

# Report

## Proposals for investment referred from the Strategic Planning Group Edinburgh Integration Joint Board

22 September 2017



### Executive Summary

---

1. In January 2017, the Integration Joint Board agreed to extend the remit of the Strategic Planning Group to include the prioritisation of requests for investment from the Social Care Fund. The Strategic Planning Group considered three such applications for investment when it met on 28 July 2017. A further request was considered by the Group at its meeting on 1 September 2017. Following due consideration, the Strategic Planning Group agreed to recommend that the Integration Joint Board agree to these requests.
2. This report summarises two of those requests for investment and details the recommendations of the Strategic Planning Group. The other two requests contain commercially sensitive information and are therefore the subject of a separate report on Part B of the agenda.
3. The reports considered by the Strategic Planning Group are attached as appendices 1 and 2.

### Recommendations

---

4. The Integration Joint Board is asked to:
  - i. approve the investment of £2,167,167 to build capacity in services for people with learning disabilities; and
  - ii. approve the investment of £588,096 on an invest to save basis as set out in the business case for the expansion of the telecare service.

### Background

---

5. When it met on 28 July 2017 the Strategic Planning Group considered a business case seeking funding to build additional capacity to address the increased demand for day support and housing support services for adults with a learning disability. Following discussion of the business case the Strategic

Planning Group agreed to recommend that the Integration Joint Board approve the request.

6. At the meeting held on 1 September 2017, the Strategic Planning Group considered a business case for the expansion of the telecare service on an invest to save basis; and agreed to recommend that the Integration Joint Board approve the request for investment.
7. Provision has been made for funding both these proposals within the Integration Joint Board Financial Plan for 2017/18.

## Main report

---

8. The tables below summarise the four business cases:

<b>Learning Disability Services</b>		
<b>Purpose of investment</b>	<b>Rationale</b>	<b>Investment requested</b>
<p>Build capacity in the following services for people with learning disabilities to meet increased demand:</p> <ul style="list-style-type: none"> <li>• day support</li> <li>• accommodation with support</li> <li>• community placements for people with forensic needs.</li> </ul> <p>Support for the transition of nine people from hospital to a community based complex care service.</p>	<p>Additional investment is required to meet the increased demand for support for people with a learning disability as a result of growth in the number of:</p> <ul style="list-style-type: none"> <li>• young people leaving school</li> <li>• young people requesting accommodation</li> <li>• people living in the family home required to move into supported accommodation</li> <li>• people now able to be successfully discharged from hospital; and</li> </ul> <p>increasing levels of complex needs in individuals</p>	<p>Young people leaving school (day support) £543,750</p> <p>Young people needing supported accommodation £291,667</p> <p>Forensic services £375,000</p> <p>Complex Care Service £233,750</p> <p>Full year effect 2016/17</p> <p><b>Total £2,167,167</b></p>
<b>Source of funding</b>	<p>Provision has been made for the full amount of investment required in the Integration Joint Board Financial Plan 2017/18 and is detailed in Appendix 2 to the Plan under the heading Disabilities.</p>	

<b>Telecare service</b>
-------------------------

Purpose of investment	Rationale	Investment requested
Expand the use of Telecare to all older people to enable financial savings through prevention and early intervention	<p>Increasing the use of Telecare by older people across the city will increase independence, avoid the need for admission to hospital or residential care and demand for care at home and home care. The estimated net benefits from this investment over an 18-month period are £8.3m.</p> <p>Direction EDI_2017/18_17 e. (Technology enabled care)</p>	<b>Total £588,096 on an invest to save basis</b>
<b>Source of funding</b>	Provision has been made for the full amount of investment required in the Integration Joint Board Financial Plan 2017/18 and is detailed in Appendix 2 to the Plan under the heading Telecare.	

## Key risks

---

9. Whilst provision has been made in the Integration Joint Board's Financial Plan for 2017/18 for funding the investments proposed in this report, it should also be noted that the Board's ability to make these investments is contingent on the delivery of both the planned savings programme and ongoing financial balance. The financial position both in year and for future years, as detailed in another paper being considered by the Integration Joint Board, is extremely challenging.
10. The proposed investments in this report all relate to the provision of direct service to individual citizens who have eligible needs that the Integration Joint Board has a duty to meet. Failure to make these investments will mean that these needs will have to be met in other ways.

## Financial implications

---

11. The proposals set out within this report require a total investment of £2,755,263; provision has been made for these investments within the Integration Joint Board Financial Plan for 2017/18. Provision has been made for these investments within the Integration Joint Board's Financial Plan for 2017/18.

## Involving people

---

12. The proposed investments in this report have been considered by the Strategic Planning Group, membership of which includes key stakeholders including citizens with lived experience of using health and social care services and representatives of third and independent sector providers.

## Impact on plans of other parties

---

13. None.

## Implications for Directions

---

14. The business case attached at Appendix 2 will deliver direction EDI\_2017/18\_17 e. (Technology enable care):

*“The City of Edinburgh Council and NHS Lothian are directed to: produce the business case for the expansion of Telecare to all adults over 65 as a prevention and early intervention activity to reduce packages of care and keep people in their own homes for as long as possible.”*

## Background reading/references

---

[Financial Plan 2017/18 report to Edinburgh Integration Joint Board 24 March 2017](#)

## Report author

---

**Michelle Miller**

**Interim Chief Officer, Edinburgh Health and Social Care Partnership**

Contact: Wendy Dale, Strategic Planning, Service Re-Design and Innovation Manager

E-mail: [wendy.dale@edinburgh.gov.uk](mailto:wendy.dale@edinburgh.gov.uk) | Tel: 0131 553 8322

## Appendices

---

**Appendix 1**

Learning Disability Services Social Care fund 2017-2018 -

report to Strategic Planning Group 28/7/2017

**Appendix 2**

Expansion of Telecare Service Offering – report to Strategic Planning Group 1/9/2017

# Report

## Learning Disability Services Social Care fund 2017-2018

28th July 2017



### 1. Executive Summary

1.1 Over the last five years the demand on services that provide day support and housing support for adults with a learning disability has outpaced capacity in all services. This paper outlines the case for funding of those services to build capacity to meet our legal responsibilities.

### 2. Background

2.1 Medical advances have seen the survival rate for people born with disabilities increase dramatically, resulting in larger numbers and more particularly complexity of need, of cases of physical and/or learning disability. While the numbers concerned are considerably smaller, such is the intensive nature of support required, that the associated incremental financial provision requiring to be made is markedly higher than for increases in the number of older people. (Council Business Plan)

2.2 Over the last five years the demand on services for day and housing support has outpaced capacity to deliver those services. Over this period, it has been recognised that these pressures have required investment to build capacity in these two main areas of support.

