



## Adults and Safeguarding Committee

16 June 2016

<b>Title</b>	<b>Telecare enhancement</b>
<b>Report of</b>	Muyi Adekoya, Head of Joint Commissioning James Mass, Assistant Director Community and Wellbeing
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	None
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### Summary

Evidence shows that telecare or assistive technology provides an opportunity to prevent escalation of care needs, provide assurance and reduce stress for carers, and maintain independence for people both living at home and in residential settings.

Our current telecare service, though stable and working adequately, is not fully embracing the scope and potential for telecare to become the norm and secure the range of positive outcomes and cost savings that our ambitions require.

This report recommends that an external provider be procured to rapidly increase the scale of telecare provision in Barnet, train and support staff to ensure that it becomes the norm, ensure that the latest technology and innovation is being utilised and maintain a reliable monitoring and support service.

The report also recommends that the current contract, which was awarded to Barnet Assist under Teckal exemption in August 2014, is extended to 31 March 2017 to ensure consistency of service until procurement of a new telecare provider.

## **Recommendations**

- 1. That the Committee approve the procurement of a new telecare provider to expand the scale and ambition of the service in order to increase independence and social connection for current and future adult social care users and their carers.**
- 2. That the Committee approve the extension of the current contract with Barnet Assist, awarded in August 2014 to Barnet Assist under Teckal exemption, from 31 July 2016 to 31 March 2017. There is a clause in the current contract to allow for an extension of up to three years.**

### **1. WHY THIS REPORT IS NEEDED**

#### **Current situation**

- 1.1 Telecare is a service that uses a combination of alarms, sensors and other equipment to help people live independently. This is done by monitoring activity changes over time and will raise a call for help in emergency situations, such as a fall, fire or a flood. Telecare therefore combines monitoring equipment with a monitoring service. A telecare user may activate their own alarm if they use a pendant. For those users with passive monitoring equipment, their behaviour patterns are monitored, and changes outside of their normal behavioural parameters are flagged for action (e.g. not getting out of bed at the usual time, exiting the house at night). This monitoring is intended to support people and enable them to continue living in their own home, independently or with the assistance of carers, for as long as possible.
- 1.2 The telecare service in Adults and Communities is stable and delivering a good service to its clients. The service is effective in the monitoring and installation of telecare equipment, however it is not trailblazing in its approach.
- 1.3 The Council currently holds a contract with Assist, part of the Barnet Group, for the provision and installation of telecare equipment and the monitoring of alarms and sensors. There are also two specialist telecare advisor posts within the Council who are experts in the field and provide high quality advice on suitable equipment to social care practitioners within their capacity.
- 1.4 The table below shows a breakdown of the 889 new telecare packages installed in 2015/16. Of these:
  - 45% of installations were for Lifeline pendant alarm only), 20% for additional telecare devices (e.g. bed and door sensors) and 35% for standalone devices.
  - 307 were standalone devices (connected to carers only) with 582 connected to the monitoring centre.

- Of the actively monitored devices, 103 were social care funded installations and 479 privately funded.

Funder	Telecare type	2015/16 total
LBB	Social service funded installations – Lifeline pendant alarm only	55
LBB	Social service installations - additional telecare devices e.g. bed sensors	48
Self-funders	Privately rented and purchased– Lifeline pendant alarm only	348
Self-funders	Privately rented and purchased - additional telecare devices e.g. bed sensors	131
	<b>Installation Total (excluding standalone)</b>	<b>582</b>
Both LBB and self-funders	Standalone installs (not connected to monitoring centre)	307
	<b>Installation Total (including self-funders and standalone)</b>	<b>889</b>

- 1.5 During 2015/16, there were 548 closures of telecare (including self-funders) and 86 existing social care clients had telecare added to their package.
- 1.6 A trial is currently underway, working with Your Choice Barnet, to install telecare equipment in supported living settings to make care less intrusive and enable greater social connection.
- 1.7 The current contract for Telecare, awarded to Barnet Assist in August 2014 under Teckal exemption, ends on 31 July 2016. There is a clause in the current contract allowing an extension of up to three years.

### Ambition

- 1.8 The Adults and Safeguarding Committee’s Commissioning Plan includes the ambition that *“working age adults and older people have timely access to health and social care support that maintains independence and avoids hospital admission or admission to residential care.”* It goes on to specify that this will in part be delivered by *“improved telecare provision, driven by advances in technology, [to] help people to care for themselves in their own homes”*.
- 1.9 To increase the scope, coverage and variety of the telecare services available to Barnet residents and their carers. Telecare should be the norm, considered as part of all types of prevention and care:
- Telecare should play a key role in **preventing** the escalation of need and promoting independence for adults with care and support needs.
  - Telecare should act as an enabler for **greater independence** at home and facilitate **social connection**. Specific applications can achieve this for individuals with dementia, learning disabilities and mental health issues.

