

## GGI Telecare Audit Shows Reablement Funding Has Yet to Make Real Impact on Reforming Social Care Across England

Good Governance Institute finds wide variations in availability and delivery of telecare services among local authorities, and poor understanding of telecare

- One fifth of councils said they had received no re-ablement funding in 2011/12, despite a national grant from the Department of Health
- Only £28 million of the additional £648 million allocated to fund home care support went towards funding telecare services
- 43% of PCTs saw no investment in telecare from the additional £648 million allocated, particularly in the South West and East Anglia

**18 September 2012** – A telecare audit carried out by the Good Governance Institute (GGI) has found significant variations in the number of local authorities delivering telecare services, and the number of people within authorities currently being supported by telecare across England.

The audit, Care and support at home: an audit of telecare services in England, was compiled from Freedom of Information Act requests and completed by 121 upper-tier and unitary local authorities in England. It found that, despite 1.5 million people currently using telecare in England, responses from the councils only accounted for a fraction of this figure.

According to the audit, only £28 million of the additional £648 million allocated to local authorities to fund more capacity for home care support, investment in equipment, adaptations and telecare in social care services\*\*, went towards funding telecare. 43% of PCTs saw no investment in telecare services for their area, particularly in the South West and East Anglia. The audit also revealed that one in five councils reported receiving no reablement funding from their local primary care organisation in 2011/12.

The findings from the audit also supported existing evidence that telecare can achieve real cost savings for commissioners of social care through preventing or delaying the need for intensive care packages, referring to Wakefield Council's reported net savings of £1.3m

over a six-month period. Despite this, only one third of the local authorities actually carried out an assessment into the savings delivered by telecare

Although 80% of local authorities confirmed they had eligibility criteria or assessment processes in place for telecare services, these were found to be inconsistent across the country. Some councils, such as Leicestershire County Council and Walsall Council, confirmed that they had chosen to make telecare universally available, with nearly half of the local authorities that responded saying they had undertaken an assessment of the outcomes delivered by their telecare services.

Dr John Bullivant, Chairman of the Good Governance Institute said: "Adult social care services in England are facing unsustainable pressures. An aging population coupled with fiscal constraints means that new ways of funding and commissioning social care need to be explored and initiated, including the use of telecare services. Despite the Government's commitment to increase the uptake of telecare and telehealth, access to these services varies greatly across the country.

"One of the key drivers for this variation is the fact that there are differences in assessment between local authority commissioners, combined with a lack of guidance around telecare implementation and incentives for its introduction. Our audit also found mixed understanding among local authorities commissioners on what telecare services are, and how they should be incorporated into the council's social services."

The GGI has published a report providing a number of recommendations aimed at Government and local authority officials about how telecare services and user outcomes can be improved. The report is available from: <a href="http://www.good-governance.org.uk/Product%20Menus/audit-of-telecare-services-in-england.htm">http://www.good-governance.org.uk/Product%20Menus/audit-of-telecare-services-in-england.htm</a>

## **About Good Governance Institute**

The Good Governance Institute (GGI) traces its roots back to the NHS Clinical Governance Support Team (NHS CGST) and the clinical governance movement. Now developing as an independent reference centre,

<sup>\*\* 2011/12</sup> NHS Operating Framework, published by the Department of Health: <a href="http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\_1">http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\_1</a> 22736.pdf

GGI helps individual organisations develop their own governance and board arrangements, and promotes forward thinking and better practice nationally in governance, quality and safety. Each year it works with partners from industry, and colleagues from the NHS, local authorities, Universities and the third sector to push governance thinking on <a href="https://www.good-governance.org.uk">www.good-governance.org.uk</a>

## **Good Governance Institute contact details**

Andrew Corbett-Nolan
Chief Executive, Good Governance Institute
<a href="mailto:andrew.corbett-nolan@good-governance.org.uk">andrew.corbett-nolan@good-governance.org.uk</a>
+ 44 (0) 7912 113 730

John Bullivant Chair, Good Governance Institute john.bullivant@good-governance.org.uk

+44 (0) 7775 524 390

## **Press Contact**

Context Craig Coward / Jenni Livesley 01625 511966