 days of effort (depending on how results are shown and the degree of consultation in design).
- Embedding, locally configuring and testing the forms available from the commercial supplier is likely to take only 2–3 days of technical effort.

The slightly trickier part of the implementation, as so often, involves:

- taking soundings from target public users about the usefulness and wordings of the user interface, ie implementing on a co-production basis with a sample of service users, carers and self-funders and
- agreeing with finance officers the appropriateness and minor process changes involved

SIMPLE

INTEGRATION WITH BACK OFFICE SYSTEM

No integration to a back office case management system is necessary.

Most case management systems do offer functions for administering DPAs now, but these are not public-facing and costs of integration are likely to far outweigh any benefits.

Councils may wish to add a simple online form that enables users to submit a request for a DPA once they have used the indicative tool. Blackpool, for example, has commissioned IEG4 to develop such a form.

NOT NECESSARY

LOCAL, COLLABORATIVE OR NATIONAL?

Given the proven national tool, it is unlikely to be a cost-effective solution to develop a local alternative from scratch for a relatively small user population.

NATIONAL – LOCALLY CONFIGURED AND IMPLEMENTED

REASONS TO PRIORITISE

- How to pay for residential care is a major issue for someone in need and their carer(s)
- The tool offers a quick and clear indication of eligibility and costs at all times of night and day
- It is simple to implement
- Proven software endorsed by central government
- It should reduce enquiries. (On average live sites are currently seeing an equivalent of over 600 online calculations per annum. It is likely otherwise that many would take up staff time)
- The cap on care costs now planned for April 2020 is expected to drive wider interest in DPAs since accrued debt will be limited

REASONS TO DELAY

- This does require some local development resource or external cost
- Some internal and external consultation is required
- Numbers of people entering into DPAs is low (ie only 20–40 new DPAs per annum in an average council)

COUNCILS WITH SOME EXPERIENCE

There were eight pilot sites (although only four have currently given access from their website):

- Calderdale
- Devon
- **Hammersmith and Fulham**
- Kirklees
- Leeds
- **Lewisham**
- **South Gloucestershire**
- **York**

At the time of writing a handful of other sites are trialling both the commercial user interface and their own in-house user form development.

FURTHER INFORMATION

More details are available at:

www.localdirect.gov.uk/product/deferred-payment-agreement-dpa-calculator/#overview

6. E-MARKETPLACES

In the course of our research we identified three major opportunities to improve personalised care that e-marketplaces present.

- *Improving access to the market for new and small providers...*
- *Enabling user-commissioning...*
- *Integrating networks of informal and formal care*

***Next-generation social care: The role of e-marketplaces in empowering care users and transforming services*, IPPR, May 2015**

WHAT WE MEAN

An e-marketplace for care allows someone with care needs or a carer on their behalf to find services or products relevant to their care needs and then to purchase them.

This is a narrower definition than the one used by the IPPR in the quoted report. They include any online facility that connects a person with a care provider. We classify sites that enable finding a care provider but not transacting with them as 'resource directories'.

Based on a Socitm survey for this series of briefings, over 50% of councils have implemented either an e-marketplace or an interactive care resource directory. So what are the pros and cons of the different options and should either be a priority for an individual council?

Firstly, the reality is that many care products (eg walking sticks, commodes) can now be purchased online from a variety of the big generic online sales sites (eg Amazon, eBay) as well as specialist sites for care equipment advice such as AskSara. There seems little benefit in a council running its own site for such items, although you may wish to signpost to local specialist shops such as for mobility products.

Secondly, the experience to date with council e-marketplaces indicates that the public are very reluctant to purchase through them, preferring to deal with care providers direct. It is also likely that people are not aware of the local e-marketplace, especially if they are self-funders. Some councils have attempted to encourage usage, particularly through direct payments, as part of their personalisation agenda. Harrow's 'MyCommunity ePurse' is an impressive example with over 1,000 Personal Budget users and £1.7million of transactions in the last year.

Purchasing through an e-marketplace will normally incur a banking fee for the care provider and some sites have also charged a transaction fee – making those quite unpopular with many providers.

Councils have gained most benefit when an e-marketplace has been used by internal brokerage staff as a quick way of identifying potential providers and obtaining comparative pricing information – including across councils. This was the original business case for the procurement of CarePlace in London by the West London Alliance, which now has more than twenty London borough customers. Both CarePlace and the Connect to Support consortium across most of Yorkshire & Humberside are now extending beyond an e-marketplace to offer customers the option of implementing some self-assessment and support planning features. This demonstrates possible benefits from an established sub-regional consortium working with a dedicated software supplier on product development.

