
Cabinet

17 June 2014

Name of Cabinet Member:

Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the report:

Executive Director - People

Ward(s) affected:

All

Title:

Increased Community Support Through Telecare.

Is this a key decision?

Yes

Executive Summary:

A key priority for the City Council and its health partners is reducing long term demand through supporting people to remain independent and minimise the need for more intensive health and social care services wherever possible. This principle of demand reduction is central to the integration agenda with health and the delivery of the requirements of the Better Care Fund, through which closer integration between Health and Social Care is being driven.

One of the objectives of this work is to reduce the usage of residential and nursing home placements in Coventry. Placing people directly into residential or nursing care, even for a period of reablement can quickly create an expectation that ongoing residential or nursing care is required and can therefore lead to a level of usage above what would be the case if more people were able to experience a period of reablement in their home environment.

In 2013 the City Council undertook a consultation on a series of proposals under the A Bolder Community Services (ABCS) programme, one element of this consultation was the ongoing funding of the Aylesford, a City Council provided short-term residential home. As an outcome to this consultation the Coventry and Rugby Clinical Commissioning Group (CRCCG) agreed to fund the Aylesford for a period of six months, to 30 September 2014 to enable the development of a Reablement Strategy.

A high level reablement strategy has been agreed between the City Council and CRCCG. The principle of this strategy is to develop a more robust way to support people requiring a short term service in their own home and reduce the number of residential and nursing beds required for this purpose. To deliver this strategy further funding has been agreed with the Coventry and Rugby Clinical Commissioning Group (CRCCG) for the Aylesford until 31 March 2015.

This report deals specifically with the delivery of this strategy through developing a much extended and enhanced Telecare service to improve the effectiveness of services available to support people in their own homes. It is considered that the delivery of this increased robustness will make the need for the service provided by the Aylesford redundant by the revised funding date of 31 March 2015; it is proposed that a further focused consultation exercise will be undertaken in respect of this closure proposal and that the outcome and impact assessment will be presented at a later date to cabinet for consideration and decision around cessation of the service.

The City Council wants to set an ambitious target for this work to give drive and ambition to how we make best use of technology to support people requiring social care and support.

Recommendations:

Cabinet is requested to approve the following recommendations:

- 1) Endorse the high level strategy for Short Term Services to Maximise Independence that will see a move away from bedded facilities and the development of more robust services to support people in their own homes.
- 2) The expansion of the use of Telecare in the City as a way to deliver a more robust community response.
- 3) To undertake a focused consultation process to revisit the previous consultation findings with regard to the Aylesford and its proposed cessation; and to understand any changes to the impacts identified and the impact of a cessation of this service.
- 4) That the delivery of the high level strategy agreed with health partners, be reviewed by Health and Social Care Scrutiny Board (5) with recommendations to be made to Cabinet Member (Health and Adult Services) on how the delivery of the strategy is progressed.

List of Appendices included:

Appendix One – Short Term Services to Maximise Independence – High Level Strategy.
Appendix Two – Equality and Consultation Analysis Part 1 (pre-consultation)

Other useful background papers:

Coventry Better Care Fund Submission – April 2014

Has it been or will it be considered by Scrutiny?

