



Business Case

Charging for telecare

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Lancashire

County
Council



Document Control

Document Information

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V2	June 2022	<ul style="list-style-type: none"> Better Care Fund added as the funding source. Removed the offer of a financial assessment to make telecare a universal chargeable service for all, except those existing customers with an ongoing financial assessment. Included the cost of collecting unwanted devices as a risk factor. Made clear that the free and low cost telecare alternatives do not have an associated mobile response service.

Document Review

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Introduction and purpose

Local authorities currently adopt different approaches to charging for community alarm and telecare services; from a free service provision to standard charge, regardless of the technology installed, to tiered charging and to non-means tested. Lancashire County Council currently supplies a free service to over 16,000 people and the current arrangement has been identified as unsustainable in its current form as the service needs to prepare for and fund the necessary analogue to digital switch. User charging is a way to address the shortfall in the investment required.

Telecare is an important means by which people can be supported to live independently in their own homes in lieu of traditional care support (such as care at home). Work is underway to develop our traditional analogue service into a digital technology enabled care (TEC) offer that will become all age, preventive, proactive and fully integrated with remote health monitoring and electronic care records. However, a necessary step in implementing this change is to review the free of charge policy for the service.

This charging proposal constitutes a significant change to the service and a consultation is required with those affected, including people who use the service, staff, carers and wider stakeholders. In assessing the impact of these proposals, the Council will also have regard to its statutory duties under the Care Act, 2014 and equalities legislation.

If the decision is made to introduce a charge for the service, everyone affected will be notified in writing, given information on the service levels and how to pay and the amount they will be expected to pay. They will also be offered the option to cancel their service, if they do not wish to pay the charge.

Strategic context: case for change

Current service costs and budgets

At present Lancashire County Council provide telecare equipment, alarm monitoring and the mobile response service free of charge to over 16,000 people who meet the Care Act eligibility criteria. The data shows that 69% of the current telecare service users have no other form of commissioned support and have not had a financial assessment.

Since the introduction of a free telecare service, expenditure has been increasing at a rate of c.£1m each year, and with the introduction of more costly digital solutions, this annual demand pressure will continue to rise. The introduction of charges will support the continuation and development of the service at a sustainable level and allow us to afford and embrace the full benefits offered by the transition from analogue to digital, for years to come. Surveys from other Councils have shown a willingness to pay for the peace of mind that telecare brings.

The current cost of providing telecare is approximately £6m per year and the service is funded through the Better Care Fund. However, it should be noted that this figure does not include the balloon payment (the lump sum owed to Tunstall) that will be required in October 2023 to buy the replacement digital kit at the end of the contract term.

At present the county council is an outlier in terms of offering a completely free service and with demand increasing each year, due in part to the increase of our ageing population, the service also needs to be financially sustainable in the long term. Giving a choice of service level and levying the same tiered charges on all users, would allow us to reinvest in the service and replace all analogue kit with its more costly digital alternative.

Regional picture

When reviewing the charging policy of other Local Authorities across the North West, it is clear that Lancashire is an outlier. A benchmarking exercise has been carried out and of those local authorities who responded, on average the mean average charge is £3.02 per week for a monitoring service and £5.51 per week for a monitoring and mobile response service. The lowest charge is Cumbria at £1.49 per week (monitoring only) and the highest charge is Tameside and Trafford at £6.65 per week (monitoring and mobile response). Lancashire is the only North West Local Authority that provides a free monitoring and mobile response service. The benchmarking exercise is attached as Appendix 1 to this report.

Free and reduced costs telecare alternatives

Alternative, free and reduced cost digital technology is now widely available for those people who do not wish to pay for a council commissioned telecare service. [Howz](#) is a free service which allows family members and friends to remotely monitor their loved one's environment and behaviour through data generated by a smart meter, offering reassurance and peace of mind. The [Ask my Buddy App](#) is also a free service that leverages the Amazon Alexa Voice and Google Home Voice Platforms

to connect a user to their personal alert network using only their voice. Many more older people use mobile phone-based Apps such as [Life 360](#) which protect and connect people with advanced tools that go beyond a basic GPS phone tracker and provide a non-medicalised means of informal support.

