

Item No.	Classification: Open	Date: 23 January 2014	Decision Taker: Cabinet Member for Health, Adult Social Care & Equalities
Report title:		The Expansion of Telecare/Assistive Technology Offer in Southwark to Key Groups	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children's and Adults' Services	

RECOMMENDATIONS

1. That the Cabinet Member agrees to the offer of free telecare/assistive technology to adult social care clients as follows:
 - adults with critical and substantial needs under FACS (Fair access to care services)
 - adults with dementia, regardless of FACS eligibility
 - adults over 85, regardless of FACS eligibility
 - adults following reablement identified as having moderate needs
2. That the Cabinet Member agrees the investment required to expand the Southwark Monitoring and Response Team to enable delivery of the telecare/assistive technology offer.

BACKGROUND INFORMATION

3. The Department of Health defines telecare/assistive technology as: personal and environmental sensors in the home that enable people to remain safe and independent in their own home for longer. 24 hour monitoring ensures that, should an event occur, the information is acted upon immediately and the most appropriate response put in train. For the purposes of this report the term telecare will be used to cover both telecare and assistive technology.
4. The expansion of the telecare offer is a bold commitment that reflects the Vision of Adult Social Care and Fairer Future principles ensuing that people are supported to help themselves as far as possible, promoting independence and remain in their own homes. We want to ensure that people eligible for this offer have the option of choosing telecare to support and maintain their independence.
5. The context is also shaped by 'Putting People First' , which is the central government vision and commitment to transform adult social care, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity

6. The recommendations also reflect the prevention and early intervention agenda, a central theme of the adult social care business plan. There is a commitment within the plan to “support vulnerable people to live independent, safe and healthy lives by giving them more choice and control over their care”. In Southwark there has been considerable effort committed to shifting to a model of enabling people to be able to ‘do for themselves’, before a time of crisis or significant deterioration in ability.
7. Studies throughout the UK and overseas over the last decade have demonstrated the capacity of telecare to achieve the following outcomes at low cost:
 - Enabling people to remain at home who would otherwise need to be placed in residential or nursing care establishments;
 - Reducing the number of preventable injuries, accidents or risks encountered by sick, disabled or vulnerable people living at home;
 - Supporting unpaid carers to care without experiencing such intense pressure or stress that they themselves become ill or have to give up their caring role;
 - Improving the efficiency of home care services, especially by reducing those costs (e.g. travel costs and time; checking visits, overnight sleepovers) which deliver no direct benefit to the person cared for;
8. This approach represents an invest to save model which will help to contain demand for adult care and offer more support to people in their own homes. Evidence supporting the development of telecare from Essex county council has indicated that the financial benefits of telecare are for every £1 spent on telecare £3.80 is saved on traditional care. Hillingdon council saw the number of admissions to residential care reduce by half within 18 months of the implementation of their telecare offer. Disaggregating the financial benefits accrued to social care and health is challenging although the greatest impact appears to be in delaying access to residential care and other social care packages.
9. The Newhaven research (Exploring the cost implications of telecare service provision, 2010) that looked at the impact of telecare across Scotland demonstrated that the total annual cost of the ‘typical’ care packages specified varied from £4,000 to £109,000. In most cases the bulk of the cost fell on social care rather than health care budgets. This demonstrates the potential for telecare to generate savings for social care providers.
10. Most older people say they want to stay living at home for as long as possible, but may go into a care home because they feel unsafe and vulnerable in the community, so an inexpensive package of telecare can deal with security issues very effectively, and far more cheaply than the cost of a care home place.
11. In Southwark the development of the telecare offer has been underway for some time with the focus on those with disabilities and clients who are eligible for social care under the Fair Access to Care Services, the criteria for social care set down by central government. The embedding of telecare within the operational teams has been progressing and there has been an increase in the use of telecare as a primary intervention.

12. There are two key teams that support delivery of telecare in Southwark. The first of these is the telecare team of occupational therapy staff based at the Southwark Resource centre, which oversees all telecare referrals, assessments and prescriptions of complex equipment beyond the basic alarm package.
13. The second component is the Southwark Monitoring and Alarm Response Team (SMART) which provides a 24 hour, seven day a week monitoring, response and installation service which offers security and help to older and vulnerable people in the community, allowing them to remain independent in their own home. SMART monitors a person's wellbeing via their telecare package and responds if required.
14. The two elements that will have a financial impact in terms of this programme are the funding of the expanded SMART service and the cost of the complex equipment.