Yes

Health and Social Care Scrutiny Board (5) July 2014

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

1. Context

- 1.1 A key priority for the City Council and its health partners is both managing and reducing long term demand for services due to ageing populations and increasing complexity of need against a context of reducing resources. Supporting people to remain independent and minimise the need for more intensive health and social care services wherever possible is key to meeting these challenges. This principle of demand reduction is central to the integration agenda with health and the delivery of the requirements of the Better Care Programme, through which closer integration between Health and Social Care is being driven.
- 1.2 One of the objectives of this work is to reduce the usage of residential and nursing home placements in Coventry. Placing people directly into residential or nursing care, even for a period of reablement can create an expectation that ongoing residential or nursing care is required and can therefore lead to a level of usage above what would be the case if more people were able to experience a period of reablement in their home environment.
- 1.3 The City Council has significant financial challenges. In order to respond to these challenges in 2013 the City Council consulted on a series of proposals through the A Bolder Community Services (ABCS) programme, one element of this consultation was the on-going funding of the Aylesford, a City Council provided short-term residential home. As an outcome to this consultation the Coventry and Rugby Clinical Commissioning Group (CRCCG) agreed to fund the Aylesford for a period of six months, to 30 September 2014 to enable the development of a Reablement Strategy.
- 1.4 A strategy for Reablement, which is now termed 'Short Term Services to Maximise Independence', has been agreed between the City Council and CRCCG. The principle of this strategy is to develop a more robust way to support people requiring a short term service in their own home and reduce the number of residential and nursing beds required for short term use.
- 1.5 This report deals specifically with the delivery of this strategy through developing a much extended and enhanced Telecare service to improve the robustness of services available to support people in their own homes. The City Council wants to set an ambitious target for this work to give drive and ambition to how we make best use of technology to support people requiring social care and support.
- 1.6 Using new technology is one way in which the challenges of financial pressures and increasing demands can be responded to. Technology can be used to support people to remain independent within their own homes for longer. Nationally telecare has had significant success in improving outcomes for individuals whilst reducing the long term need on place based social care services.
- 1.7 The introduction of a robust community responder service including an enhanced telecare offer would help meet the objective of ensuring people remain independent within their own homes and live fulfilled lives. This along with an integrated health and social care referral pathway, Housing with Care services, and an outcome focussed home support service to maximise independence would enable the Council, and health partners, to better meet the needs of people within community settings.

- 1.8 To enable the development of this more robust community response the CRCCG has agreed with the City Council to fund the Aylesford until 31 March 2015. As the Aylesford provides services to short term residents there is no expectation of ongoing provision for any individual receiving services at the Aylesford. The ongoing needs of individuals exiting the Aylesford is determined through assessments involving families, carers and other professionals as appropriate.
- 1.9 Despite significant budget challenges the City Council is committed to supporting vulnerable people and finding ways to use available resources in the most cost effective way to provide this support. A more effective community response, of which Telecare plays a key role, will help to ensure the City Council can continue to support those in most need.
- 1.10 High Level Strategy for Short Term Services to Maximise Independence**
- 1.11 Delivering integration through the Better Care Programme requires a multi-agency approach across the City Council, Coventry and Rugby Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust (CWPT) and University Hospital Coventry and Warwickshire (UHCW). In April 2014 all four organisations agreed a high level strategy which set a direction of travel to reduce the reliance on bedded facilities for the provision of short term services and develop a more robust community offer so that people can benefit from a period of short term support in their own home.
- 1.12 Short term support is based on the principle that everyone has the ability to improve or maintain their independence with the right support. As the detail on this strategy is developed and implemented it is expected that service provision would increasingly be one that values prevention, early intervention and community based approaches. Where necessary the right level of support would be provided within the home ensuring people are able to remain in their own communities for as long as possible. The strategy outlines the high level activities that will be jointly undertaken to improve short term services in the city.
- 1.13 This report deals specifically with how the use of Telecare will be enhanced to improve how people are supported in their own homes. There are however other elements to the strategy which are as follows:
- 1.14 Housing with Care Short Term Support
- 1.15 The Short Term Support offer within Housing with Care provides an opportunity for people to re-familiarise with the life skills they require to return to live independently within their own homes. The Housing with Care short term service is a key part of the short term support strategy for those who, even with an improved community offer, are not able to have a period of Short Term Services to Maximise Independence in their own homes. The Housing with Care service operates in a self-contained housing facility. Therefore service users are able to recover from an episode in hospital within an environment similar to their own home.
- 1.16 Short term tenancies provide a means of support for people either being discharged from hospital, or to avoid admission, for a period of up to six weeks. In order to ensure that people supported through a short term tenancy have the maximum opportunity to return home the use of telecare, support from occupational therapists, phased home visits to re-acustom service users with their own home environment and on-going monitoring of progress by a dedicated social worker would all be features of the individual support plan provided.