2.3 There are strong challenges in meeting the increasing demands for people with a learning disability;

- More young people leaving school
- An increase in young people requesting accommodation
- Larger numbers of people living in the family home required to move into supported accommodation
- An increase in numbers of people now able to be successfully discharged from hospital
- Increasing levels of complex needs in individuals

2.4 There are legal responsibilities that the Partnership need to respond to; in particular, the need for day support. There is also a potential challenge from the Mental Welfare Commission to ensure people are not detained in hospital.

### 3. Main report

---

3.1 In 2017 there are estimated to be 45 young people leaving school and seeking funded support for day placements.

3.2 In previous financial years, a part year cost approach has been adopted, which allows for a spreading of the cost over subsequent financial years. Therefore, from financial year 2016/2017 there is full year effect of £723,000.

3.3 Beginning in early 2018 a new complex care service which was procured to limit care packages costs and offer robust environments will begin. There will be nine placements offered, some to patients leaving hospital as part of the modernisation programme and younger people who will require this model of support. To facilitate transition between services it is probable that funds will be required from January 2018 onwards.

3.4 For three people with forensic needs, there has been community placements developed, this is due to be in place by May 2018.

3.5 People living in the family home are also seeking accommodation with support, currently we have 48 people seeking to move on. We have potential placements for six people to move in August 2017.

### 4. Financial implications

---

The breakdown of requested funding for 2017/2018;

	2016/2017	Phased	
		2017/2018	2017/2018
	Full Year Cost	Part Year Costs	FYE 2018/2019
Young people leaving school (Day Support)	725,000	543,750	181,250
Young people leaving residential school or the family home	350,000	291,667	58,333
Forensic services (full year cost required)	375,000	375,000	0
Complex Care service - West Bowling Green	935,000	233,750	701,250
Full Year Effect 2016/2017	723,000	723,000	
Totals		£2,167,167	£940,833

## 5. Key risks

---

- 5.1 If funding cannot be agreed for young people leaving school, there is a risk of a legal challenge under the Care and Treatment Act (2003) which places a duty on local authorities to make provision. There would also be an exceptional level of complaints from carers
- 5.2 For people with complex needs the risk is that we will need to consider other arrangements due to carer inability to care for their young people. This could mean higher costs in inappropriate placements.
- 5.3 For people with forensic needs and those delayed in hospital, there is a real risk of the Mental Welfare Commission instructing the partnership to make provision. Additionally, there could be a risk of legal damages due to inappropriate detention in hospital made by individuals
- 5.4 There would be a severe risk to the Councils and IJB reputation if these elements were not able to be funded.

## Contact

---

Contact: Mark Grierson, Disability Support and Strategy Manager

E-mail: [mark.grierson@edinburgh.gov.uk](mailto:mark.grierson@edinburgh.gov.uk) | Tel: 0131 553 8394



## **Additional Information**

### **People living in the family home moving to supported accommodation:**

We have 54 people seeking accommodation which if all required it now would cost an estimated 4.9M. As we don't have those funds available we have prioritised a small group whose needs can be met by a new development in SW Edinburgh. The support hours are different for each but for four people we have allocated £87.5K, total funding for this group will be 350K.

### **Forensic Services**

These are people who have a mild/moderate learning disability who have come into contact with Criminal Justice services; these are often sexual in nature and all will have some sort of court order that identifies where and how they must be supported. Support Works has over the last three years been training staff to work with people with forensic needs, they currently support five people in the community, these are all 24/7 packages of care due to the legal framework that is applied. We have a further eight people in hospital who have forensic needs, three of which are delayed. Support Works have tenancies ready for these three and will move into them in the next 2/3 weeks. The cost for each person is 125K so the total cost is 375K.

### **Complex care**

This was subject of a procurement process, in terms of the nine people we are looking at five people from hospital and four coming from the family home or residential school.

# Report

## Expansion of the Telecare Service Offering

### Strategic Planning Group

1 September 2017 – Adjusted form SPG on 01.09.17



### Executive Summary

---

1. The use of technology (Telecare) to support people to live as independently as possible and reduce the need for more traditional health and social care services is a key element of the Integration Joint Board's approach to prevention and early intervention. Telecare has been shown to improve outcomes for people and enable financial savings. The purpose of this report is to secure the investment to fund the expansion of the existing service to citizens aged 65 and over.
2. The business case attached at Appendix 1 sets out the Strategic, Economic, Financial and Management cases for expanding the current Telecare Service offering across the City of Edinburgh, in a planned and methodical way, whilst tracking benefits. The case supports priorities in the Edinburgh Integration Joint Board (IJB) Strategic Plan.
3. A one-off, non-recurring investment of £588,096 is required over a period of 18 months on an invest to save basis to ensure service growth can be managed in a methodical way, and sustained. Provision for this investment is made within the Integration Joint Board Financial Plan for 2017/18. The business case estimates a net saving of £8.3 million over the eighteen-month period through reducing the cost of care packages and avoiding admissions to acute facilities and residential care. It is proposed that revenue from the expanded service should be reinvested in the service.

### Recommendations

---

4. The Strategic Planning Group is asked to:
  - i. Recommend that the Integration Joint Board agree the one-off investment of £588,096 on an invest to save basis, to fund the proposed expansion of the Telecare Service to citizens aged 65 and over
  - ii. Recommend that the Integration Joint Board agree that revenue earned from expanding the Community Alarm Telecare Service (CATS) should be reinvested as a means of offsetting investment and project management costs, for as long as is possible.

## Background

---

5. The Edinburgh Integration Joint Board (IJB) has set out in its Strategic Plan a number of key priorities to achieve the National Health and Wellbeing Outcomes and to drive more value from the reducing funds available.
6. An increase in the adoption of technology has been widely recognised nationally, and identified as a key lever to enable the delivery of the key priorities within Edinburgh's Strategic Plan for Adult Health & Social Care services. This shift towards technology is also within the context of a broader shift towards an 'Asset Based Approach' across Edinburgh. The Asset Based Approach brings together family, community and formal services to provide holistic care to service users with a renewed focus on improving and maintaining personal independence, and therefore outcomes for people. The delivery of technology in Edinburgh will align with, and enable this strategy.
7. The financial benefit associated with this programme of work offers the opportunity to invest to save, with a projected overall net benefit of approximately £8.3m, over the 18-month period.
8. The Telecare service in Edinburgh's Health and Social Care Integrated Partnership, is a devolved function from the City of Edinburgh Council (CEC), and is currently delivered on a city-wide basis by the Community Alarm Telecare Service (CATS) team. This service plays a valuable role for Edinburgh citizens in the preventative and early intervention functions, maintaining people at home, and avoiding unnecessary acute hospital admission, and has grown substantially in the last 6 years, whilst maintaining robust outcomes for people.
9. The service currently has a staffing complement of approximately 55 FTEs and operates on a 24/7/365 basis. Some of the posts are funded by the partnership, and some funded on a national basis to move the Technology Enabled Care agenda forward.