Telecare also helps to provide assurance for carers, including those living separately from the person they care for.

- Telecare can facilitate greater independence and **less intrusive care** for people living in supported living facilities and residential care, as well as those living at home.

1.10 In the Commissioning Plan there are targets for 47% of all new support packages to include telecare by 2019/20. It is clear that our current service, though working well, will not enable us to meet these ambitions and ensure the best outcomes for the greatest number of service users.

## 2. REASONS FOR RECOMMENDATIONS

### Background

2.1 The latest JSNA<sup>1</sup> states that Barnet is the largest Borough in London and is continuing to grow rapidly with large areas of regeneration, especially in the west of the Borough. The population of Barnet is, like most of the UK, ageing with the proportion of people aged over 65 forecast to grow up to three times as fast as the overall Barnet population.

2.2 With councils required to make further budget efficiencies, continuing to provide high quality, good value social care has become a key challenge. The goals of maximising independence and the ability to function as part of the community are continue to be valued in their own right. Therefore telecare, telehealth, and assistive technologies have an increasingly important role to play.

2.3 In addition, Barnet's 2016/17 Better Care Fund agreement summarises the case for change in relation to service provision in Barnet. Barnet's Health and Social Care Integration Business Case<sup>2</sup> is further supported by recent National publications in respect of care for older people which conveys the challenges faced across the United Kingdom. These challenges encompass huge increases in spend that are set to continue to rise if not addressed with a continuing evidenced decrease in the quality of the care delivered.

2.4 This is the position in Barnet as spend on unplanned admissions has increased significantly and identified as an outlier within the 'Right Care – Better Value Data Packs<sup>3</sup>' published in January 2016.

2.5 Nationally, the NHS's Five Year Forward View<sup>4</sup> challenges providers to look to new models of care, creating accountable care systems where commissioners and providers come together to determine priorities and

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<sup>1</sup> JSNA summary <https://www.barnet.gov.uk/citizen-home/council-and-democracy/council-and-community/maps-statistics-and-census-information/JSNA.htm>

<sup>2</sup> <https://barnet.moderngov.co.uk/documents/s18828/Appendix%201%20-%20Appendix%201%20Business%20Case%20for%20Barnet%20Health%20and%20Social%20Care%20Integration%20of%20Services.pdf>

<sup>3</sup> <https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/lond-2016>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

assess need together. The approach below provides a summary of how assistive technology can be commissioned in Barnet in-line with the recommendations in the Five Year Forward View.

## **Approach**

- 2.6 The proposed approach is to commission a provider to deliver the following managed service:
- Train LBB social care practitioners in order to improve general understanding of telecare and their ability to effectively refer clients
  - Receive referrals based on desired outcomes (rather than specific technology) with the provider identifying the best devices to meet those outcomes
  - Installation of telecare equipment
  - Monitoring of alarms and sensors
  - Urgent response
  - Working with supported living and residential providers to introduce telecare in these settings
  - Bringing innovation – including new equipment types and applications
  - Ensuring a robust benefit tracking process is in place to capture both improved outcomes and financial savings
- 2.7 Whilst the procurement will be led by Adults & Communities it will ensure that the service can be called upon by the new 0-25 disability service within Family Services and include the option for Barnet's National Health Service partners to buy in.
- 2.8 It is proposed that the contract length would be for 3 years with the option to extend for up to 2 years. The contract would include scope for the provider to support with future projects and developments if required as technology develops.
- 2.9 The Council would seek to procure a provider whose fee was dependent in part on the achievement of results and savings.
- 2.10 The Council is seeking to extend the current contract with Barnet Assist from 31 July 2016 to 31 March 2017 to ensure consistency of service until the new telecare provider is procured.

## **Benefits**

### ***For recipients***

- 2.11 Greater access to telecare has the potential to increase independence through increasing assurance and reducing unnecessary care.
- 2.12 Telecare can support people to have a better quality of life and social contact through facilitating easy contact with friends, family, and the local community.

### ***For carers***

- 2.13 Better access to telecare can provide greater assurance that their relative or partner is safe and content, leading to reduced stress and improved quality of life.
- 2.14 Carers can also benefit from improved communication through telecare devices.

### ***For the health and social care system***

- 2.15 The Department for Health 'Three Million Lives' report indicated significant numbers of people can benefit from technology resulting in savings across health and social care.
- 2.16 There is evidence to show that telecare facilitates quicker hospital discharge, reduces unplanned hospital admissions and delays entry into residential care.<sup>5</sup>
- 2.17 For Barnet, this plan will enable us to achieve the aims of commissioning plan, and deliver savings of £500k in the Medium Term Financial Strategy.
- 2.18 It will also enable people in need of support to maintain their independence and health and wellbeing in their chosen home for as long as possible and slow down the movement to the next level of care need.