- 1.17 Housing with Care staff would have flexibility to make adjustments to support as the individual progresses in order to ensure maximum benefits are realised. This would include flexible use of equipment to support people becoming re-familiar with skills such as cooking and self-care.
- 1.18 Short Term Home Support
- 1.19 A new home based Short Term Service to Maximise Independence has been commissioned and commenced delivery in May 2014. This service focuses on providing intensive short term support to maximise the independence of individuals in their own home upon being discharged from hospital and to prevent hospital admission.
- 1.20 The service will deliver up to 1,350 hours of support per week linked to General Practitioner (GP) clusters, the majority of whom would be returning home from a stay in hospital. The service focusses on developing the life skills of individuals that may have been reduced. The use of telecare and other equipment will be integral to this approach, as will the input of other professionals including Occupational Therapists and Social Workers.
- 1.21 Improving Telecare in Coventry**
- 1.22 The enhanced telecare offer would build confidence for individuals and carers when returning home. It would provide a personalised and responsive 24 hour reassurance that the risks of returning home are being managed. Telecare services can be tailored according to the needs and risks presented by the individual. Risks would be identified during support planning and review processes and appropriate options discussed with service users and carers.
- 1.23 There are currently approximately 350 people supported with Telecare packages in Coventry but bold ambition is needed to drive change and improvement. It is therefore proposed to create a telecare service that has capacity to support approximately 3000 people over the next three years. As part of the on-going integration with Health referrals will be made through different routes and by different professionals. This would include community referrals and self-funders.
- 1.24 A responder service is key to the success of any telecare service. A limited response service is currently provided by a voluntary sector organisation for people who don't have family to support them. The numbers are low and with an increased telecare service a more comprehensive model is required. It is therefore also proposed that a responder service is established that would be scaled up as necessary as delivery increases.
- 1.25 It is expected that wherever feasible family or friends would be the first point of response should an alarm be raised. A responder service would be provided where clients do not have family and friends able to respond or where the named responder is unavailable. During the first quarter of this year in the region of a 150 ambulance call outs were made by the alarm monitoring service on behalf of service users. A significant number of these were because family/friend responders were unavailable at the time and no other option for a response to an incident was available. This places unnecessary and avoidable pressure on health resources.
- 1.26 Also key to success is the ability to supply and install equipment in a timely manner to facilitate hospital discharge and prevent un-necessary admission. An integrated supply and installation service is the most reliable way of ensuring this as it reduces the length of time it takes from a request for telecare being issued by practitioners to the installation

being undertaken within someone's home. The Council would seek to procure the equipment and installation service from existing framework contracts.

- 1.27 Once a period of short term support has finished people would be able to maintain the telecare package, whether as part of their on-going assessed package of care or as a self-funder. At this point the service would become chargeable. National research has shown that up to 90% of people choose to continue to pay for a package of telecare even though they are assessed as no longer requiring social care support.
- 1.28 Recognising that Telecare and other new technologies to support social care is a growing market the City Council would organise the service in a way that the benefits of new developments including stand-alone equipment and apps could also be maximised.
- 1.29 The telecare offer is being developed initially around packages of support for Older People. However it would also be developed for other client groups including Learning Disabilities, Physical and Sensory Impairment and Mental Health.

2. Options considered and recommended proposal

Option 1 - Recommended

- 2.1 In order to support the delivery of the high level strategy for Short Term Services to Maximise Independence through improving community resilience it is recommended that the required steps are taken to establish a telecare service through procurement of an integrated supply and installation service.
- 2.2 As the Aylesford has funding in place until 31 March 2015 it is further recommended that the Council undertakes a focussed consultation to understand any changes since the consultation in 2013. The consultation outcome and impact assessment will be presented to Cabinet for a decision around the future of the Aylesford service.
- 2.3 This option is recommended as it offers the local authority the best opportunity to improve short term services in the city whilst meeting the financial challenges that continue to be faced.

Option 2 – Not Recommended

- 2.4 It is possible to consider the closure of the Aylesford whilst not investing in the enhanced telecare offer to increase community resilience. This option is not recommended because it will increase risks around supporting more people in their own homes as a result of reducing bed capacity. This also has the effect of not meeting the Health and Social Care integration objectives outlined in the Better Care Programme plan.

Option 3 – Not Recommended

- 2.5 Keep the status quo and do not invest in telecare short term support services whilst maintaining the Aylesford. This option is not recommended as the withdrawal of revenue funding for the Aylesford was part of the savings programme under the 'A Bolder Community Services' programme.