The Council's own app library ([ORCHA](#)) has tested over 300,000 different health and social care apps some of which could act as a free alternative to the traditional telecare offer for those people unwilling to pay a charge for their telecare service. However, while none of these app-based services offer a mobile response service, they do provide peace of mind for family members and carers who are able to respond to an alert or an emergency situation.

New service model

The proposal is to move to a three-tiered model. The tiered model allows some choice in the level of service each customer receives and reflects the different costs incurred in their delivery:

Level	Description	Cost
One	On-site staff or a nominated family member /friend responds to an alert or emergency call	£4.00 per week
Two	A mobile responder responds to an alert or emergency call	£5.50 per week
Three	This service has all the benefits of service level 2, plus the additional option of having up to 3 wellbeing visits or calls per week	£9.00 per week

Compared to similar services in neighbouring local authority areas the proposals would appear to be competitively priced for the level of service we provide locally.

Level three would provide regular checks and monitoring to ensure that service users are managing and living a good quality of life. The mobile responders would pop in and visit, or call. Progress Lifeline will assess how many visits or call each person needs each week and will create a well-being check plan that is personalised for each service user's situation. The well-being check service will be completely flexible and can adapt in line with changing needs. There will be no extra charges for weekends or bank holidays, and the level three service will help ease pressure on the homecare market.

Standards of services and performance targets

The way in which telecare is currently being delivered is not fully achieving the Council's objectives or ambition for the use of technology as the existing service is reactive and alarm based (please see Appendix 2 – the draft Technology Enabled Care Strategy). Whilst it is believed reasonable outcomes are being achieved for some service users, there is no systematic approach to measuring them. Much more can be done.

Of further note, is that the telecare service predominantly offers a response service for people who have fallen. This means its impact on prevalence of falls is highly

limited and a more vital focus needs to be on anticipating and preventing falls in the first instance. Partnership work with health colleagues continues to take place on the issue of falls and investment in the latest digital technology will enable the service to move from a reactive service model to one that is able to measure gait and predict a fall before it occurs.

At the present time, our local residents are able to obtain a private telecare service by using an alternative provider such as [Helpline](#) or [Age UK](#) . However, these nationwide services are unable to provide a local mobile response and it is not possible to estimate how many people are currently choosing to receive this type of support.

Customer perceptions and feedback

Service users have told us that the telecare is important in supporting them to be independent and safe at home, whilst increasing choice and control. However, full digital upgrades to the service cannot be afforded without reviewing the current charging policy. This charging proposal would help to reduce this funding pressure.

Making the service free of charge has had the effect of encouraging people who do not really benefit from the service to access it. Moreover, there is evidence that users have opted to take up the service in part because it is free and not always because it significantly addresses their care needs or serves a genuinely preventative function. This has been reported in a range of anecdotal feedback from Progress Lifeline staff and will be tested through the proposed consultation exercise.

A formal consultation will allow us to engage with telecare users about the proposed charge and to better understand the impact.

Service challenges

The impending upgrade of our national telecoms infrastructure, the analogue switch off, is an opportunity to improve our technology enabled care offer and how it is delivered. We will see big improvements in unobtrusive environmental and behavioural sensors, trackable and wearable technology even ingestible medical devices, will become common.

With digital tools, it will become easier to work together with family members, carers and our health colleagues. We will be able to bring our knowledge together, do a better job of predicting falls and illnesses, and give health and social care professionals a more rounded picture of the person they are supporting.

The switch from analogue to digital comes with some risks and challenges (please see Appendix 3 – the Big Digital Switchover - A Risk Assessment). As we move away from the tried-and-trusted telecare kit and monitoring platforms of the past to an alarm receiving centre that is fully digital, the 16,000 analogue alarm units currently deployed in people's homes will need replacing. As the cost of replacement digital hubs is 3 times greater than the current analogue kit, this of course presents a significant investment pressure.

