

<b>21 March 2017</b>		<b>ITEM: 6</b>
<b>Housing Overview and Scrutiny Committee</b>		
<b>Developing And Expanding Assistive Technology For The 21<sup>st</sup> Century For Social Care Service Users In Thurrock</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key	
<b>Report of:</b> Roger Harris, Corporate Director of Adults, Housing and Health		
<b>Accountable Head of Service:</b> Les Billingham, Head of Adult Social Care and Community Services		
<b>Accountable Director:</b> Roger Harris, Corporate Director of Adults, Housing and Health		
This report is Public		

### **Executive Summary**

Enhancing and expanding the take up of telecare and assistive technology is a key council priority, reflected in the Health and Social Care Transformation Programme: “For Thurrock in Thurrock”. It is designed to promote independent living for people living in council and private accommodation, and better enable the council to fulfil its health and well-being duties under the Care Act 2014.

In September 2016, a Careline Review Team was established to examine the options for upgrading obsolete equipment in the Careline monitoring centre, in sheltered housing and general needs flats that have hard-wired pull cord alarm systems, and to review current arrangements for charging for the service. This report sets out the conclusions of the first stage of that review, and provides recommendations designed to resolve a number of the key issues identified.

There are many electronic products and systems that use technology to promote health and wellbeing in the home, by monitoring activity, managing risks, increasing security, helping the person manage the important tasks within their daily lives, and bringing support more quickly when things go wrong. Memory aids, telecare and safe walking devices, mobile phones and digital apps - assistive technology all now offer invaluable opportunities to help your relative stay safe and be more in control of their own life for longer.

Background research into how other health and social care organisations are deploying telecare and assistive technology is also underway and a further briefing

paper is attached for reference at Appendix C. The potential benefits identified to date, even at this early stage of the review are very encouraging – both in terms of improved outcomes for an individual’s health and wellbeing, as well as increased efficiency in the use of resources. A further report to Scrutiny will be presented once the examination of the costs and benefits of enhancing and expanding the take up of telecare and assistive technology has been completed.

## **1. Recommendation(s)**

**The Housing Overview and Scrutiny Committee are asked to support:**

- 1.1 To the essential work being undertaken to decommission the hard-wired pull cord community alarm system in sheltered housing blocks and general needs community alarm flats, and to replace them with dispersed personal alarms where required by the service user.**
- 1.2 To the plan to upgrade the Careline monitoring system which is also obsolete and lacks the functionality required to support the service.**
- 1.3 To develop the Careline service into a new, enhanced and expanded telecare and assistive technology service, linked to telemedicine services where appropriate;**
- 1.4 In relation to charging for Careline and the new telecare service:**
  - To make Careline / Assistive Technology and the new telecare service available free of charge to users of adult social care as part of our wider prevention strategy.**

## **2. Introduction and Background**

- 2.1 Like many councils, Thurrock set up a community alarm service (comprising both pull-cord and disperse alarms) originally to support its council tenants living in sheltered housing and other supported housing. Since it was first set up, the Careline service has extended its reach and now also supports a wide range of people living across the borough, in all tenures.**
- 2.2 The Careline service has evolved over time and it was recognised that a thorough review of the current service was needed as a precursor to developing, with health partners, a joint telecare and assistive technology strategy fit for the 21<sup>st</sup> century, as well as providing the best quality of service and value for money to residents.**
- 2.3 A number of factors were considered as context for the review:**
  - 2.3.1 The review recognises that the current Careline service is staffed by dedicated officers who offer a good service to residents in the face of many operational difficulties due to the age of the current equipment (both monitoring centre equipment and hard-wired pull-cord alarms). The service is**

first and foremost a reactive emergency service – activated when the personal alarm is triggered by someone who is in difficulty (for example following a fall or a medical emergency), and depending on the circumstances, Careline staff may go to the person’s home to assist them. Careline users do, however, trigger the alarm for other reasons such as seeking reassurance.

