# *AGENDA MANAGEMENT SHEET*

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| *Name of Committee* | **Adult and Community Services Overview and Scrutiny Committee** |
| *Date of Committee* | **9<sup>th</sup> September 2009** |



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| *Date of Committee* | **9th September 2009** |
| *Report Title* | **Telecare Progress Update** |
| *Summary* | This report updates the committee on progress made in respect to Telecare. |
| *For further information please contact:* | Gill Jowers Service Development Manager, Local Commissioning Tel: 01926 743257 |
| *Would the recommended decision be contrary to the Budget and Policy Framework?* | No. |
| *Background papers* | None. |

*CONSULTATION ALREADY UNDERTAKEN:-*  Details to be specified

| | | |
|---|---|---|
| Other Committees | ☐ | ................................................. |
| Local Member(s) | ☒ | Not Applicable |
| Other Elected Members | ☒ | Councillor L Caborn, Councillor T May, Councillor F McCarney, Councillor R Dodd |
| Cabinet Member | ☒ | Councillor C Hayfield |
| Chief Executive | ☐ | ................................................. |
| Legal | ☒ | Alison Hallworth, Adult and Community Team Leader |
| Finance | ☒ | Chris Norton, Strategic Finance Manager |
| Other Chief Officers | ☐ | ................................................. |
| District Councils | ☐ | ................................................. |
| Health Authority | ☐ | ................................................. |
| Police | ☐ | ................................................. |

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Other Bodies/Individuals          [X]   Louise Denton, Scrutiny Officer

*FINAL DECISION   YES*

*SUGGESTED NEXT STEPS:*                         Details to be specified

Further consideration by          [ ]   ................................................
this Committee

To Council                        [ ]   ................................................

To Cabinet                        [ ]   ................................................

To an O & S Committee             [ ]   ................................................

To an Area Committee              [ ]   ................................................

Further Consultation              [ ]   ................................................

Warwickshire
County Council

# Adult and Community Services Overview and Scrutiny Committee – 9<sup>th</sup> September 2009

## Telecare Progress Update

## Report of the Strategic Director of Adult, Health and Community Services

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**Recommendation**

It is recommended that the committee consider and comment on the progress as detailed in the report.

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## 1.    Introduction

1.1    Since October 2007, telecare services have been set up in four of our five districts. The first districts to go live were Warwick and Rugby, followed by North Warwickshire in November 07 and Stratford in May 08.

1.2    Take-up of telecare services has been slowly increasing and has been supported by teams setting local installation targets.  The number of customers across Warwickshire is now at 334 (June09), with a target for the end of the year at 530.

1.3    An evaluation of telecare services in August 08 showed that whilst customers were benefiting from the services, take up was slow, services were not available county-wide and in some areas, there was some reluctance to commission telecare services.   An investigation was commissioned to understand the reasons behind these findings.

1.4    The scope of the investigation included:
   -    Feedback from managers
   -    Feedback from customers
   -    Research of other operational models in other Local Authorities
   -    Review of benchmarking performance information
   -    Evaluation of the Warwickshire Telecare operation
   -    Future options for appraisal by AHCS Leadership Team

1.5    The findings from the investigation showed that the current contractual arrangements for provision of telecare services were not wholly satisfactory. In order for a new model of operation to be developed, AHCS Directorate Leadership Team (DLT) recommended extension of the existing contracts, to enable an options appraisal to establish a preferred model for telecare service delivery to be undertaken, prior to the selected approach being commissioned.

## 2. Current Operational Model for Telecare

2.1  Two-year contracts were let to four of our five Districts / Borough Councils to provide equipment installation, monitoring and response services for telecare, commencing in April 2007. (As stated earlier, these contracts were extended for up to two years at the end of March 2009, to allow time for a more robust service to be commissioned).

2.2  Some key features of the current model include:
- The Preventative Technology Grant was used to fund the total telecare operation: project manager for service development; operational costs of service delivery and pump-priming funding for the telehealth pilot (commenced in June09).
- Equipment is ordered and paid for from Tunstall, as stock items by Warwickshire County Council, based on advice from district and borough providers about stock levels.
- Following social care referral, providers undertake their own assessments with customers to assess suitability.
- Providers arrange installation of equipment from third party, usually via Age Concern and call off their stock provision to satisfy delivery requirements.
- District-level monitoring and response services are provided as part of the contractual agreements.
- Providers are unclear about the level of overlap with their own community alarm services and in some circumstances telecare is viewed as a competitor for these district/borough controlled services.

2.3  Negotiations with Nuneaton Borough Council to initiate telecare services have proved to be complex and protracted. Nuneaton's current position is they are waiting for implications of the outcome of the Supporting People review of older people services to be understood, before undertaking any joint work on telecare service provision.

2.4  Manual processes are in place for practitioners to refer customers to the district providers. Additionally, providers have their own, currently separate processes to arrange installation services with Age Concern and other electrical contractors, where applicable.