Commercial approach

The key proposals regarding charging for the telecare service are as follows:

- LCC will coordinate and oversee the delivery of telecare devices and the service, but will charge all households for its use;
- The service will be made available to all, regardless of Care Act eligibility;
- People will be offered three tiers of service each with a different level of charge;
- People will be able to cancel the service and pay nothing;
- The level of charge will be the same no matter how many pieces of equipment are installed in a household or issued;
- The digital equipment will be provided, delivered, installed and maintained, free of charge;
- All telecare equipment will remain the property of the Council;
- The monitoring and response charge will remain the same no matter how little or often an alert is raised, or the mobile responder is deployed (level 2 and 3 only);
- The Council will continue to gather service user performance data for inclusion in statutory returns;
- Any charge will be reviewed annually when the Council sets its budget, fees and charges;
- Telecare will be charged at a flat weekly rate per household. The charge will be payable on a four-weekly basis;
- Current customers who receive other social care services will be charged a means tested fee dependant on their chosen level of service;
- All future service users, regardless of their eligible social care need or their financial assessment will pay a non-means tested weekly fee;
- The Corporate Finance Team will become involved in the additional work in connection with collection of charges for the telecare service.

Financial case

The proposal to charge for the telecare service will mitigate against the significant financial risks associated with the digital switchover.

Although at present there are over 16,000 service users in receipt of this service, it is assumed that there will be a 30 – 50% reduction due to the introduction of charges (based on the experiences in Trafford and Birmingham respectively). Service users will be asked to 'opt in' to continue accessing the service and it is expected that a 40% reduction in demand for the service would reduce the current expenditure by £2.19m each year (i.e. a reduction of 6,400 service users x £6.58 per week).

In addition, based on a reduced number of 9,600 telecare users (40% reduction) and costed on the cheapest level of service, it is assumed the introduction of a weekly charge will generate income in excess of:

Number of service users	Recommended price	Income projection
6,720 (69% of telecare users do not receive formal care and have not had a financial assessment)	£4.00 per week non means tested	£1.39m
2880 (31% of telecare users do receive formal care and have had a financial assessment) of those:		
• 38% of users pay nothing = 1,094	£0	£0
• 53% of users pay a contribution = 1,526	£2	£158k
• 9% of users pay the full cost = 260	£4	£54k
TOTAL		£1.6m

Based on the current non-residential payer status (as detailed in the table above), 53% of the current telecare service users would likely make a contribution towards the cost of their care, meaning that telecare income would increase by means testing the telecare service for those people with an existing package of care. However, contributions to their other care costs could decrease, as their financial assessment of affordability would be impacted. This means the overall increase in income will be lower, but we are not able to estimate accurately what the likely additional income will be at this time as each person's circumstances will be different.

With that in mind, the data shows that 69% of the current telecare service users have no other form of commissioned support and have not had a financial assessment.

Current and future telecare customers will become liable for a minimum charge of £4 per week. If they cannot claim VAT relief for disability related expenditure, the cost

will be £4 + VAT per week. This will limit the amount of disposable income available to a household and is likely to have an impact on older and disabled service users in low/fixed income households.

Based on the current weekly service cost of £6.58 per service user, the anticipated savings are highlighted in the table below:

	Number of service users	LCC Expenditure	Income	Net cost
As is	16,000	£5.4m	£0	£5.4m
To be	9,600	£3.3m	£1.6m	£1.7m
			Saving	£3.7m

Future years' charges would be based on the incremental increase agreed as part of the Council's budget setting process and it is an expectation that the charges applied would be paid by direct debit on a monthly basis to reduce the administrative resources required to bill people.

The service may also benefit from promotion to a wider audience in order to take advantage of any potential economies of scale which could ultimately result in a lower weekly charge.

Anticipated benefits and risks

Customer benefits

The introduction of a charge for telecare will produce the following benefits for customers:

- Increased service usage, as more customers are able to access this service at the first point of contact with the Council;
- Telecare will be offered as a free service for up to 6 weeks as part of a reablement approach;
- A choice of service levels appropriate to their personal needs;
- The option to have scheduled wellbeing calls or visits;
- Access to a fully digital service; and
- Access to the latest telecare and telehealth technology that is able to predict and prevent needs before they arise.