- 2.3.2 The current Careline monitoring centre equipment at Harty Close, purchased in 2007, is outdated and lacks some elements of modern functionality. The Careline service is dependent on the monitoring centre system so reliability is essential. The current monitoring centre equipment offers little connectivity and integration with other systems, is difficult to interrogate and does not offer GPS tracking. More up to date equipment enables a flow of information between the monitoring centre and other council staff such as social workers, provides tracking data outside of the home, and facilitates a range of reports on Careline activities. The enhanced capability would also allow the development of new service offers such as lone worker support. The pull-cord system used in a number of sheltered housing schemes, and general needs community alarm flats, is now obsolete and no longer supported by the manufacturer. System failures and call outs are therefore costing the Council significant breakdown and repairs charges – 50% in excess of the service contract in 2015/16.
- 2.3.3 Technology, including mobile phones and digital apps, has evolved since community alarms were first introduced some thirty years ago. These developments mean that both professionals and individuals can exercise choice in relation to the kind of alarms and sensory equipment they may wish to use for themselves, or for the people for whom they care.
- 2.3.4 There is now a range of bespoke telehealth applications which increasingly will be deployed by primary health care providers<sup>1</sup> and community health care providers - North East London Foundation Trust Community Health Services, and South Essex Partnership Foundation - to support people to successfully manage long term conditions.
- 2.3.5 A new service is currently being set up called ‘Thurrock First’ - a Single Point of Access to health and care advice and services provided by Thurrock Council Adult Social Care, North East London Foundation Trust Community Health Services, and South Essex Partnership Foundation Trust mental health services. The focus of Thurrock First is a single access point providing professional advice and care coordination across disciplines in one place. The approach will be to have two tiers of staff at any one time – tier 1 call handlers who will respond to enquiries and provide advice/information or further service as required; and tier 2 ‘specialists’ who will provide additional more complex support. The service will be located at Thurrock Hospital and will operate 7 days a week.
- 2.3.6 As a discretionary service, in line with the Council’s charging policy, the cost of providing the Careline service is currently recharged to users of the service.

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<sup>1</sup> c.f. Digital requirements for new primary care models – Nuffield Trust April 2016

The charging arrangements are currently based on the tenure of the service user. The Care Act 2014 provides a new statutory framework for establishing a consistent, transparent and fair approach to charging, in particular stipulating that the approach to charging should:

- Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings.

2.3.7 To sum up the context for the review, the Council and Clinical Adult Social Care's transformation programme – 'For Thurrock in Thurrock' seeks to build caring communities where the strengths and resources within communities can better support people to live fulfilled lives. As the number of older people with long term conditions increases, there will be increasing demands on care and health services so a response which combines the best that telecare and assistive technology can provide, together with the many community-based supports, will be essential if the Council is to manage the increasing demand.

2.3.8 The Careline service and the technology capability the service requires to function, needs to be 'fit for purpose' both now and in the future if it is to support the Council to undertake its health and wellbeing responsibilities in the 21<sup>st</sup> century. As telecare can prevent, reduce or delay the need for more intensive health and care services, it is also appropriate to consider whether it is appropriate to charge for the service, or whether other funding can be secured to cover those costs.

### **3. Issues, Options and Analysis of Options**

#### **3.1 Issue One –upgrading the call monitoring equipment**

Thurrock's Careline service, based in Harty Close (Sheltered Housing Complex) in Stifford Clays, Grays, provides a 24/7/365 monitoring and response to service users. Business continuity support is located at another sheltered housing site – Airey Neave Court - with one call handling workstation. The monitoring centre is currently operating using the following Tunstall Telecom hardware and software:

- PNC5 software
- Three Call Handling Terminals
- Western Digital Voice Recorder

3.2 The PNC5 software is now outdated, with limited functionality, and therefore any upgrade in equipment for the end user (telehealth, telecare and telemedicine etc.) can only be implemented if the software is also upgraded. In addition the current software is no longer supported by Tunstall.