3. Results of consultation undertaken

- 3.1 A focused consultation process with a view to refreshing our understanding of the impacts of the closure of the Aylesford, as identified during the ABCS consultation process will be

undertaken. This will be carried out using small meetings/briefings with key stakeholders. The outcome of this consultation will be presented to Cabinet to consider the future of the Aylesford going forward.

- 3.2 For those service users already in receipt of telecare, or where a telecare offer is identified as being beneficial, these opportunities would be discussed as part of the support planning review process.
- 3.3 Staff and trade unions will be consulted in relation to the proposed closure of the Aylesford. This will ensure they have opportunity to inform the proposals.

4. Timetable for implementing this decision

- 4.1 The new telecare offer would be launched in summer 2014 following the procurement of services and modelling of the required new referral pathways. This is in line with the new short term home support service that would be fully operational in July.
- 4.2 The responder service would be piloted, using the Housing with Care responder service with existing telecare users, during July 2014, with a full rollout in line with the launch of the new telecare offer.
- 4.3 A report will be submitted to Cabinet outlining the outcome of the Aylesford consultation and the final recommendations later in the year. Depending upon the outcome of the consultation implementation plans will be produced.

5. Comments from Executive Director, Resources

- 5.1 Financial implications

Telecare

As the expansion of telecare is key to the outcomes required by the Better Care Fund (BCF), funding of £595k from the “Preparing for the BCF” allocation will be used to pump prime the expansion, with the savings from supporting people at home rather than in residential care providing the resources to further scale up the model.

It is estimated that the following net savings will be deliverable, driven by reductions in Residential Care costs, which will contribute to the existing savings targets for the People Directorate.

Year	1 £000	2 £000	3 £000	4 £000
Savings Achievable	550	750	1,000	1,500

The proposed model is based on 4 levels of service which reflect the level of equipment required and whether a responder service is necessary.

As described in paragraph 1.27 above once the period of short term support has been completed the service would become chargeable as part of an assessed package of care as shown in the table below.

Level	Description	Family/Friend role	Charge per week
1	Monitoring station and 2 sensors	Family and friends identified as responders.	£3
2	Monitoring station and 2 sensors with response	No family or friends identified as responders. Council to provide responder service.	£5
3	Monitoring station and multiple sensors	Family and friends identified as responders.	£7
4	Monitoring station and multiple sensors with response	No family or friends identified as responders. Council to provide responder service.	£10

Aylesford

As described in the main body of the report, funding for the Aylesford was previously temporarily extended to enable the agreement of a reablement strategy. Any extension beyond the 31 March 2015 revised funding date would impact on the on-going delivery of the ABCS review savings identified to Cabinet in January 2014.

5.2 Legal implications

A follow up consultation with key stakeholders, to understand any changes since the original consultation in 2013, is proposed. This will enable impacts to be understood in light of the new strategy and for the Equalities and Consultation Analysis to be updated in line with the strategy.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The Council Plan sets out the city's vision and priorities for Coventry. The priorities include objectives to:

Improve the health and wellbeing of local residents by:

- helping people to maintain their independence and supporting them when they need help

The proposals outlined will enable people to maintain their independence using resources in the most effective way.

6.2 How is risk being managed?

Risk management plans are in place for the project. Risks will be managed in line with corporate risk management procedures.

6.3 What is the impact on the organisation?

Should recommendations be approved discussions would take place with Trades Unions about the potential for the Aylesford closure. This would include strategies to minimise the adverse impact on employees as far as possible through further ER/VR applications, vacancy management and redeployment, and by reviewing existing temporary contracts, and agency usage. Individual meetings would take place with all affected employees and implementation would be managed in accordance with the City Councils change management agreement, The Security of Employment Agreement.

In total 40 staff would be directly affected by any closure, 34 permanent staff and 6 temporary staff. In the event of a decision to close the Aylesford staff would be supported to find alternative employment within the local authority where possible.

6.4 Equalities / EIA

An initial ECA has been produced for the purposes of these proposals which will be updated as plans progress.

Due to the scale of changes required, it is unlikely that all negative impacts can be removed or mitigated. As a range of groups will be impacted by the proposals the consultation will be tailored to make it relevant and applicable to the groups affected through media including easy-read versions.

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

Implications for health partners including the Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust and University Hospital Coventry and Warwickshire. All organisations are members of the Better Care Programme Board and are supportive of the strategic approach described in this report.

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Appendices