## Main report

---

10. The original Technology Enabled Care proposal was authorised for delivery, by the Health and Social Care Partnership, in October 2016, with an original benefits outlook for 4 years.
11. The key adjustment to the proposal since then, is to extend the client group to the over 65-year age, as opposed to restricting the programme to the over 75-year age group. This fits well with the preventative and wellbeing agenda both locally and nationally. The benefits for this first stage of implementation have been identified for an 18-month period, up to December 2018, to determine opportunities for further scaling up of the programme, thereafter.
12. This business case looks at the initial investment required for the first 18-month phase of the programme, to start providing the enhanced telecare provision, in a phased and managed way.

13. Strategically, the Community Alarm and Telecare Service (CATS), plays a valuable role for almost 9,000 Edinburgh citizens, who are predominantly older. The key functions are prevention and early intervention, maintaining people at home, and avoiding unnecessary acute hospital admission, and has grown substantially in the last 6 years, whilst maintaining robust outcomes for people, with one of the lowest conveyance rates to hospital in Scotland, of less than 2% of responses resulting in conveyance to hospital.
14. From an economic perspective, the principle is that the more people aged over 65 years who use telecare options as a foundation of care, the requirement for formal direct care may be reduced, allowing funding, and associated resources, that are available for direct care to be targeted at more people who require it.
15. Management and governance arrangements are through the Telecare Steering Group, led by the Strategic Planning and Quality Manager, who is also responsible for the Community Alarm and Telecare Service, (CATS). It is important to note that an operational change agent/project manager will be required to ensure methodical implementation, delivery of the key enabling interventions, monitoring, recording and evaluation of the expansion, and will be key to developing future business case requirements. The key enabling interventions include those noted below:

#### CATS Expansion - Enabling Interventions

- Assessment and Care worker training
- Single view of the service user
- Leverage family and community assets
- Develop Locality focussed data

16. Progress against the agreed measures, feedback from service users and assessors will take place from September 2017 – September 2018, in order to set out the position for further improvements from January 2019.
17. Please refer to attached business case at Appendix 1, to see the full detail of the case and the associated benefits.

### Key risks

---

18. There is a risk of further missed benefits; further delay of implementation prevents achievement of operational change (e.g. avoidable hospital admissions, care home admissions, and utilisation of direct care for more people) which prevents

realising financial and non-financial benefits. This will be mitigated by the expansion occurring.

19. There is a risk associated with potential limited capacity in telecare teams; capacity of CATS versus future demand on the service at full capacity, and will not be able to take on additional demand. Additionally, CATS are about to be subject to CEC Phase 3 Transformation changes, with the opportunity to review how best to increase provision and support being timely, to mitigate this. Additionally, process efficiency work will be undertaken as part of the organisational development, post phase 3 Transformation.
20. Risk of project not being managed in a methodical, supported way. This will be mitigated by the appointment of the change agent.
21. The key issue of IT systems is being taken forward with the CATS service, the Council's CGI colleagues to bring the CATS Jontek system into the main CGI system, to simplify processes going forward.

## Financial Implications

---

22. Funding for Telecare has traditionally been fragmented across secured and unsecured funds, and this case provides an opportunity for a more cohesive approach. Service users generally contribute c£800k and there is a CEC devolved budget of £1.2m. There is a current contribution by the partnership Integrated Care Fund of c£250k, and national TEC funding of c£150k. As well as national funding applications that will also enable the IJB to support the increased demand for the service, alongside the partnership invest to save contribution of £588,096 and assuming revenue from new joiners is reinvested in the service.
23. Financially, this case indicates an opportunity of invest to save, with an outline cost of £588,096 investment, with a financial benefit of estimated £8.9million reduction for care at home support, and an overall net benefit of c£8.3m, over the 18-month period. Rigorous monitoring will be required from the start, to ensure that the anticipated benefits are delivered. Provision has been made within the Integration Joint Board's Financial Plan for 2017/18 to fund the proposed investment.
24. The initial 18 month spend of £588,096 will be used predominantly for equipment costs to enable the expansion, with ongoing maintenance being required for consideration in Phase 2 of the roll out programme. Our approach to reusing equipment means that the equipment costs will reduce over time. The other key cost will be the change agent post, to drive the expansion, and required enabling interventions, alongside monitoring, recording and evaluation.
25. There is a recognition that additional response resources may be required to support the expansion, with the phased implementation not requiring this at the start. A separate business case will be required, as the demand becomes evident.

## Involving people

---

26. The following stakeholder groups were consulted in the development of the attached business case: Staff from CATS and Community Equipment Service (CES); Scottish Ambulance Service, Sheltered Housing, community rehabilitation colleagues, and wider locality managers and staff.
27. Key discussion took place with senior staff who are responsible for assessing and reviewing need, to influence the revised assessment document to ensure the approach of telecare becomes a strong foundation for support, with direct care then being indicated for additional needs, as opposed the current situation, where all direct care requirements are prescribed **then** telecare options are considered on top of this. This will support philosophy of utilising telecare solutions appropriately *instead of, not as well as* direct care, with the opportunity to reduce the reliance on direct care and re utilise for more people.
28. Service users were not directly consulted, however feedback from service users about their overall package and how they found the telecare solution, as part of the evaluation process.

## Impact on plans of other parties

---

29. The impact on other plans and parties, are mainly associated with assessment and review of clients, who may benefit from telecare options, with colleagues being represented within the Steering Group.
30. There is an assumption that, through more deliberate assessment for telecare support, there will be impact on maintaining people at home for longer, with the potential to reduce delays in discharge for those awaiting packages of care.

## Implications for directions

---

31. The business case attached at Appendix 1 will deliver direction EDI\_2017/18\_17 e. (Technology enable care):

*“The City of Edinburgh Council and NHS Lothian are directed to: produce the business case for the expansion of Telecare to all adults over 65 as a prevention and early intervention activity to reduce packages of care and keep people in their own homes for as long as possible.”*

## Background reading/references

*H&SCP Scoping & Proposal Document - Demand Management: Technology Enabled Care (TEC). 03.10.2016*

## Report author

---

Contact: Katie McWilliam, Strategic Planning & Quality Manager, Older People

E-mail: [e-mail address | Katie.mcwilliam@nhslothian.scot.nhs.uk](mailto:Katie.mcwilliam@nhslothian.scot.nhs.uk) | Tel: 0131 465 8382

## Links to priorities in strategic plan

<b>Action 19</b>	New models to better meet the needs of frail elderly people at home and in care homes
<b>Action 21</b>	Shifting the balance of care
<b>Action 43</b>	Plans to achieve financial balance
<b>Action 44</b>	Decisions regarding investment and disinvestment

## Links to recommendations from the Joint Inspection for Older People

<b>Recommendation 2</b>	Further develop and implement approaches to early intervention and prevention services to support older people to remain in their own homes and help avoid hospital admission
-------------------------	---

**Edinburgh Health and Social Care Partnership**  
**Business Case for Expansion of CEC Telecare Service Offering Across**  
**the City of Edinburgh**

**Purpose:**

To secure the investment to fund the expansion of the existing Telecare service to all Older People in Edinburgh to improve outcomes for people and enable financial savings through prevention and early intervention.