2.5  Whilst the telecare team have delivered some improvement to these manual processes, further improvements are possible. From a timing perspective, these developments need to be aligned with IST technical priorities; roll out of responsibility to pay for telecare services to teams; and implementation of new model / contractual arrangements for commissioning telecare.

2.6  Having reviewed the benchmarking information across the region, we now know that other authorities have included community alarms, smoke detectors and other basic (non-telephone based) equipment in their statistical returns. Warwickshire's approach has been different, in terms of classifying what can be counted. The local definition to determine what can be counted is being analysed by the new Telecare project board, with a view to update it to reflect common practice across the region. This will result in numbers of telecare customers increasing.

Warwickshire County Council

2.7  Common Themes from Local Commissioning team managers' feedback on current operation.

*What's working well:*
- Just Checking system is enabling people to remain in their own homes and providing independent evidence to support assessment and support planning for customers, their families and practitioners.
- Six week free trial period – good tactic for increasing confidence
- Range of equipment on offer is good
- Customer perception of benefits:
  "*It has helped hugely, especially when I fell and broke my hip*"
  "*I feel more secure and confident it being here*"
  "*I have fallen a few times and found it to be invaluable – a real lifesaver*"
- Carer perception of benefits:
  "*Gives me peace of mind when I'm up town*" (wife / carer)
  "*It's excellent, it's enabled him to stay living in his flat rather than moving to residential care*" (support worker)

As part of the telecare evaluation in August 2008, a one page questionnaire was sent to all current Telecare clients, asking how well the Telecare equipment had helped in the following elements: maintaining independence; feeling safe and secure at home; enabling to stay living at home; get help quickly in an emergency; and giving carer peace of mind.

- 66 completed questionnaires were returned from the 123 sent out, giving a response rate of 54%

- Out of a possible score of 4, with 1 being the equipment hasn't helped at all, and 4 being it has helped very well, the average scores are:

| | |
|---|---|
| Maintaining independence | 3.6 |
| Feeling safe and secure in your home | 3.8 |
| Enabled to stay living at home | 3.6 |
| Getting help quickly in an emergency | 3.8 |
| Give carer peace of mind | 3.7 |

2.8  *Areas requiring improvement:*
- **Staff Awareness**: still perceived as an add-on rather than alternative to traditional services; lack of awareness and confidence to sell telecare; creative thinking not embedded in teams; concerns about telecare edging out 'personal' contact.
- **Process**: time delays in recording; equipment out of stock or installation delays, leading to other services being implemented which are then difficult to stop and replace with telecare; purist approach to definition of telecare – holding down our performance statistics; perceived as complex and low numbers means there is also a lack of familiarity with the process.
- **Funding:** central – therefore perceived as an add-on; staff unaware of the potential financial savings on a case study basis; operational decisions not based on value-for-money and opportunity

Warwickshire
County Council

costs/efficiencies of using telecare instead of other services.

- **Provider issues**: having separate providers for the different elements of service provision: equipment provision (Tunstall); installation (Age Concern and other electrical contractors); monitoring and response (Districts and Boroughs), is causing communication problems; processing complexities; stock issues and installation delays. Conflict of interest and confusion regarding provision of community alarms across some districts / boroughs.
- **Partner involvement:** some local partnerships beginning to work well, however this is not county-wide; there has been a mixed response to telecare from districts and boroughs and whilst services are being established in some areas, there were other views expressed that saw it as a threat to the community alarm businesses. At a strategic level, greater collaboration with Housing departments is needed. Health colleagues also need to be more widely engaged (however, some good practice exists in pockets around the county to build on).
- **Behaviour:** customers not aware of the benefits; some customers (Older People Mental Health) have anxieties about 'voices in the wall' and are not considered able to operate telecare equipment; selling is not a natural part of the social work role; telling people they are not safe is potentially against ethics; perception that telecare is used as part of a care plan rather than support package, therefore not suitable for learning disabilities customers; perceived as sustaining current levels of capability rather than helping to achieve improvements.

2.9 *Ideas for the future:*
- Trusted assessments from providers / partners, to increase uptake of standard sets of telecare equipment for customers with low level needs.
- Less purist definition of what can be counted as telecare.
- NRS (supplies of integrated county equipment service) to take on stock control and installation of telecare equipment.
- Home care to provide response services.
- Consider decommissioning the response service – is it value for money?
- Focus on carers.
- Case-study approach adopted to raising customer and staff awareness.
- Consider whether the person doing the assessing could undertake simple installations.
- Carefirst adapted to remove delays / duplication caused by manual processing.
- Customer Service Centre involvement in the referral process reviewed.

## 3. Future model of Telecare in Warwickshire

3.1 Following an options appraisal exercise, undertaken between Jan – April 2009, AHCS DLT approved a model of operation. The new Telecare model chosen by DLT will provide Warwickshire County Council (WCC) the opportunity to deliver a Telecare Service to the whole of the county. It enables WCC to have more control over the service and provides greater opportunities to develop new working relationships with local and national businesses, improving

Warwickshire
County Council

Customer choice. The new model will help manage the culture changes required for success and encourage practitioners to see Telecare as an integral part of the support planning process.