KEY ISSUES FOR CONSIDERATION

15. Approximately 2,194 Southwark residents currently receive SMART telecare services, with 60% who have been assessed as FACS eligible and receiving it as part of their social care support package. A further 490 non-social care clients are in sheltered accommodation and 448 of clients are dispersed self-funding clients.
16. A significant number of the current recipients of the SMART service are already eligible for charging. 270 of adult social care clients have been financially assessed as eligible for charging and are receiving a service from SMART, paying £4.10 per week for the service.
17. Currently the majority of the costs of the SMART service are met from the housing general fund and the remainder is funded by adult social care, and what was the Supporting People programme, as indicated in appendix 1. The cost of complex equipment for social care clients is currently met from the adult social care budget, following an assessment for eligibility.

THE KEY GROUPS AFFECTED BY THE OFFER

18. As indicated earlier a number of key groups have been identified as being at particular risk and where the telecare offer can have the most beneficial impact. This has informed the commitment to expand the telecare offer to adult social care clients as follows:

Adults with critical and substantial needs

19. The current telecare offer for people with critical and substantial needs under FACS, is free equipment and installation and a charge of £4.10 per week for the cost of monitoring and response, which is deducted from the personal budget.
20. The proposal is to offer telecare free to all adults with critical and substantial needs and to ensure that telecare is embedded within the customer journey for FACS eligible clients. The free offer covers the necessary equipment and the monitoring and response service.

Adults diagnosed with dementia

21. There is huge potential for telecare to support people with dementia and their carers so that the service user can continue to live in their own home safely and for much longer. A basic package with monitoring response could be offered to people as a first response/ early intervention to help them feel safe, confident, and supported, and to ensure a response if they require it.
22. Getting the right support in place early may mean that an individual can continue to live in an environment of their choice with independence and dignity and reduce or delay the need for higher cost interventions e.g. night owl services, waking night support, care home admission, hospital admission.
23. At the very least all those diagnosed would have access to the pendant, monitoring and response service. The more advanced the condition and the more complex the needs, the more sophisticated the response that would be offered with add-ons suitable to the individual such as gas and smoke detectors, and door alarms.
24. There is a clear pathway for dementia clients, as all those who are referred to the Memory clinic, operated by the South London and Maudsley Trust, and diagnosed with dementia will be considered eligible for the free offer.
25. In terms of demand for the service, the numbers of people with dementia is indicated in Table 1.

Table 1 - Dementia (Figures from NHS Southwark)

Number of people with a diagnosis (2011)	753
Estimated number of people with dementia who are eligible for the free offer (2011)	1964
Estimated number of people with dementia who are likely to take up the offer	1100

26. For the purposes of the financial modeling it has been estimated that 400 of the people with dementia are accounted for in the other cohorts, such as living in sheltered or over the age of 85. Of the 1500 that might access telecare it is estimated that 80% will accept the offer.

Adults aged 85+

27. We know that the older population in Southwark is growing. Over 25,000 people aged 65 or over live in Southwark (approx 9% of the population). By 2025 an additional 5,000 more residents aged 65 and over are projected to live in Southwark, with a larger proportion of people aged 85 and over. Evidence suggests that people over the age of 85 are at risk of over-long or repeated risks of hospital admission. Further evidence suggests that Southwark experiences higher levels of admission to residential care for older people than similar authorities.

28. In developing the offer of telecare to every person in the borough over the age of 85, telecare will be providing a targeted service that is aimed at those older people at most risk and most likely to require hospital admissions or access to high cost care facilities and services. Equally, by defining the offer to those over 85, we will be mirroring and supporting the Southwark and Lewisham Integrated Care Programme which is also targeting this cohort and for whom the referral process into telecare could be seamless and consistent.
29. The JSNA indicates that there are approximately 3400 people currently aged over 85. Of these approximately 900 are FACS eligible and a further 100 are living in sheltered accommodation currently served by telecare. For the purposes of modeling costs of such an offer the assumption of 1000 additional users over 3 years has been adopted. Table 2 sets out the estimates of numbers in this cohort:

Table 2 – numbers of people over the age of 85 in Southwark

Number of people over the age of 85	3400
Estimated number of people in receipt of services currently	1500
Estimated take up of the telecare offer within the number of people over 85	1000