Organisational benefits

Local authorities report that the introduction of a charge has helped them to:

- Recover closer to the actual cost of providing the service;
- Release savings;
- Enable progress and investment to develop a fully digital service;
- Harmonise telecare provision across the ICS and North West region to reduce service variation, standardising our approach to charging;
- As demand for the service reduces the capacity of the mobile responders to deliver wellbeing calls and visits will increase:
- The introduction of wellbeing calls and visits will help to address issues with delayed packages of care; and
- The consultation exercise will generate understanding of the views, perceptions, preferences and constraints of current service users.

Associated Risks

The introduction of charging for telecare will lead to individuals ceasing to utilise the service. This could present significant risk to some people who make this choice. We cannot fully anticipate the impact of this and, if this were to occur, officers would engage with the person to assess what risk this would pose and take agreed actions to minimise the risk. There will also be the additional costs associated with the collection of unwanted telecare equipment.

The implementation of a charge could create a disincentive to use the service, with current customers relinquishing telecare and potential new customers choosing alternative, possibly lower cost, systems. The proposed charge has therefore taken into account current market forces in terms of potential customers, alternative suppliers and suggested a competitive price.

There is also a risk that the Council could suffer from reputational damage by proposing to impose a charge to vulnerable people in the community.

What changes will be made to address or mitigate many adverse impacts that have been identified?

- Monitoring of the service to identify customer exits and the reasons;

- Ongoing liaison with the service provider to ensure that customers identified as being potentially “at risk” do not give up the service due to a charge being implemented;
- Careful consideration of options for any customers identified as being potentially “at risk” but choosing to discontinue with the service to ensure they (and/or their carers/relatives) receive the relevant information and advice, including benefit entitlement details;
- Clear and easy to understand information for current and potential customers regarding:
 - The levels of service and costs;
 - Potential benefits of the service;
 - Eligibility for VAT relief for disability related expenditure;
 - Information on benefit entitlements which could assist with the cost of the service; and
 - Sign-posting to alternative organisations and apps that provide a similar service
- Consideration of a lower subsidised charge.

Legislative requirements

Community alarms and telecare provision support the wellbeing principle within the Care Act, 2014, which highlights the importance of preventative services within the community and enhancing individual's control over their own lives. Preventative interventions can help people live safely and reduce the need for care and support.

The provision of community equipment is considered within the Care Act, 2014 and accompanying Care and Support (Preventing Needs for Care and Support) Regulations, 2014. The legislation specifies that any community equipment provided under section 2 of the Act for the purpose of aiding daily living should be provided free of charge. In addition, the Care Act, 2014 guidance states councils are not permitted to charge more than the cost incurred in meeting the assessed need of a person, nor can it recover administration fees relating to arranging care and support. Adult Care would need to work with current providers to make sure that the charge recovers the cost of the service and that it is applied in a uniform manner across the County.

Summary and conclusion

Why the need for change?

- To reduce avoidable costs
- To generate further income/savings
- To manage the demand for expensive, replacement digital kit

Implications

- Reduced demand (estimated 40%)
- Service cancellations could mean people are left without support
- Complaints from the current service users

Financial challenge

- The current cost of providing telecare is approximately £6m per year
- Significant investment is required to replace the 16,000+ analogue hubs and peripherals, currently used in people's homes

What will change?

- Subject to consultation, a monthly charge will be levied for the service in an attempt to reduce expenditure
- A clear charging policy will be implemented

Anticipated benefits

- Better demand management
- Additional income generated to reinvest in replacement digital kit
- Choice of service level and cost options
- Levelling up charges across the NW region
- Able to establish telecare as part of the first offer for ASC

We anticipate that the vast majority of respondents will disagree or strongly disagree that they should pay a charge for their telecare, but we hope that the feedback received will highlight both that the service is valued, and that the majority of people feel able to pay a proposed charge. Nonetheless, it is deemed not unusual that some people would object to paying for a service in the future that they have had for free, even if this concession is not offered by other Councils.