### **Financial case**

- 2.19 Whilst further work is required to model and track the potential savings from an expanded telecare service in Barnet, there is good evidence that savings could be significant.
- 2.20 Best practice evidence from elsewhere suggests each telecare package for community based clients saves a net average of £847 per client year<sup>6</sup>.
- 2.21 Based on this approximate estimate, if 47% of our long term clients (approx. 2,668) got a telecare package (as per targets), this could save £1.1million.
- 2.22 Evidence from elsewhere shows a 26% reduction in case package costs for community based service users and 45% for residential care placements.<sup>7</sup>

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

### ***Expand Barnet Assist service without procurement***

- 3.1 The contract with Barnet Assist is coming to an end, giving us the opportunity to look at procuring a broader service, for the reasons outlined above.

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<sup>5</sup> [Department of Health and Choose Independence: 'A review of the evidence base for Telecare'](#)

<sup>6</sup> [Hampshire County Council](#)

<sup>7</sup> [Department of Health and Choose Independence: 'A review of the evidence base for Telecare'](#)

### *Develop service in-house*

- 3.2 Currently the Council does not have the expertise to expand the service in-house in the ways discussed above. Furthermore, there is a benefit in bringing in external energy and drive to help achieve these challenging ambitions.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 If the Committee agrees to the proposed recommendation a procurement exercise will be run utilising the Eastern Shires Purchasing Organisation (ESPO) procurement framework for telecare services.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 Expanding the use of telecare has an important role in achieving the corporate priority of making health and social care services more personalised and supporting people to live longer in their own homes.

- 5.1.2 The corporate plan specifically mentions investment in telecare as part of achieving this aim. There is also the opportunity for both health and social care to use the same provider and service, supporting further integration.

- 5.1.3 Performance measures will be built into the contract to ensure these aims are being achieved.

- 5.1.4 Widening the ambition and use of telecare also supports the second overarching aim of the Joint Health and Wellbeing strategy 2015-2020, promoting independence, by supporting adults with care and support needs to remain in their own homes, feel safe and connected.

- 5.1.5 The Joint Strategic Needs Assessment describes the projected increase in demand for adult social care services, including a fast growing older population (85+ group will grow by 67% between now and 2030), growing numbers of adults with increasingly complex learning and physical disabilities, the highest number of people with dementia in London, and increasing demand for carers support. An improved telecare service will support with tackling some parts of this, especially supporting carers and promoting independence.

### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 The current annual cost of the Barnet Assist service is £300k. As the usage of telecare increases the total budget spent will also increase. This will be funded from the reduction in other care purchasing budgets.

5.2.2 By procuring this service the Council will be in a much better position to achieve the £500k telecare savings target set-out within the Medium Term Financial Strategy. The Council's adult social care savings will come from reductions to packages of care in the community, supported living and residential care.

5.2.3 To ensure the contract has sufficient capacity to absorb health demand if partners choose to utilise this contract, an upper limit contract value of £10million is proposed over the possible five-year term.

5.2.4 The extension of the contract from 31 July 2016 to 31 March 2017 will add an additional £200k to the value of the contract. This spend has been factored into the 2016/2017 Adults and Communities budget.

### 5.3 Social Value

5.3.1 The proposed contract would directly secure benefits for adults with care and support needs in the borough and their carers.

### 5.4 Legal and Constitutional References

5.4.1 Improved provision of telecare and assistive technology will help us fulfil our statutory duty under the Care Act 2014 to prevent, reduce and delay need by promoting independence both in the community and residential settings. It will also help to fulfil the duty towards carers, including carers' wellbeing and preventing carer breakdown. This report is being taken to the Adults and Safeguarding Committee under Section 15 of the Constitution, which specifies responsibility for its functions, including to "authorise procurement activity within the remit of the Committee." and "promoting the best possible Adult Social Care services".

### 5.5 Risk Management

<b>Risk</b>	<b>Probability</b>	<b>Impact</b>	<b>Score</b>	<b>Mitigation</b>
Not enough high quality providers come forward	2	3	6	Unlikely – the ESPO framework includes a good number of credible providers in the market. Ensure advert put out with sufficient time for responses.
Provider doesn't deliver on contract requirements, including savings	2	3	6	Include clear performance measures linked to payment. Ensure strong contract monitoring in place including escalation processes



Staff don't engage with the service	2	3	6	Include requirement for ongoing staff training and communications in the contract
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**5.6 Equalities and Diversity**

5.6.1 A telecare service will have a positive impact on people with protected characteristics, namely supporting the independence of people with disabilities or age related frailty.

**5.7 Consultation and Engagement**

5.7.1 Not applicable

**5.8 Insight**

5.8.1 This proposal uses insight data from our current telecare service and examples from elsewhere of successful implementation.

**6. BACKGROUND PAPERS**

6.1 None