Adults with moderate needs following reablement

30. The proposal is to make telecare a free offer for those people who, following a period of reablement are assessed as having moderate needs. This would provide a low cost and effective intervention that, for many, would offer a support mechanism to ensure their independence, safety and confidence in the community is maintained.
31. Figures for 2012/13 suggest that 327 people have been through the reablement journey and have emerged with moderate needs. Although a proportion of these (approx 10%) are only included because they have been admitted to hospital, there is a significant number who may benefit from the telecare offer. For the purposes of the financial modeling the number is estimated at 300 per annum, although that assumes that 80% accept a basic offer of monitoring and response service.
32. The projections indicate that there are an additional 2600 people who are likely to benefit from the telecare offer. For the purposes of the financial modeling and the scaling up of the SMART service, it has been assumed that there will be an incremental increase in demand for the service. This means that in year 1 there will be an additional 1200 clients, a further 1000 in year 2 and reaching a relatively stable upper limit of 4700 by year 3. This will require close and ongoing monitoring to ensure that the service capacity is in line with demand.

NON-ELIGIBLE CLIENTS

33. Although it sits outside of the scope of this report, it is worth noting that of the current 2200 recipients of telecare, 695 or 32% do not fall into any of the eligible groups above. This suggests there is significant demand for telecare for

residents of Southwark beyond those who are at greatest risk and that telecare can offer a level of support and reassurance more widely.

34. Officers within housing and community services, within which the SMART service sits, have considered developing a charging model for the monitoring and response service for non-eligible clients. This may offer a means by which the service can be expanded further to meet much wider demand.
35. However it is not proposed to develop this approach at this point as there is a risk that the message about the charging approach may operate as a barrier to eligible groups taking up the free offer. The charging model will be explored further after the current proposal has been embedded.

POLICY IMPLICATIONS

36. The Council Plan provides the key strategic driver for the adult social care departmental priorities and for this piece of work. Telecare will also support the delivery of wider objectives within the plan.
37. The Council Plan sets out the 10 fairer future promises that demonstrate how the council will achieve the vision in the plan. Point 6 states that the council will: 'Support vulnerable people to live independent, safe and healthy lives by giving them more choice and control over their care.'
38. The vision for adult social care sets out the framework for delivering objectives within the council plan. It identifies the need to develop a sustainable system that supports vulnerable people to live independent, safe and healthy lives by giving them more choice and control over their care.
39. Telecare offers a positive intervention that enables the service user to have a strong voice in terms of how services are delivered and how they receive the support that enables them to remain in their own homes.
40. The adult social care vision also places prevention and early intervention at the core of our activity. It emphasises the need to shift the way the resources are used, away from long term service provision towards prevention, early intervention, and support for independence as well as developing structures and processes that maximize the choice and control that people have in directing how their support is delivered.
41. Removing cost as a barrier to key groups, identified as being at risk of requiring higher levels of care, will underpin the prevention offer and provide a strong platform to support the development of the targeted approach to prevention.

COMMUNITY IMPACT STATEMENT

42. Consideration has been given to the 8 strands of the council's equality duty, and this assessment looked at each of the equality strands outlined in the Equality Act 2010 as well as considering the implications of the Public Sector Equality Duty (PSED) also contained in the Act. .
43. **Age** – We know that the older population in Southwark is growing. Over 25,000 people aged 65 or over live in Southwark (approx 9% of the population) a smaller proportion compared to London (11.4%) and England (16%).By 2025

an additional 5,000 more residents aged 65 and over are projected to live in Southwark, with a larger proportion of people aged 85 and over.¹