This business case recommends that telecare becomes a universal, chargeable service, that is provided free of charge for a limited period (no longer than 6 weeks) after hospital discharge as part of the reablement process to offer reassurance. This early exposure to telecare will help increase user confidence in the equipment and the service, whilst encouraging continued uptake.

As such, a consultation will be required across all current service users on the proposal to introduce a new charging structure. The consultation will involve a variety of methods including a postal and online survey, telephone survey and other discussions with stakeholders. However, the case for the proposal remains compelling, given the need to make the service sustainable over the long-term.

The charge the council would make is cheaper than some private providers and no other council offers a free telecare with mobile response service. With demand increasing each year due in part to the increase of our ageing population and the

impending analogue to digital telephony switch, the service needs to be financially sustainable in the long term. It is envisaged that charging for telecare will help us to make the service financially sustainable for the future and open the offer of telecare to a wider range of people, including those who fund their own care.

The Corporate Management Team is asked to consider this charging proposal and agree to conduct a consultation with telecare service users and stakeholders on the proposals contained within this Business Case and receive a further report on the outcome of the consultation with recommendations in August 2022.

Implications

This item has the following implications, as indicated:

Risk management

A wide assessment of the current telecare service has taken place and there are a number of significant risks to the authority if services are not transformed and additional investment sought. Ongoing risks, which the Corporate Management Team are asked to consider include:

- The service in its current format may not be sustainable in light of increasing demand for social care services at time of ongoing reduction in budgets.
- The council needs to respond to the challenges and opportunities presented by the 2025 digital switchover in relation to utilising technology in social care: and
- Disparity in price and service outcomes/ outputs continues across the Northwest region.

A thorough risk management process will be followed when implementing the charges to ensure that risks are effectively managed and mitigated where possible.

Legal

The Care and Support Regulations, 2014 allow local authorities to make a charge for the provision of certain preventative services, facilities, or resources. Telecare will be provided under the duty to prevent, reduce or delay needs and the non-means tested flat rate can apply in line with the Care and Support (Preventing Needs for Care and Support) Regulations (2014).

Telecare provision supports the wellbeing principle within the Care Act, 2014, which highlights the importance of preventative services within the community and enhancing individual's control over their own lives. Preventative interventions can help people live safely and reduce the need for care and support.

The provision of community equipment is considered within the Care Act, 2014 and the legislation specifies that any community equipment provided under section 2, for the purpose of aiding daily living, should be provided free of charge. The Care Act guidance also states councils are not permitted to charge more than the cost incurred in meeting the assessed need of a person, nor can it recover administration fees relating to arranging care and support. The current weekly contract price is £6.58 per telecare user, therefore applying a charge of £4.00 per week will ensure that the Council is not charging more than the cost incurred.

There are no immediate legal implications arising from this proposal.

Policy

This business case concerns a change to the Council's charging policy.

Consultation

The consultation questionnaire will serve two purposes: to provide information from stakeholders about the charging proposal but also to provide valuable feedback which would inform the recommissioning of the telecare service (and also the digital switchover).

The following measures will be taken to encourage service users and the general public to participate in the consultation:

- A letter will be sent to all telecare users directly affected by the consultation proposal. This will include a consultation information pack, questionnaire and a freepost envelope.
- Reminder letters will be sent a few weeks later to encourage further responses.
- A briefing meeting will be held which will be open to all Councillors.
- Copies of the consultation information pack, questionnaire and freepost envelopes will be distributed to local libraries.
- Social media will be used to build awareness of the consultation.
- Principle stakeholders and the broader public will have the opportunity to give views by completing the survey on the Council's website
- Face to face, online and telephone meetings will be offered to users.
- The consultation will be accessible from the home page of the Council's website.
- Additionally, articles about the consultation will feature in the press.
- Following the consultation, a report will be produced on findings for the Corporate Management Team to consider.