SIMPLE OR COMPLEX?

Technically, a resource directory is fairly straightforward to implement. The main challenges come from (a) populating and keeping up-to-date the data on local care providers and (b) driving traffic through the website by targeted publicity or website search engine optimisation (SEO).

As most suppliers of e-marketplaces host the software, a standalone technical implementation may consist only of a link from the council website and testing – once the council has assured itself of the supplier's technical reliability. Integrating with an existing back office system, eg for individual virtual budgets, can quickly become more complex in the absence of established standard interfaces.

Effective engagement with care providers as well as representatives of public users is essential. Admittedly it is a large authority, but when Birmingham first launched its community directory MyCareInBirmingham, it had five full-time staff working mainly on publicity and bringing a wide range of providers on board including non-traditional ones. Providers will only have an incentive to engage if they believe a site will generate more public business for them. In Worcestershire, the county has worked with Community Catalysts to use their directory for promoting small innovative providers of services for people with care needs.

MODERATE TO COMPLEX

INTEGRATION WITH BACK OFFICE SYSTEM

Not required, with two exceptions:

- If someone's direct payment is made available through the e-marketplace, then integration with the case management system to pass the value across is highly desirable.
- Where the e-marketplace is used by brokers for price comparison purposes, then a regular simple extract from the council's social care finance system can provide actual costs paid.

GENERALLY, NO

LOCAL, COLLABORATIVE OR NATIONAL?

NHS Choices offers a national resource directory, which includes user feedback on providers. Local websites can direct users there, but it lists only CQC-registered care providers. An Outline Business Case is being developed under the Urgent and Emergency Care Review for investment in a register of up-to-date, accurate NHS and social care services to replace the existing NHS Pathways Directory of Services.

There are also other means for the public to find local services, such as commercial sites, Google and other search engines.

For smaller councils, there are two strong arguments against going it alone: internal resources and the fact that neither the public nor providers will be constrained to the boundaries of the authority.

Larger authorities and collaborative sub-regional groupings combines with local knowledge regarding care services, can be more effective.

LARGE AUTHORITIES or COLLABORATIVE REGIONAL GROUPINGS or RELIANCE ON NATIONAL / INTERNET RESOURCES

REASONS TO PRIORITISE

- Can support new, small, innovative care providers
- Provides intelligence into care market and demand
- Several proven examples
- Can promote direct payments and 'virtual Personal Budgets'
- Can form basis for other online self-service features
- Most valuable if also used by council and any third sector brokers

REASONS TO DELAY

- All examples are struggling to achieve purchasing throughput
- Transactional and/or banking fee to care providers
- Public will purchase direct unless council mandates use of e-marketplace, which might be contrary to personal choice requirement of the Care Act
- Extensive provider and public engagement is required to ensure effective content and usage

COUNCILS WITH SOME EXPERIENCE

- CarePlace Consortium (West London Alliance)
- Connect to Support Consortium (Yorkshire & Humberside)
- Enfield
- Harrow
- Worcestershire County Council

FURTHER INFORMATION

This topic will be covered more extensively in Briefing 8 in this series.

7. CARE APPS FOR COMMUNITY ACCOUNTABILITY

> *UK leadership in technology and innovation across our healthcare system is central to transforming the lives of older people, and one of my key missions as the first ever minister for life sciences.*
>
> **George Freeman, Under Secretary of State for Life Sciences, BIS & DH**

WHAT WE MEAN

Software for people to improve the care and wellbeing of themselves and their loved ones, typically running on smartphones and tablet PCs.

This is a rapidly developing area with a very wide range of opportunities, such as:

- Cheap, simple communication technology such as Skype from a tablet to improve wellbeing for isolated older people by keeping them in touch with distant relatives and friends.
- Specialist apps and online services such Big White Wall for mental health problems.
- Online peer-to-peer support groups.
- Digital monitors and reminders for people with care needs and their carers to improve safety and care co-ordination, sometimes including access or interventions by professionals.
- Building informal voluntary community support networks, such as the Casserole Club in Surrey for sharing meals with isolated neighbours.

The development of care apps prompts a number of questions:

- What should the role of a council be here?
- Should a council be recommending apps?
- Should we be including their costs in care plans?
- Should we be insisting that care providers incorporate facilities, for example that care homes always offer residents good broadband and support Skype or other communications with relatives?
- Should social workers use data gathered by digital devices as part of their assessment and review process?
- Should care co-ordinators use apps to broker informal support arrangements, including volunteering and time-banking?
- Can a council help build effective ecosystems for care and wellbeing within communities with the aid of digital technologies?

