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The Need for a Relationship between Manufacturers, Social Care Providers and Individuals

This article is written very much from a UK perspective but may well be applicable to other European countries.

The Market

In 2014 approximately £19billion was spent on adult social care in England. Approximately £10billion was spent on issues associated with people over 65 and over £5billion on adults with a learning disability. The bulk of this money is spent on staff support. It has been shown that a range of mainstream and specialist technologies (e.g. telecare and environmental controls) can make people less dependent and maintain their independence. So why isn't technology more readily available?

Perverse Incentives

Third sector providers are paid for the 'level of need' that an individual is assessed to have. So the more 'need' someone has, the more the organisation is paid. Where then, is the incentive to encourage services that support individuals to be less dependent and that costs less?

The current funding system allows only minimal technologically-based systems to be paid for (and this varies greatly across the UK) with the majority of funding committed to hours of carer intervention. The United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) encourages its member to ensure that people with disabilities have the same access to the community as their mainstream peers. Technology can support this aspiration but the current funding system does not encourage the consideration of this solution.



Prescription Model

Many of the specialist technologies such as telecare, although limited, are available on prescription or via local authority social care services. This is a business-to-business model, which does not involve the individual directly, based on assessing that something is 'wrong' with an individual. This means that the individual gets only what their respective local authority deems necessary. Increasing restrictions on funding have resulted in much of the technology that is available becoming out of date, with the design influenced by local authorities and not the individual or their needs. It is also extremely hard for new technology manufacturers to get into the market place as procurement pathways – particularly those of local authorities – can be very restrictive and difficult to gain access to.



Solutions

However, there are funding streams being developed that are aimed at giving an agreed amount of funding directly to an individual or their family carers, once that individual has been assessed as requiring additional support (vulnerable groups). This should lead to a more 'business-to-customer' model, which will mean that individuals can influence the design of technology and how it is implemented, thus having a real impact on the market.

There is a growing belief that 'interoperability' (the ability of different platforms to 'talk' to each other) could help in the development of integrated technical solutions. The area where this is happening most is in the world of entertainment (bluetooth), and computers, mobile phones etc. (USB, Wi-Fi, Android etc.). These developments have been generated by the market requirement and demand from consumers who are able to pay for the latest technological developments. The same needs to happen to help support people labelled as 'vulnerable'.

In order for this to be more successful, a paradigm shift is required – accepting that everybody has health and wellbeing requirements (no matter how significant, or not) and will, at times, become 'ill', less dependent and require support. This support should be mainstreamed and marketed as keeping people more independent and more productive. Taking this approach should see products that are currently prescribed becoming more visible and available to all. The more that is sold, the cheaper the products should become.

This move to a more consumer focussed approach should allow for more competition and more 'state of the art' technology.

Case Study

One interesting development in the UK is the growing awareness that social care providers and users can help develop products and help get them to market. One such development has been the commissioning of a tablet-based application to support an individual to administer medication. This application was commissioned by a service provider to adults with an intellectual disability. Interest has been shown by other providers of services to people with an intellectual disability and other 'vulnerable' groups. Family carers are also interested in using the application in a home setting.

Future

The future growth in the world of 'self care' (use of technologies such as telehealth and video consultation to encourage people to take ownership of their own health and wellbeing) is of direct benefit to the general population and 'vulnerable' groups in particular. However, this also requires a major change in culture, funding and procurement models – from 'business-to-business' to 'business-to-consumer' – and again the development of a consumer-based approach to health and wellbeing.

- Steve Barnard, Strategic Director of Innovation, HF Trust Ltd

ANNOUNCEMENTS

EASPD 2015 Annual Conference in Zadar, Croatia

On May 7-8, 2015, EASPD, a partner in the ENTELIS project, will hold the annual conference on Employment for Persons with Disabilities in Zadar, Croatia. One of the topics covered by the conference is related to employers and the work place. Specifically, partner members of the ENTELIS project will make a presentation on Universal Design and ICT. The conference is open for all relevant stakeholders and individuals interested in the topic. All information on the full programme and registration can be found both on the conference website (www.easpd-zadar.eu) and EASPD's website (www.easpd.eu).



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