**Executive Summary**

The Edinburgh Integration Joint Board (IJB) has set out in its Strategic Plan a number of key priorities to achieve the National Health and Wellbeing Outcomes and to drive more value from the reducing funds available.

An increase in the adoption of technology has been identified as a key lever to enable the delivery of the Strategic Plan key priorities for Adult Health & Social Care services. This shift towards technology is also within the context of a broader shift towards an 'Asset Based Approach' across Edinburgh. The Asset Based Approach brings together family, community and formal services to provide holistic care and support, with a renewed focus on improving and maintaining personal independence, and therefore outcomes for people.

It is important that the partnership take a longer term view of the potential of technology to support people to be self-managing. The Telecare project is the first step in delivering a technology enabled roadmap for the Partnership. It is anticipated that this project will be followed by additional phases of work as the Partnership moves from expanding the use of existing services towards leveraging more sophisticated technologies and digital services.

The original Telecare 1 proposal was approved for delivery in October 2016, with a benefits outlook for 5 years. These benefits were predicated on expanding the existing use of Telecare to all Older People to enable financial savings through prevention and early intervention. The 5 year view can be seen in the Table on page 7 below. This business case illustrates the investment required for the first 18 months of the programme, which will fund the enhanced telecare provision.

Strategically, the telecare service plays a valuable role for Edinburgh citizens, many of whom are over 65 years of age. The service maintains individual independence by supporting people at home, and enables the avoidance of unnecessary acute hospital admission. The service has grown substantially in the last 6 years, whilst maintaining



robust outcomes for people, with one of the lowest conveyance rates to hospital in Scotland of less than one per cent.

From an economic perspective, Telecare has the potential to reduce demand on formal direct care which could result in savings that can be reinvested into other services where it is needed most.

Financially, this case indicates an opportunity for invest to save, with an overall net benefit of c£8.3m, over the 18 month period (based on a 75% take up rate, 3,028 people). It is recognised that additional response workforce resource may be required to support the expansion of the service. As the additional users will be brought on incrementally, there is no immediate requirement to scale up the service. Instead, future service resourcing decisions will be aligned to the upcoming Phase 3 of the Organisational Transformation Programme for Health & Social Care. If, over the first few months, the evidence suggests that the service requires a shorter term resource investment, an additional business case will be submitted for consideration, once the requirement has been defined.

Management and governance arrangements are through the Telecare Steering Group, led by the Strategic Planning & Quality Manager for Older People, who is also the Head of Service for CATS. The Steering Group has multi-agency membership, including the Community Alarm and Telecare Service, (CATS) Manager.

Project support will be required to ensure effective implementation, monitoring, recording evaluation, and ongoing innovation throughout the expansion, with the requirement for the operational change agent included in this business case, and future phases going forward. Overarching support through the initial implementation phases, will continue to be provided by Ernst & Young,

## **Recommendations**

**It is recommended that the Finance Board:**

- 1. Agree to the expansion of the Telecare Service offering across the City of Edinburgh with an investment of £588,096, for the 18 month period from July 2017- December 2018, which reflects a 75% (3,028 people) take up rate of targeted new joiners from the identified cohort of 4,037, and;**
- 2. Agree that CATs service will reinvest revenue earned from expanding the service, as a means of offsetting ongoing investment and project management costs, for as long as is possible.**

## 1. Strategic Case

### Edinburgh Health and Social Care Partnership (H&SCP) Strategic Plan 2016 to 2019

The Edinburgh Integrated Joint Board (IJB) has set out in its Strategic Plan a number of key priorities to achieve the National health and wellbeing outcomes and to drive more value from the reducing funds available. An increase in the adoption of TEC has been identified as a key lever to enable the delivery of these priorities. This move towards technology is also within the context of a broader shift towards an ‘asset based approach’ across Edinburgh. This approach brings together family, community and formal services to provide holistic care to service users with a renewed focus on improving and maintaining personal independence.

In October 2016, a detailed proposal was approved by the Health & Social Care Partnership, (TEC Phase 1), to expand the existing service by increasing the number of telecare users in Edinburgh.

Strategically, the telecare service plays a valuable role for Edinburgh citizens, many of whom are over 65 years of age. The service maintains individual independence by supporting people at home, and enables the avoidance of unnecessary acute hospital admission.

Table 1: Why is change required now?

What are the key drivers for change?	What impact are these drivers having, on the organisation?	Why action now:	What has to be achieved to deliver the necessary change? (Investment Objectives)
<i>Older population and service growth</i>	<p>Limited growth due to lower than average take up rates</p> <p>Subsequent constrained opportunity for revenue gain</p> <p>Higher response requirements to alarms</p>	<p>Aim is to continuously improve service user experience, particularly through the First Responder work being undertaken with SAS, Falls and other responder partners</p> <p>Opportunity for investment in prevention/delay or reduced formal direct care package</p>	<p>Increase take up rates of service for those over 65 years of age</p>

		CEC opportunity to increase revenue	
<i>Cost of care at home</i>	Budget constraints and increasing waiting lists for care at home and home care	Opportunity to reduce demand for packages of care	Increase number of existing service users using telecare as a foundation of support “ <b><i>instead of, not as well as</i></b> ” care provision
<i>Opportunity to support avoidable hospital admissions, and enable timely discharge</i>	Increased cost through avoidable admissions and subsequent delays in discharge, owing to wait for a package of care	<p>Opportunity to:</p> <ul style="list-style-type: none"> <li>• respond to people, to maintain them safely at home without need for a hospital admission</li> <li>• Reduce delayed discharges as some individuals may be discharged from hospital with a Telecare service without having to wait for a package of care to be put in place</li> <li>• ensure people only receive direct care when required</li> </ul> <p>2.</p>	<p>Deliberately target eligible telecare cohort to 65+ to support earlier intervention/ prevention for new clients</p> <p>Ensure those clients being reviewed have telecare as foundation of need going forward</p>
<i>Residential care admissions</i>	Increased cost through premature/avoidable admissions	Opportunity to delay admissions to residential care as individuals can be supported at home for longer	

Stakeholders/Organisations and Assets Affected By This Business Case?

*Internal*

- Assessors of new need, and reviewers of current need
- CATS service that will see greater demand
- Finance, to validate benefits

- Community Equipment Service (CES), which may see increased demand for equipment as TEC users increase

### *External*

First Responders, who can utilise option of Telecare to maintain people at home, rather than convey to hospital:

- Scottish Ambulance Service
- NHS 24
- Falls Service
- Sheltered Housing

The impact would be felt in terms of an increased ability to enable hospital discharge, reduce unnecessary admissions, and offer a robust support foundation, complemented by the potential for a reduced need for a care package. This would also allow more clients to access the available direct care resource.