Some ‘apps’ can be considered extensions to more traditional telecare solutions where there is a clear benefit for the local authority and NHS to support people living independently in their own homes and reduce emergency hospital admissions.

SIMPLE OR COMPLEX?

A comprehensive approach to harness the potential of care apps in the community would involve a major workforce training programme and, potentially, a transformation in the role of the council – and the local NHS. In fact, one of the complexities lies in the fact that many apps cross the care and health boundary and quantifiable savings might primarily arise in the NHS.

On the other hand, there are opportunities for small incremental advances. For example, a mental health team could be trained to understand the appropriateness of a particular app for certain clients and its cost might be included in a care plan.

Staff working with dementia sufferers and their families can be trained in specialist tablet PCs and apps for them.

OPPORTUNITIES FOR SMALL-SCALE INITIATIVES

INTEGRATION WITH BACK OFFICE SYSTEM

Where apps with service user or carer data are to be shared by professional staff as well as members of the public, integration is highly desirable and will add to complexity. However, in most cases, integration will not be relevant.

GENERALLY, NOT APPLICABLE.

LOCAL, COLLABORATIVE OR NATIONAL?

Promotion of care apps will need to be driven through local workforces and commissioning arrangements. There are certainly opportunities for shared learning across regions and collaboration across agencies.

National bodies have an important role to play, eg through the apps endorsement framework being developed by NHS England, NICE and Public Health England.

> *'The essential challenge is to transform the isolation and self-interest within our communities into connectedness and caring for the whole.'*
>
> ***Community – The structure of belonging*, Peter Block, 2008**

REASONS TO PRIORITISE

- Widespread public use of smartphones and tablet PCs offers opportunities
- Apps empower people to self-care, reducing reliance on the state
- They improve wellbeing for citizens and reduce loneliness
- They can reduce hospital admissions
- There are some proven savings especially from telecare type solutions

REASONS TO DELAY

- Significant workforce training requirement
- At time of reduced resources, some of this lies outside statutory council duties
- There is a wide variety of apps to assess/choose from (but national endorsement programme should assist)
- There is a risk of technologies going out of date

COUNCILS WITH SOME EXPERIENCE

Camden has organised its own local Care Apps Showcase. Overleaf is a case study from Hampshire.

FURTHER INFORMATION

ADASS organised a Care Apps Showcase event in October 2015 to highlight a few of the best being developed. There will be another such event in Birmingham in autumn 2016.

An even wider range of technologies is available around health conditions including, for example, wearables.

There is an overview in the recent techUK report *Personal Digital Care – Using technology enabled care to transform our nation's health and create UK wealth.*

CASE STUDY

MAKING TELECARE MAINSTREAM IN SOCIAL CARE

Hampshire County Council's (HCC) Adult Services Department spends over £1million per day on social care. Significant cuts in funding combined with increasing demand meant the traditional care 'offer' was unsustainable. HCC introduced a managed service, provided by Argenti Telehealthcare Partnership, led by PA Consulting, to drive greater use of technology and focus on outcomes, including increased user independence and significant cost reduction.

The implemented telecare solutions consist of passive wireless alarm systems usually installed in the home of vulnerable service users, which are customised to user needs and desired outcomes.

For example, those at risk of falls receive automatic fall alarms; those who may be living with dementia may be given GPS devices to locate them if they become lost. The telecare solutions are connected to a 24-hour monitoring centre, where the appropriate response can be actioned very quickly, reducing the risk of emergency hospital admissions.

Two years after launch, the service has grown from 500 to more than 4,200 users, each having been individually referred and assessed. Evidenced net savings in care costs exceed £2.7million in the two years and the service is being provided to a growing range of users including children on the autistic spectrum and socially isolated older people. Almost all (98%) of the users say they would recommend the service to others and care practitioners now view technology as a mainstream option for service delivery.

Personal Digital Care - Using technology enabled care to transform our nation's health and create UK wealth, **techUK, November 2015**

8. CONCLUSIONS AND NEXT STEPS

There is much that you can do locally to plan and implement online facilities for the public.

The chart below tries to map each of the options discussed against where they lie on the continuum from council process to citizen-centric. The vertical axis gives an indication of the ease with which the option may be implemented. The size of each shape illustrates both the width of scope and the potential benefit to be achieved.