3.3 As well as monitoring community alarm service users, the Careline monitoring centre also handles all emergency out of hours calls to the Council (between 4.30 pm to 9am). The Council's main contact centre within the Civic offices is open until 6pm for all general enquiries. On average, Careline receives in the

region of 500 “out of hours” emergency calls per week. The monitoring centre split between Careline calls and emergency out of hours calls is 90%-10% respectively.

### **3.4 Issue Two – decommissioning the hard-wired pull cord equipment and replacing it with dispersed alarms**

3.5 The council has upgraded the hard-wired system in half of the sheltered housing stock and should address the failure to upgrade the remainder as a matter of urgency. When upgrading the system the council has two options:

- Option 1 to retain the current hard-wired configuration and upgrade it to provide additional functionality such as voice call and an “I’m OK”<sup>2</sup> function<sup>2</sup>.
- Option 2 to remove the hard-wired system and replace it with a fully dispersed alarm system which also offers additional functionality such as voice call and an “I’m OK” function.

3.6 Retaining the hard-wired system (option 1) has ongoing maintenance costs of approximately £65k per year whereas replacing the system with dispersed units (option 2) has a higher capital cost of approximately £50k in year one but no maintenance costs thereafter with the exception of some standard batteries to be replaced in future years, depending on usage. The overall costs for retaining a hard wired system over five years is £527k. The overall costs for removing the hard wired system and replacing it with the dispersed alarms over five years is £320k – a projected saving of over £200k over the five years. If the council chooses to remove the hard-wired system and replace it with the dispersed alarms it would require the installation of a telephone line in properties where these do not exist currently and the provision of a direct link for the smoke and heat detectors in communal areas to the Harty Close Contact Centre. These costs are included in the estimates for the work. Because of the significant cost savings achieved by option 2, it is proposed to replace the hard wired system in the sheltered housing stock with the dispersed alarm system.

3.7 The hard wired system in the general needs community alarms flats is also obsolete and should be removed and replaced, where necessary, with dispersed units. The current hard wired system is not used by the majority of residents in these dwellings and it is estimated that the Council will need to re-provide a dispersed alarm service in less than one third of the stock at a cost of approximately £56k over the five year period (including the existing system removal costs).

### **3.8 Issue Three – Charging for the Careline service**

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<sup>2</sup> The “I’m OK” function gives the service user the option to let the service provider know that they are active and don’t need the usual regular call from the service. In Thurrock’s case this means removing the need for Sheltered Housing Officers to ring out to every service user and only contact those who either request a call or who haven’t used the “I’m OK” option that day will free up the Sheltered Housing Officer for other work.

- 3.9 The Council cannot charge for the personal alarm equipment provided to the person's home where it is provided to meet needs or prevent, reduced or delay the needs for adult social care. However, the Council can, at its discretion, charge for the monitoring service that responds to the personal alarm calls, as well as for the installation of the equipment.
- 3.10 The Care Act provides the legal framework for revising the charging structure, furthermore, the financial pressures facing the Council also mean that Thurrock needs to give consideration to raising income for services that are chargeable. The Council cannot charge more than the cost that it incurs in meeting the assessed needs of a person nor can it recover administration fees relating to arranging care and support.
- 3.11 If charges for the Careline and telecare services are to be applied a new uniform charge across the tenures must be introduced in order to comply with the requirements of the Care Act 2014. If the charge is to recover the cost of the service it would need to be set at £2.87 per week. This level of charge compares favourably with all but one of the providers referenced in the report at Appendix A.
- 3.12 The Council also has the option, in particular because Careline and telecare are preventative services, to no longer apply a charge and instead use the funding available from the Improved Better Care Fund to cover the costs of the service. This would serve to remove the current anomaly regarding the discretionary charge, encourage take up and so the expansion of the service, and also align with the approach taken to other preventative services and technologies across health and social care.