### *Existing Assets Affected?*

This would be dependent on the size of increase in service users. There will be the factors to consider, as the expansion moves into phase 2, such as vehicles, telecare stock and staffing levels. As part of the early evaluation of this first expansion phase, these elements will be looked at, as well as the impact on telephone infrastructure and capacity to receive and handle increased emergency call volumes, and appropriate response.

## **2. Economic Case**

### Options Appraisal including benefits and non-monetary costs

The following options were considered, with rationale for progressing, or not indicated:

Option 1- Do Nothing, discounted on the basis that no opportunity for growth, and strategically doesn't support the Strategic Plan prevention and early intervention focus.

Option 2 – Solely family and friend response, discounted on the basis that it would undermine the robust mechanism already in place in Edinburgh that improves outcomes for people, and maintains an extremely low conveyance to hospital. This has recently been reinforced through the objective Strathclyde University deep dive of Edinburgh's activity.

Option 3 – Growth, associated with this business case, and targeting the over 65 year old group – preferred option

### **Enablers for Success**

This project will support all adult Health and Social Care services to consider Telecare a foundation of support for all service users over 65 years of age. This will represent a significant culture shift for Edinburgh H&SC staff, as Technology would be considered by default, and embedded in all care packages for this cohort where appropriate. To

support this, however, a number of key interventions would need must occur, and will be overseen by the operational change agent post:

1. *Amendment to the Assessment/ Review Processes* – To support this, there will be process and/or system changes. The assessment for TEC will be at the beginning of the process, to ensure TEC is seen ‘instead of, not as well as’, with direct care requirements being considered thereafter. Current Status: Being delivered as part of the assessment redesign project.
2. *Assessment and Care worker training* – in order to embed telecare as a primary support offering, and as part of the organisational culture a thorough training programme will be required for care workers (carers, personal care and support staff). This will introduce and empower assessment and care workers with the range of telecare options available to service users. Current Status: As above and post being recruited to from national funding, led by CATS.
3. *Single view of the service user* – currently, people that receive telecare are not visible on the Swift case management system. A single view of these service users is needed in order to measure the whole care package impact of adopting telecare. Current Status: CATS leading changes supported by CGI to ensure a single view can be achieved.
4. *Leverage family and community assets* – currently, responders are the first point of contact when a telecare alarm is triggered. In alignment with the ‘asset based approach’, the family, or identified community resources also support service users, and respond. This asset will be encouraged, but with the right support. Current Status: this group of responders can connect with CATS for ongoing support, and the training post will also develop supportive materials.
5. *Consolidate and secure funding* – funding for Telecare is currently fragmented across secured and unsecured funds. The opportunity to secure funding through this business case allows a period of consolidation and growth. Current Status: Phase 1 Growth funding allows consolidation opportunity.
6. *Develop Locality focussed data* – As part of the Return on Investment process, more robust locality based activity will allow managers to see benefits of utilising assistive technology, and raise confidence and the profile of the ‘instead of, not as well as’ philosophy. This will include a retrospective consideration of the package of direct care that would have been prescribed, had telecare options not been available, and refusal rates, and the reasons why, in order that continuous improvements can be made. Current Status: benefits tracker has been developed that will allow locality picture, and will inform financial validation.

### **3. Commercial Case**

*Explain the route to procurement; the scope of the commercial arrangement; allocation of risks; payment and contractual arrangements*

#### Procurement route

There are equipment procurement requirements for the telecare kit and wider equipment demand, and these will be managed under existing procurement contract arrangements in place for both CATS and the Community Equipment Service.

#### Scope of commercial arrangements

See procurement route above.

#### Allocation of risks

See Risk Management section below ( Table 9)

#### Payment and contractual arrangements

As above

### **4. Financial case**

*Provide details of the financial/benefits model; capital and revenue impacts; key assumptions made; affordability and how stakeholders have been involved in developing the business case.*

#### Purpose and Primary Benefits

The telecare proposal aims to increase the number of service users by targeting over 65yr olds. Current data indicates that there is target cohort of 4,037 eligible service users, who are already receiving a package of care (PoC), many of whom are likely to benefit from assistive technology, instead of some element of their direct care. This will be the main target group and in the interest of prudence we have assumed a 75% (3,028 people) take up rate of individuals likely to benefit from this service. The criteria for additional service users is as follows:

- do not currently have a package of care, and this will be a key target group of new joiners.
- receive care and support from a high value package, that requires expert review, to determine telecare opportunities, reduce reliance on package of care, which can then be re used for other demand
- who have been assessed, and are awaiting care and support, and who may benefit from assistive technology instead of direct care
- are currently in Sheltered Housing support, with out-dated bridge mechanisms for call and response, being replaced by dispersed alarms

The table below shows an annualised five year summary projection of costs, revenue and benefits from expanding the service. This is based on the 75% take up rate, as described in this report. Please note that as we are 6 months into 2017, the annual figure is lower.

**Table 2: Annualised 5 year Summary of Costs and Benefits 2017-21**

<i>Net Summary</i>	2017		2018		2019		2020		2021	
Total Costs	-£	349,763	-£	814,708	-£	533,482	-£	518,698	-£	503,914
Total Revenue	£	83,377	£	492,998	£	492,998	£	492,998	£	492,998
Total Benefits	£	1,590,418	£	7,272,772	£	7,272,772	£	7,272,772	£	7,272,772
Net Benefits	£	1,324,032	£	6,951,062	£	7,232,288	£	7,247,072	£	7,261,856

Source: EY Consultants and Service Data June 2017

The size of the group could grow or contract depending on take up rates which may be impacted, in particular, by future charging decisions.

A summary range table has been created below to show investment, revenue and benefits scenarios for 100%, 75%, and 50% take up rates.

**Table 3: Target Service Users and Range of Take Up Rates**

**Target Service User Cohort Pool of 4037 Over 65s**

18 Month Take Up Cycle - July 17 to Dec 18

	100% Take Up	75% Take Up	50% Take Up
Number of Service Users	4,037	3,028	2,019
Service Users Per Month	224.28	168.21	112.14
Capex (kit)	-£ 1,211,100	-£ 908,325	-£ 605,550
Capex (additional resource)	-£ 93,975	-£ 93,975	-£ 93,975
Maintenance	-£ 218,689	-£ 162,171	-£ 105,653
Investment Total (Cap + Maint)	-£ 1,523,764	-£ 1,164,471	-£ 805,178
Total Revenue	£ 770,920	£ 576,375	£ 453,768
Net Benefit	£ 10,549,664	£ 8,275,094.14	£ 6,094,499.53
Diff Between Revenue & Investment	£752,844	£588,096	£1,258,946

Source: EY Consultants and Service Data June 2017

The delivery timeframe for this initial phase of implementation, is 18 months to ensure CATS capacity can manage an incremental increase, in a methodical way, and is not overwhelmed. This will also ensure a waiting list isn't created, and there is a sustainable pipeline of new joiners. This business case, based on the original telecare proposal, indicated that as well as providing better outcomes, with the least intensive intervention for people, has identified two primary financial benefits for the CEC Health and Social Care Partnership (H&SCP), and a third that is likely to become more evident over time:

1. *Increased revenue from the weekly charge-driven by new joiners to the service.*

2. *Reductions in the costs of packages of care (PoC) for service users, - non spend.* This benefit is calculated from an estimated baseline 21% PoC reductions; based on extensive market research and evidence from other Local Authorities who have achieved or bettered this scale of cost reduction.
  