It illustrates how the DPA eligibility calculator is simple to implement with a defined scope reflecting an existing council process, but it offers benefits to a relatively small number of people and very modest efficiency gains. E-marketplaces, on the other hand, can cover a wide range of meanings, offering some potential for wide benefits but only with quite a complex and long-term implementation project and will after discussion internally. Also be wary of simply extending systems from existing software suppliers without assessing other options on the market. Take the time to check out some of the council sites referenced throughout this document. Treat this as food for discussion internally.

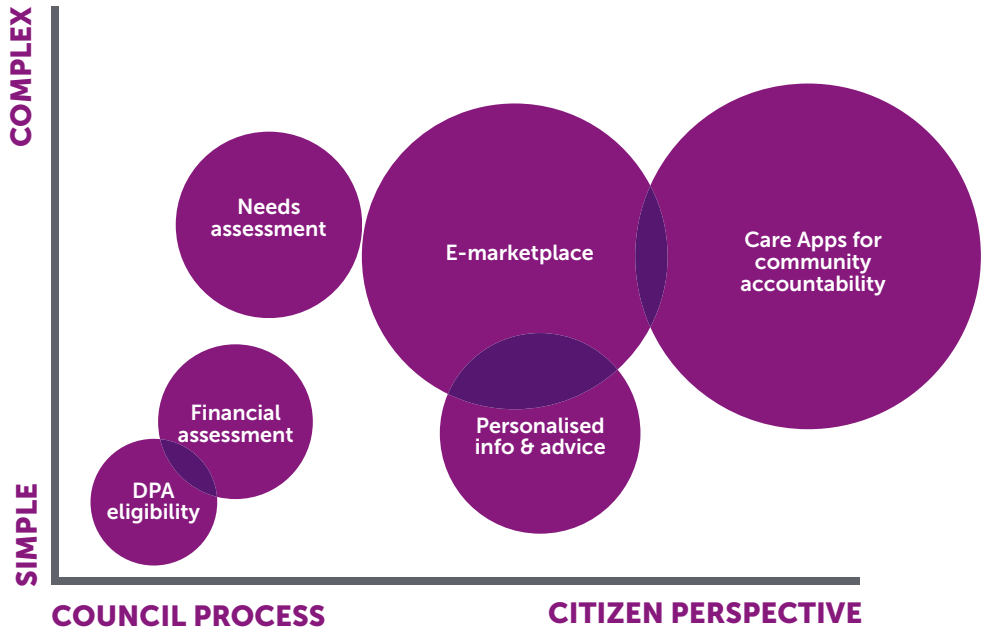
The next steps you take as a council to plan more public online facilities depend on your current position:

- your existing investments
- your available resources
- your current system suppliers and their available system extensions
- your demographics
- your local partnerships.

A good starting point may well be to convene a session with service users, carers and self-funders. This can be the opportunity for you to step away from trying to convert existing processes into online self-service and instead view things more from a citizen's perspective. This may be the basis for a 3 to 5 year strategic plan. You should also take into account any plans that your local NHS partners have for developing person-held health records.

Don't hesitate to engage through the ADASS Informatics Networks and Socitm regionally and nationally when you consider issues need to be addressed at those levels.

NEXT STEPS FOR YOU



FURTHER INFORMATION

- www.cpa.org.uk/cpa-lga-evidence/Campaign_to_end_Loneliness/LGAconsultationresponse14Nov2014-CampaigntoEndLoneliness.pdf
- Derbyshire online referrals for GPs & housing officers
- BBC **Costs calculator**
- DPA Calculator
- MyCareInBirmingham
- Worcestershire
- Care Apps Showcase page on local.gov.uk
- Casserole Club
- www.kirklees.gov.uk/beta/social-care/financial-assessment.aspx
- NHS Choices Syndication
- Which? Elderly Care
- TLAP Information and Advice Strategy Toolkit

Engaging Citizens Online
List of briefings: topics

01 *Identity and authentication*
December 2015

02 *Methodology for developing the online user journey*
December 2015

03 *Business case for digital investment*
March 2016

04 *Planning online transactional facilities*
March 2016

05 *Supplier offerings of social care self-assessments*

06 *Supplier offerings of social care financial assessments*

07 *Examples of effective use of national information sources*

08 *Examples of good practice of e-marketplaces in operation*

09 *Promotion of online services*

10 *Role of third sector and care providers*

directors of adass adult social services

socitm

Local Government Association