The consultation will run for a period of eight weeks from 27th June to 22nd August 2022 and will ask for comments and feedback on the proposals outlined below:

- Service eligibility to access the telecare services is changed to a focus on providing equipment and monitoring as a universal service.
- Individuals who currently access the service will no longer receive a free service.
- Individuals will be provided with telecare equipment free of charge, via the statutory requirement to provide minor aids and equipment. Once the equipment is identified as being no longer required it will be removed by the provider.
- The ongoing monitoring and maintenance costs associated with telecare will be built into the weekly service charge.
- All service users will have to pay monitoring and maintenance costs at full cost.
- That telecare is provided free (to include provision of equipment and monitoring charge) as part of a six-week reablement offer. All service users who choose to retain the service after the end of the reablement period would be required to pay to receive the service.

Procurement

Through established contract management arrangements, we will continue to engage with Tunstall and Progress Lifeline to ensure that the contract continues to deliver value for money for the authority and support people to achieve their outcomes in relation to an identified social care need.

Equality and Cohesion

Telecare services are currently available to all adults aged 18 or over, with an assessed and eligible Care Act, 2014 need.

People who are not eligible to receive support under the Care Act, 2014 guidance, can pay Progress Lifeline for a telecare monitoring service, as a private pay client. As far as the Equality Act, 2010 is concerned, The Corporate Management Team are reminded that they are under a personal duty, when considering a decision, to have due regard to the need to protect and promote the interests of persons with protected characteristics (e.g., people who are vulnerable on account of age, gender reassignment, pregnancy or maternity, race, disability, religion or belief, sex, sexual orientation).

In order to discharge this duty, CMT are asked to read and give careful consideration to what is said in the report and the analysis of the potential adverse impacts of the proposed changes. CMT should also consider for themselves the types of adverse impacts that could result from the proposed charge for the service.

CMT are under a duty to consider whether these potential adverse impacts are justifiable, and/or whether they should be mitigated and how. CMT should also be aware that one of the available options to them is to decide it is not possible, because of the severity of the impact, to proceed the proposal. In that event, it would be necessary for the Council to consider alternative ways of making savings.

An Equality Analysis has been undertaken to assess the impact of the charging proposal on the protected characteristic groups and the key findings are summarised below:





- Age: The service is used predominantly by older people aged 65 and over.
- Disability: A high number of people who currently use the service consider themselves to have a disability or long-term health condition.
- Gender: A higher proportion of females use the service than males, this may be due to longer life expectancy for females.
- Marital status: A high percentage of telecare service users live alone and therefore potentially have a more limited network of support around them. The telecare equipment may play a key role in enabling an individual to seek help and assistance if they fall ill, have an accident or have concerns about their personal safety or wellbeing.
- Socio-economic: Affordability and ability to pay for the service will be a key theme that will be reflected throughout the consultation, especially in the qualitative analysis. People being asked to pay may result in them choosing to no longer receive the telecare service. If individuals chose to end the service

due to the fact, they are unable to afford it, it may have an adverse impact on the health and social care system with more individuals accessing services following a fall or being unable to manage independently at home without the support a community alarm and as a result being admitted to hospital or a residential care placement.

- Rurality: People will continue to be able to access the service in the more rural areas of Lancashire.

The outcomes and learning from the Equality Analysis have helped inform and shape the funding options outlined in this report. A full copy of the Equality Analysis is attached as Appendix 4.

List of Background Papers

Paper	Date	Contact/Tel
<p>Appendix 1 – Benchmark of Charges from across the North West</p>  <p>Benchmark%20of%20charges%20acros</p>	11/10/2021	Deborah Gent - 07583096630
<p>Appendix 2 – Technology Enabled Care Strategy (Draft)</p>  <p>Technology%20Enabled%20Care%20Str</p>	06/10/2020	Deborah Gent - 07583096630
<p>Appendix 3 – The Big Digital Switchover – A Risk Assessment</p>  <p>The%20Big%20Digital%20Switchover%2</p>	04/09/2020	Deborah Gent - 07583096630
<p>Appendix 4 – Equality Analysis</p>  <p>Equality%20Analysis%20Toolkit%20-%2</p>	15/10/2021	Deborah Gent - 07583096630