3. *Delays and/or reduction in admissions to acute and residential care for service users.* This benefit is modelled on evidence based assumptions on the number of residential care admissions; delay/reduction estimates based on comparable market research and; be a recurring benefit.

The initial spend of £588,096 will be used predominantly for equipment costs, with ongoing maintenance being required to be considered in Phase 2 of the roll out programme, after the initial 18 months indicated in this business case. Our approach to re-using equipment means that the equipment costs will reduce over time. The other key cost initially will be the change agent post, to drive the expansion, and required interventions indicated above.

There is a recognition that additional response resources may be required to support the expansion of the service, with the phased implementation not requiring this at the start. A separate business case will be required, as the demand becomes evident.

The table below, indicates the financial benefits model, based on a 75% take up rate described above.



**Table 4: Financial Benefits Model on 75% Take Up**

ecare Benefits Model - 75% Take Up		Total new adopters				
		3,028				
<b>Demand</b>						
Year ending	2017	2018	2019	2020	2021	
Months in year	6	12	12	12	12	12
Weeks (Normal Distribution)	26	52	52	52	52	52
Weeks (Full Year)		52	52	52	52	52
Adoption rate	1,009.25	2,018.50	-	-	-	-
<b>Costs</b>						
Equipment	-£ 302,775	-£ 605,550	£ -	£ -	£ -	£ -
Annual Maintenance charges		-£ 162,171	-£ 486,495	-£ 471,711	-£ 456,927	
Change Agent Resource - Grade 8 (midpoint)	-£ 37,590	-£ 37,590	-£ 37,590	-£ 37,590	-£ 37,590	
Change Agent Resource - Grade 8 (25% on costs)	-£ 9,398	-£ 9,398	-£ 9,398	-£ 9,398	-£ 9,398	
<b>Total Costs</b>	<b>-£ 349,763</b>	<b>-£ 814,708</b>	<b>-£ 533,482</b>	<b>-£ 518,698</b>	<b>-£ 503,914</b>	
Opening adopters	-	965	2,896	2,808	2,720	2,720
New adopters	1,009	2,019	-	-	-	-
Demand in Residential care	- 44	- 88	- 88	- 88	- 88	- 88
Closing users	965	2,896	2,808	2,720	2,632	
<b>Benefits</b>						
<b>1. Cost Avoidance</b>						
<b>a. Residential Care Delay</b>						
Forecast demand	88	88	88	88	88	88
Year multiplier	0.5	1.0	1.0	1.0	1.0	1.0
<b>Residential benefit</b>	<b>£ 544,996</b>	<b>£ 1,091,288</b>	<b>£ 1,091,288</b>	<b>£ 1,091,288</b>	<b>£ 1,091,288</b>	<b>£ 1,091,288</b>
<b>b. Care Package Reductions</b>						
Package reduction new adopters	£ 1,161,580	£ 4,646,319	£ 4,646,319	£ 4,646,319	£ 4,646,319	£ 4,646,319
Package reduction existing		£ 2,221,997	£ 2,221,997	£ 2,221,997	£ 2,221,997	£ 2,221,997
<b>Package reduction benefit</b>	<b>£ 1,161,580</b>	<b>£ 6,868,316</b>	<b>£ 6,868,316</b>	<b>£ 6,868,316</b>	<b>£ 6,868,316</b>	<b>£ 6,868,316</b>
<b>Package reduction benefit at 90%</b>	<b>£ 1,045,422</b>	<b>£ 6,181,484</b>	<b>£ 6,181,484</b>	<b>£ 6,181,484</b>	<b>£ 6,181,484</b>	<b>£ 6,181,484</b>
<b>Revenue</b>						
Revenue new adopters						
Standard Alarm	£ 59,356	£ 237,424	£ 237,424	£ 237,424	£ 237,424	£ 237,424
2 Pendants	£ 1,979	£ 7,914	£ 7,914	£ 7,914	£ 7,914	£ 7,914
Telecare	£ 13,225	£ 52,901	£ 52,901	£ 52,901	£ 52,901	£ 52,901
Sheltered Housing / Dispersed Alarms	£ 8,817	£ 35,267	£ 35,267	£ 35,267	£ 35,267	£ 35,267
Revenue existing						
Standard Alarm		£ 113,543	£ 113,543	£ 113,543	£ 113,543	£ 113,543
2 Pendants		£ 3,785	£ 3,785	£ 3,785	£ 3,785	£ 3,785
Telecare		£ 25,299	£ 25,299	£ 25,299	£ 25,299	£ 25,299
Sheltered Housing / Dispersed Alarms		£ 16,866	£ 16,866	£ 16,866	£ 16,866	£ 16,866
<b>Revenue benefit</b>	<b>£ 83,377</b>	<b>£ 492,998</b>	<b>£ 492,998</b>	<b>£ 492,998</b>	<b>£ 492,998</b>	<b>£ 492,998</b>
<b>Net Summary</b>						
	2017	2018	2019	2020	2021	
<b>Total Costs</b>	<b>-£ 349,763</b>	<b>-£ 814,708</b>	<b>-£ 533,482</b>	<b>-£ 518,698</b>	<b>-£ 503,914</b>	
<b>Total Revenue</b>	<b>£ 83,377</b>	<b>£ 492,998</b>	<b>£ 492,998</b>	<b>£ 492,998</b>	<b>£ 492,998</b>	
<b>Total Benefits</b>	<b>£ 1,590,418</b>	<b>£ 7,272,772</b>	<b>£ 7,272,772</b>	<b>£ 7,272,772</b>	<b>£ 7,272,772</b>	
<b>Net Benefits</b>	<b>£ 1,324,032</b>	<b>£ 6,951,062</b>	<b>£ 7,232,288</b>	<b>£ 7,247,072</b>	<b>£ 7,261,856</b>	

Source: Service Data/SWIFT June 2017 – See Detailed Benefits Excel Model for Source of Specific Benchmark Assumptions

## Affordability

See the range table above and the difference between required investment (not offset by revenue) and total net benefit over the 18 month period.