#### **4. Reasons for Recommendations**

- 4.1 The Council is currently incurring additional repairs and maintenance expenditure which is approximately 50% of the value of the annual service agreement it has with Tunstall because of the obsolete hard-wired pull-cord systems in the community alarm flats and sheltered schemes and in the monitoring centre. The costs of remedying this situation have been examined, and officers are proposing that the most efficient solutions are procured. The investment made in year one will result in significant savings in terms of repairs and breakdown costs and servicing costs.
- 4.2 The upgrades to the equipment used in both the sheltered housing schemes and general needs community alarm flats will require an upgrade in the central monitoring system at Harty Close. The current software is outdated and lacks functionality. The upgrade to the current software will support more innovative use of telecare and telehealth equipment including the use of mobile personal alarms that help keep people safe outside of their home. It will also facilitate the sharing of data with Adult Social Care systems.
- 4.3 Charges for Careline have been historically based on tenure, reflecting the origins of the community alarm service – with council tenants paying nothing towards the cost of the service and a significant cost being borne by the HRA

and General Fund. The Care Act provides the statutory impetus for correcting the anomalous charging regime for Careline, and the move towards integration with Health provides the mechanism for future funding through the Better Care Fund. This new basis for telecare and assistive technology service will also ensure that prospective service users benefit from a range of integrated health and care services to support their health and well-being.

## **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 A consultation on the proposed changes to the provision of adult social care was undertaken over 12 weeks between 14 September and 7 December 2015. The outcome of the consultation was reported to the Committee at its meeting on 12 January 2016. The Committee agreed to instigate the review of the Careline service and its charges.

## **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 These are dealt with in the body of the report.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Julie Curtis**  
**HRA and Development Accountant**

Currently, the cost of providing the Careline Service and associated technology and equipment (exclusive of the Out of Hours Service) is just over £600,000 per annum. This includes the costs of purchasing personal alarm and sensory equipment that, under the Care Act 2014, cannot be charged to service users.

At present, total income raised from charges for the Careline and telecare service is just over £58,000. This leaves a significant gap between the income received and the costs of the service. These costs are met by both the Housing Revenue Account and General Fund. The introduction of a uniform charge, as required by the Act, will go some way to reducing (but not eliminating) the financial call on those Funds.

However, the option exists to offset a proportion of the costs of the Careline and telecare services with new monies released in the Spring Budget 2017 through the Improved Better Care Fund. This would allow the Council to reduce the financial impact of providing this preventative service on the Housing Revenue Account and General Fund, while providing the Careline service at no cost to all eligible users of adult social care services.

## 7.2 Legal

Implications verified by: **Paul O'Reilly**  
**Projects Lawyer**

Legal Services notes the contents of the report and the proposed options. At this point, Legal Services will be available to provide such support as may be required pending clarification of the choice of option, following which, Legal Services will advise and support on the necessary legislative, procurement and contract issues that may arise, including drafting of any agreements with external contractors related to the selected technology and software and any related matters.

## 7.3 Diversity and Equality

Implications verified by: **Becky Price**  
**Community Development Officer, Community Development and Equalities Team**

The community alarm service is provided for residents who require some degree of support or monitoring to ensure their safety, as such they represent some of the protected groups under Diversity and Equality legislation. However, the focus of this report is upon service improvement and providing an equitable charging process across the entire service, regardless of tenure. As such diversity and equality considerations should be enhanced by these actions. In terms of introducing a broader charging model we acknowledge that this might have the potential to adversely impact upon specific groups. However, we will have an obligation to engage fully with current users and others who may be affected and will use this process to ensure that issues that have the potential to unfairly impact upon these groups will be mitigated.

## 7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

These are dealt with in the body of the report.

## 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

**Health and Well-being Overview and Scrutiny Report: Consultation on the proposed changes to the way Social Care is provided in Thurrock 12 January 2016 Item 8**

<http://democracy.thurrock.gov.uk/documents/s6541/Consultation%20on%20the%20proposed%20changes%20to%20the%20way%20Social%20Care%20is%20provided%20in%20Thurrock.pdf>

## **9. Appendices to the report**

- Appendix 1 – Key Information About Careline
- Appendix 2 – Tunstall Upgrade Costs
- Appendix 3 - Future Deployment Of Telecare And Assistive Technology

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