3.2 **Main Benefits**

- Maximises the well being and safety of people.
- Engages Customers to have greater involvement in planning and delivery of services.
- Working in partnership to put customers first and improve services.
- Increasing choice and control of a range of services as close to home as is possible.
- Ensure ease and equality of access to services.
- To provide better preventation services and earlier intervention.
- Improved health and emotional well-being through allowing people to remain living independently in their own home and reducing demands on carers.
- Improved quality of life – for both Customers and carers.
- Choice and control, enabling Customers to remain living at home if that is their choice.
- Economic well-being – through offering a low-cost alternative to services such as Residential Care or Home Care.
- Personal dignity – by using passive monitoring which does not impact on the customer's privacy, but raises an alert if there is a problem.

3.3 **Objectives**

- Provision of Telecare to all districts across Warwickshire.
- Finding suitable Telecare supplier(s) for equipment provision; installation; monitoring and response elements of the service, at the right cost and quality.
- Increasing the number of Telecare customers within Warwickshire.
- Ensuring that Telecare is considered as an integral part of a customer's care package rather than as an add-on service.
- Overcoming the barriers to using Telecare as opposed to traditional support services such as home care.
- Managing the culture change with Adult, Health and Social Care teams.
- Using Telecare across Warwickshire as a means of monitoring and responding to the changing needs of people living independently.
- Implementing robust processes for analysing the cost and benefits of the Telecare service.

3.4 **Costs and Savings**

*Costs*
*The table below provides a financial analysis of the costs for the implementation and management of the Telecare Service. Included are the costs of undertaking a procurement exercise and the ongoing costs for maintaining the Telecare Service over the three year period of the new contract. A 2% increase in costs has been applied to the staffing costs for*

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County Council

*year two and three.*

| Costs | Yr 1 | Yr 2 | Yr 3 |
|---|---|---|---|
| Procurement process managed by external company | £17,000 | | |
| Full time Project Manager | £34,000 | £17,340 | £17,687 |
| Full time Telecare Support Officer | £30,000 | £30,600 | £31,212 |
| Legal Services to manage contracts | £3,500 | | |
| **Total** | **£84,500** | **£47,940** | **£48,899** |

Other WCC staff will be required to support the specification development for the procurement process. These costs are not included in the above table.

### *Telecare Service Costs*

The table below details the total cost of providing the Telecare Service.

| Telecare Costs | Yr 1 | Yr 2 | Yr 3 |
|---|---|---|---|
| Estimated total cost | £66,389 | £27,248 | £27,793 |

The costs in the table above for the first year reflect nine months with current contracts and three months with the new model contract.

### *Telecare Potential Net Savings.*

The following table details the potential net savings for the new Telecare model.

| New Telecare Model | Yr 1 | Yr 2 | Yr 3 |
|---|---|---|---|
| Estimated Telecare Costs | £66,389 | £27,248 | £27,793 |
| Estimated Project Costs | £84,500 | £47,940 | £48,899 |
| Estimated Potential Savings | £640,143 | £640,143 | £640,143 |
| *Grand Total Potential Savings* | *£489,255* | *£564,955* | *£563,451* |

3.5 **Main Risks**

- Customers without family/carer support may chose not to take up the service due to the cost of response service.
- Adult Health & Social Care staff may not maintain the current uptake levels for Telecare Services.
- Where the response is being provided by a private contract, the cost being to the customer, this may encourage a reduced take up of the Telecare service by the customers.
- There is a low risk that Warwickshire County Council will not be able to monitor reasons for the need of response which is information that could be used to inform us of customer needs.
- There may not be a business locally that could provide our required

Warwickshire
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service. (Installations).
- There may be compatibility issues concerning Telecare equipment and Telecare monitoring equipment.
- There may be negative feedback from current Telecare Customers regarding having to arrange their own response service.
- The required resources may not be in place to support the project.

3.6 **Key Milestones**

In outline, the key milestones follow on from sign-off of the options appraisal and business case for a new model of operation at AHCS Directorate Leadership Team in April 09.

*A. Service Specification*
The project is now at the stage where business process mapping and re-engineering are underway. Detailed analysis of issues with the current Telecare suppliers of equipment; installation; monitoring and response services is nearing completion and will be used to inform the future telecare service specification(s).

*B. Tender process and implementation schedule*
Implementation timescales to commission the new telecare services are currently being worked up by the project board. The aim is to complete the tender process(es) during 09/10.

*C. Formal approval to tender and award contract(s)*
Once this is finalised, the details will be submitted to Cabinet, via AHCS Directorate Leadership team, for approval to commence the tender process(es), recognising there may be more than one tender for different parts of the service (equipment provision, installation, monitoring and response) and then to award contract(s) following tender evaluation.


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August 2009

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