## Key Assumptions

The benefits case is partly based on benchmark assumptions and the data available. These will be tested over the first 3 months of the implementation and a more rich 'actual' data set will be gathered to inform future benefits realisation activities. The detailed assumptions underpinning the models in this case are set out in Annex A, and include:

- The Take Up rate of 75% of targetted new users will be achieved;
- The over 65 population will increase throughout the period;
- Only 50% of new adopters will be charged a weekly fee, owing to means testing and SDS option and contributions;
- The 21.3% care package reduction has been evenly applied across all clients >65yrs, and across all care types. The different fees are weighted using % calculations supplied by the H&SC Partnership, and based on actual reductions from other partnerships. This is the key financial benefit element that will be tested as part of this growth
- Any additional demand for response resource, will be developed in a new business case, as demand becomes evident

## Stakeholder Engagement

A range of stakeholders have been identified, considered and/or involved, and engaged throughout the development process:

Table 5: Stakeholder Engagement Overview

<b>Stakeholder Group:</b>	<b>Consideration/ Engagement that has taken place</b>	<b>Confirmed support for the proposal</b>
Service users	Service users in scope for this business case include current and potential service users over the age of 65, and will be included in the assessment process for the service.	Feedback from service users, carers and families, on the value of Telecare, has directly contributed to the development of this business case.
Staff / Resources	Staff affected by this proposal include the CATs team and the Community Equipment Service. Representatives of both teams have been directly involved in developing this business case.  And the Assessors of packages of	Staff representatives have been consulted and their feedback has been incorporated into this business case.  In addition, the Telecare Steering Group is comprised of representation from the service,

Stakeholder Group:	Consideration/ Engagement that has taken place	Confirmed support for the proposal
	care	Finance, Business Intelligence and Strategic Planning
Other key stakeholders and partners	Other key stakeholders identified for this proposal includes NHS 24, Scottish Ambulance Service and Sheltered Housing. They have been consulted in the development of this proposal.	Confirmed support for this proposal has been gained through a series of consultation meetings.

Source: TEC Steering Group 2017

Ongoing communication will be undertaken as part of the implementation process, with updated documents, and face to face awareness and training sessions for assessors being arranged through the new Training post, to improve their understanding of the telecare opportunities, and that this is seen as the foundation of care and support.

## 5. Management case

*Explain the project management arrangements; governance structure; change management arrangements; risk management approach; commissioning arrangements and project evaluation*

### Project Management

- *Reporting structure & governance arrangements.* The Telecare Steering Group reports to the IJB Transformation Board and will oversee the work of the Telecare Project Team. The Steering Group will produce monthly reports on progress including risk management.
- There will be a requirement for *an operational Change Agent*, to take a lead role in the major culture change of '*instead of, not as well as*', with assessors in both acute hospital and community settings, and preparing people to have the more complex conversations for those who have had high value packages, that could be substituted for assistive technology. The benefit of this high value cohort is being tested through the Care at Home Innovation work. This post will also co-ordinate, collate and publish the information and availability of assistive technology, for the Reference Group, to ensure assessors are aware of all assistive technology solutions that can be utilised instead of direct care provision. Tracking key measures, and benefits realisation, and overall evaluation will be integral to this post.
- *Key roles & responsibilities.* The table below sets out the key roles and responsibilities in the project:

Table 6: Governance Roles

Name	Project Team Role	Description
Katie McWilliam	Sponsor	<p>Chairs the Telecare Steering Group</p> <p>Act as a point of escalation and input for the project team. Guidance on TEC</p> <p>Lead project and be responsible for benefits realisation.</p> <p>Lead a more cohesive approach to all assistive technology advances across Edinburgh, in health, housing and social care. A Reference Group is being convened to undertake this learning, sharing and knowledge transfer.</p>
Edith Wellwood	EY Lead	<p>SMR input to Proposal and subsequent outputs. EY Programme Management, including dependency management across EY projects</p>
Karen Dallas Sara McDonald John Connaty	Finance	<p>Provide input and validation for financial analysis and support the tracking of benefits</p>
Dave Butler	Project Management	<p>Provide benefits tracking support, and provide expertise on process efficiency</p>
David Brown	Technology Enabled Care Lead /Senior Manager Community Alarm Telecare Service	<p>Provide operational leadership for the expected results. Provide oversight and validation of project outputs, activities and benefits realisation. .</p>

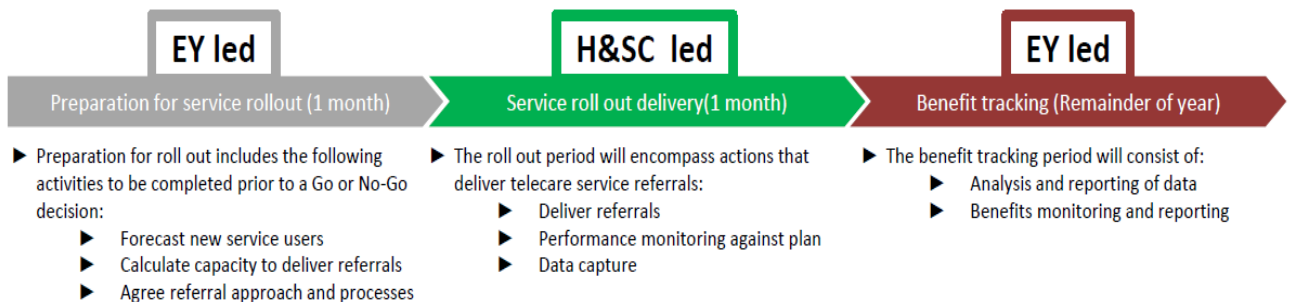
TBC	Project Manager/ Operational Change Agent	Provide support for the change management process, and lead the interventions and implementation plan for the expansion, including monitoring and recording progress, and leading evaluation process
-----	--	--

Project recruitment needs.

Project Manager/Operational Change Agent support is required, as indicated above, for the more thorough evaluation process, and this will be commissioned out of the overall budget allocation. The outline role description is currently being developed.

Project Plan.

There will be a rolling 3 stage cycle of sign up tranches over the next 18 month period. A summary of how the rollout will occur can be seen below.



Source: Telecare Steering Group June 2017

The high level plan are can be seen below, with the intention to go live at the end of July, once through the IJB governance process.

High Level Project Plan May 2017 – Dec 2018

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Develop Business Case		▲ Business Case Approved																		
Plan Roll Out		P ▲ Go/ No Go Live Decision																		
Plan and Roll Out Cycle			R 1	R 2	R 3	R 4	R 5	R 6	R 7	R 8	R 9	R #	R #	R #	R #	R #	R #	R #	R #	R #
Benefits Tracking			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Evaluation																				▲ Scale Up

Source: Telecare Steering Group June 2017

## Change Management

### *Operational & service change plans*

The change in culture associated with 'instead of, not as well as' approach will be significant, with the Operational Change Agent post and the internal Education posts being key to taking this forward, as described above. Strong leadership and direction will be provided through the Senior Operational Manager and Head of Service/Strategic Manager, to allow the best benefits tracking and evidence of culture change.