44. Census data from 2001 showed a that greater proportion of older people in Southwark live alone, (42.7%), than in London, where this figure is 38.4% , or in England as a whole, where only 34.4% of older people live alone. The council recognises that older people living alone is a significant driver in terms of deteriorating health and well-being, which may result in avoidable/prolonged hospital admissions or permanent residential and nursing care admission.
45. The telecare offer is targeted at a number of groups within which older people are overrepresented. The approach aims to address a range of needs and concerns such as health and well-being for older people and is, therefore considered to have a beneficial impact on this group.
46. **Gender** – There are currently around 3,300 more women aged 65 and over in Southwark than men. The split between males (43.3%) and female (56.7%) is the same as London, and England.² As the population gets older, the proportion of women rises. There are no disproportionately negative impacts identified on the grounds of gender.
47. **Disability** – Declining health and mobility are disproportionately higher for our older population. Southwark’s 2010 Annual Public Health report describes the number of adults of all ages diagnosed with specific major conditions. The report also details how many people may have a condition, but have not yet been diagnosed with it. As the telecare offer is known to benefit people with a range of disabilities it is believed that the recommendations will have a beneficial impact on this group.
48. The main conditions in Southwark that cause disability include: Chronic Heart Disease, Strokes, Diabetes, Dementia and Mental ill health, and Chronic Obstructive Pulmonary Disease (OPCD) There is also evidence that there remains considerable health inequalities amongst our older population in the borough, with higher prevalence rates amongst the less economically prosperous local groups.
49. There is evidence to suggest that outcomes are improved across these conditions if early intervention is offered. Given that telecare is aimed at targeting adults in specific risk groups prior to the development of more significant needs, the project should benefit people who are developing a disability or long term condition.
50. **Race** - Just over 81% of those over 65 in Southwark are White (British, Irish and Other) the second largest ethnic group is Black (Caribbean, African or other); ‘Black Caribbean’ makes up the majority of this group.
51. The changing ethnic makeup of the population may have implications for the design of public services, as they should respond effectively to all need across cultures and address language barriers. Some studies have found that reported ill health was substantially higher among older minority ethnic adults than older white people, particularly in relation to a number of the most

¹ JSNA Older People April 2012

² POPPI version 5.1

significant disability issues identified above.

52. The telecare offer is not anticipated to have any negative impact in relation to race, and is likely to have a particularly beneficial impact upon older adults from BME communities who disproportionately experience a number of key issues referred to above.
53. **Faith /Religion** –The decisions contained in this report are not judged to have any significant impact upon any of the faith communities in Southwark.
54. **Sexual orientation** – The council will continue with their current practices of recognizing the rights of people and their partners, who are lesbian, gay or bisexual (LGB). Therefore the decisions contained in this report are not judged to have any significant impact upon any of the LGB communities in Southwark
55. **Gender reassignment** – The council will continue with the current practice of recognizing the rights of people who are transgender. Therefore the decisions contained in this report are not judged to have any significant impact upon this community in the borough Therefore the decisions contained in this report are not judged to have any significant impact on the transgender community.
56. **Marital status and pregnancy/child care responsibility** – The focus of telecare is on older people and people with disabilities. The implications in relation to child care and pregnancy are not considered to be a major factor for the target communities. There are however thought to be a significantly high proportion of this cohort who are married where one of the spouses is in effect also a carer. It is also likely that many adult children/ relatives of this group of older people may themselves also have child raising responsibilities as well as caring for their parents/older relatives.

Resource implication

57. As a result of the offer of free telecare/assistive technology to adult social care clients it is anticipated that there will be an increase in take up. This increase is forecast to cost an additional £440k in 2014/15, £639k in 2015/16, rising to £745k in 2016/17 for the cost of the additional staffing, transport, basic equipment and other running costs. This additional cost will be met by Adult Social Care Better Care Funding grant.
58. This investment in telecare/assistive technology supports the adults overall strategy to invest in preventative support that enables individuals to maintain independence and to support more people in their own homes.
59. The capital investment for complex equipment is anticipated to cost £180k in 2014/15, £150k in 2015/16 and £75k in 2016/17; this will be funded through the Adults' capital programme, which is also part of the Better Care Funding grant
60. The impact of providing the telecare service free is reflected in the Adults' Services Fees and Charges report, the loss of income of £57,000 will be met from within adults' social care existing resources.

CONSULTATION

61. No consultation has taken place and will not take place in the future.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Head of Procurement

62. Advice has been sought from the head of procurement and there are no legal implications as a consequence of this report

Director of Legal services

63. Advice has been sought from the director of legal services and there are no legal implications as a consequence of this report.

Strategic Director of Finance and Corporate Services (F&CS13/039)

64. This report recommends that the cabinet member for health, adult social care & equalities approve the future investment in to the telecare expansion. The strategic director of finance and corporate services notes the resource implications contained within the report.

65. The Better Care funding has been confirmed for the next two financial years. In the event that the grant is reduced in 2016/17 then alternative funding will need to be identified. Officer time to implement this decision can be contained within existing staffing resources.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Annual fees and charges for non-statutory adult social care services 2014/15	Finance and Corporate Services 160 Tooley Street SE1 2QH	Kevin Almond 0207 525 3555

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Jonathan Lillistone, Head of commissioning	
Report Author	Mark Taylor, Commissioning manager	
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Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	Yes	No
Strategic Director of Finance and Corporate Services	Yes	Yes
Cabinet Member	Yes	No
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