Service redesign opportunities will occur as part of this business case, and the Phase 3 Transformation proposals going forward, that are yet to be consulted upon. This should result in a more cohesive, responsive service with improved productivity.

### *Facilities change plan.*

Key infrastructure changes will be associated with the CEC Phase 3 Transformation process, and will be reported separately, as part of that due process.

## Risk Management

- The risks and mitigation associated with this business case are set out in the table below. This table forms the basis of the project risk register which will be reviewed as standing agenda item at meetings of the Telecare Steering Group.

Table 7 : Risks and Issues at June 2017

#	Risks (P = Probability, I = Impact, F = Factor)	P	I	F	Mitigating Actions
1	<b>Risk of further missed benefits;</b> further delay prevents achievement of operational change (e.g. – avoidable hospital admissions, and care home admissions, utilisation of direct care for more people) which prevents realising financial and non-financial benefits	5	5	25	Discussions with telecare sponsor , H&SC finance leads and Chief Officer (CO) to agree approach that will prioritise and enable benefits realisation
2	<b>Risk of limited capacity in telecare teams;</b> capacity of CATS vs future demand on the service full capacity and will not be able to take on additional demand, further the teams are likely to reduce in size due to phase 3 Transformation Change process	4	5	20	Discussions with telecare sponsor , H&SC finance leads and CO to review original capacity assumptions and planned staff changes with phase 3 – outcomes will guide steering group
3	<b>Risk of project not being implemented in a methodical, supported way</b>	5	4	20	Appointment of Operational Change Agent will mitigate this
#	Issues (P = Probability, I = Impact, F = Factor)	P	I	F	Mitigating Actions
1	<b>Issue of internal governance;</b> internal processes designed to ensure that the telecare proposal objectives are embedded into operational teams are not enabling this process	4	4	16	Discussions within the Telecare Steering Group, and the Transformation phase 3 process to ensure continuity in operational teams post Transformation Phase 2 and 3
2	<b>Issue of IT dependencies;</b> IT and system issues present challenges, with integration between Jontek and SWIFT.	3	3	9	Discussions with telecare Steering Group, CGI and Jontek to move this forward, to bring Jontek into the main system

Key	
	1 to 8
	9 to 15
	16 to 25

### Commissioning

As discussed above, the Service will maintain current commissioning arrangements in place.

### Project Evaluation

A detailed report evaluating the implementation against the agreed measures, interventions, and feedback from service users and assessors will take place May- July 2018, in order to set out the position, and build the case, for further improvements from January 2019. This report will be agreed by the Steering Group and presented back to the Finance Board.

## **7. Conclusion and Recommendations**

### *Is this proposal still important?*

The Edinburgh Integration Joint Board (IJB) has set out in its Strategic Plan a number of key priorities to achieve the National Health and Wellbeing Outcomes and to drive more value from the reducing funds available.

An increase in the adoption of assistive technology has been identified as a key lever to enable the delivery of the Strategic Plan key priorities for Adult Health & Social Care services. This shift towards technology is also within the context of a broader shift towards an 'Asset Based Approach' across Edinburgh. The Asset Based Approach brings together family, community and formal services to provide holistic care and support to service users with a renewed focus on improving and maintaining personal independence. The delivery of technology in Edinburgh will align with, and enable this strategy.



## Finance Benefits Model - Further Assumptions

Assumptions			
1	100% of known over 65yr olds that are currently receiving a care package make up the target number of new adopters	1 4	The benefits are also recurring so while it amounts to £8.3m of new benefit for the first 18 months, it is assumed an additional benefit of £21.8m over the following 3 years, to 2021
2	<p>The 21.3% care package reduction has been evenly applied across all clients &gt;65yrs, and across all care types.</p> <p>The different fees are weighted using % calculations supplied by the H&amp;SC Partnership, and based on actual reductions from other partnerships. This is the key financial benefit element that will be tested as part of this growth</p>	1 5	<p>The annual maintenance charge is incurred a month in arrears.</p> <p>The basis of 42% is drawn from the existing service user base. The current state is that only 42% of the circa 9000 service users currently receive an annual maintenance visit, in line with the Telecare Services Association outline that only Enhanced Service Users (complex equipment) or those who live in grouped housing (sheltered housing or alarm wired groupings) require planned maintenance.</p> <p>Ongoing maintenance of Standard Service users (58% of the current service user base) is managed through equipment self-reporting and not required to be a planned annual event.</p>
3	The annual maintenance charge reflects the 'scenario as close to reality', from the cost baseline data, and this is assumed to be incurred by the H&SC Partnership not the service user	1 6	Only 50% of new adopters will be charged a weekly fee, owing to means testing and SDS option and contribution. The different fees are weighted using % calcs supplied by the H&SC Partnership
4	The H&SC Partnership is	1	H&SC gross weekly cost for

Assumptions			
	able to meet all installation and maintenance requirements, and will review any additional resources required, as demand grows	7	residential care homes has been taken from the Spot Purchasing Expenditure extract from the H&SC Cost Model
5	There is no additional investment required for the training of carers to become first responders (This will be funded from existing budgets, including the 'unpaid carers' budget)	1 8	CEC delay in residential care admission based on ADASS 2015 Call for Evidence Report [Havering Council] which states that Telecare can reduce admission to a Residential Care Home by between 2 and 7 months – this will be tested as part of our work
6	All revenue from installations is recognised immediately at the start of the period	1 9	8% Scottish annual growth rate in care admission across long and short stay [based on ISD 2015 Care Home Consensus in Scotland]
7	Residential care home population taken from External Purchasing Cost Model - benchmark growth figure is applied - spot purchased expenditure figures used only	2 0	Equipment and maintenance costs data based on UK benchmarks
8	Total client pool of telecare users is reduced each year by the number of Residential Care admissions	2 1	Target adoption pool of new telecare users does not remove existing telecare users because there are no common identifiers between datasets to enable existing users to be extracted
9	Any new adopters that joined the telecare service in 2017/2018 make up the opening balance of existing users in 2018/2019	2 2	All client groups are assumed to benefit from telecare package reductions if their type of care is in scope

Assumptions			
1 0	Any assumed benefits will require to be validated through phase 1 roll out, once model operational	2 3	That the Take Up rate of 75% of targetted new users will be achieved
1 1	The maintenance charges are recurring. Accordingly, the service will need to accommodate this level of maintenance in the longer term (this equates to £1.4m of maintenance costs over x5 years, to 2021).	2 4	Project support for monitoring and recording exits in current staff and Research & Insight resource
1 2	The over 65 population will increase throughout the period	2 5	Any additional demand for response resource, will be developed in a new business case, as demand becomes evident
1 3	CAPEX (Capital Expenditure), over the first 18 months is a one off cost to get the Service Users's up and running.		