

Public Report
Overview and Scrutiny Management Board

Committee Name and Date of Committee Meeting

Overview and Scrutiny Management Board – 06 May 2026

Report Title

Rothercare – Update Report

Is this a Key Decision and has it been included on the Forward Plan?

No

Executive Director Approving Submission of the Report

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Ward(s) Affected

Borough-Wide

Report Summary

In 2024 Rotherham Council undertook a review of the Rothercare telecare and assistive technology (AT) service to ensure it remained modern, sustainable, and aligned with the needs of a growing, ageing population. National demographic trends show steadily increasing demand for AT solutions that support independent living, reduce pressure on health and social care services, and delay or prevent transitions into residential care.

The review was driven by significant technological change, most notably the UK wide analogue to digital telecoms switchover. Rothercare has progressed the programme at pace throughout 2024/25 and 2025/26 for analogue units to be switched over to digital units. Completion plans are in place to ensure full digital readiness with no service interruption for vulnerable residents – ahead of national targets.

The review of the service identified opportunities to address operational challenges and to remodel the AT offer - to ensure it continued to meet the needs of local residents. Implementation of the new model commenced in April 2025, and the service is just reaching the 12-month point. However, this report is being submitted to outline the progress achieved so far to members, highlight positive outcomes for people along with identifying plans for future development and opportunities.

Recommendations

1. That members note the Rothercare update report and associated development plans.
2. That members note the intention to undertake periodical reviews of the service to ensure it remains fit for purpose and customer focused, as part of its continuous service improvement journey.

Appendix 1

Case Studies

Background Papers

<https://modgov-p-db1.rotherham.gov.uk/documents/s148733/Cabinet%20Report%20-%20Rothercare%20Future%20Model.pdf>

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Rothercare - Update Report

1. Background

- 1.1 In October 2024 Cabinet agreed a report which outlined the review of Rothercare and the Council's assistive technology offer. At the time it was solely delivered in-house by the dedicated Council service. Rothercare provided an end-to-end telecare service, managing referrals, installing equipment, monitoring, and responding to alerts. The service also procured all technical aspects including both hardware and software. The review of the service identified options to ensure the offer to the residents of the borough remained fit for purpose and could respond to future needs and technological advances, including the transition from analogue to digital due to the UK Telecom infrastructure upgrade.
- 1.2 The Council's ambition for Adult Social Care is to deploy and utilise assistive technology to enable people to live independently in their own homes and communities for as long as possible. Increasing the amount and variety of assistive technology deployed will help to realise and anticipate the model of care by using non-intrusive devices to prevent the deterioration in people's needs, whether they were living at home or in supported environments. This type of technology will contribute to the efficient use of resources across Health and Social Care services in the borough. The review of the service identified opportunities to address operational challenges and to remodel the assistive technology offer, as the service could not expand in its historical form.
- 1.3 Historically, the Rothercare charging model was linked to tenancy rather than assessed need, resulting in inconsistencies and inequitable outcomes. In addition, some equipment was outdated or expensive to maintain.
- 1.4 To address these challenges and create a sustainable, future-proofed service, the Council proposed and approved implementing a collaborative delivery model in which Rothercare continues to provide referral, triage, monitoring, and emergency response functions, while a specialist technology partner delivers the technical elements of the service. This partnership enables horizon scanning, access to cutting edge equipment, lifecycle management, recycling of unused devices, and improved efficiency through modernised processes.
- 1.5 There are currently 8,144 people in 6,266 households in receipt of Rothercare/AT equipment and monitoring across the borough.
- 1.6 In October 2024 Cabinet approved moving to a collaborative approach between an independent sector technology partner and Rothercare. This option enables Rothercare to strengthen the response element of the service and a partner – Medequip Connect taking on the specialist technology role.

2. Progress Update

- 2.1 The service changes came into force on the 1 April 2025 and the Technology partner; Medequip Connect, took on the role of undertaking Technology Enabled Care (TEC) assessments and annual reviews on behalf of the Council. Under the new model, the TEC partner installs the technology, undertakes any necessary repairs, changes batteries, collects and refurbishes any technology that is not being used or is no longer required. They safely and legally dispose of any technology that cannot be repaired /refurbished. Medequip Connect undertake the above functions for any equipment connected to the Alarm Receiving Centre (ARC).
- 2.2 The new model requires referrers to describe the persons needs and associated risks, so that Medequip Connect can assess and prescribe the solution/s from a range of Assistive Technology (AT) options, which gives opportunity for more creative solutions to maintain people safely at home and manage their risks.
- 2.3 Rothercare continues to install any digital units and pendant alarms where other AT solutions are not required.
- 2.4 Rothercare and Medequip Connect have regular operational meetings to discuss progress, issues and barriers and ensure a cohesive service delivery, as part of the Council's standard contract management arrangements.
- 2.5 The Rothercare Alarm Receiving Centre (ARC) is a dedicated, resilient ICT-enabled platform that operates 24 hours a day, 7 days a week. Its primary function is to provide continuous monitoring and incident management for all Rothercare telecare alarms. Calls received into the ARC can be automated e.g., via a fire alarm or manually activated by the Rothercare user at the point of crisis.
- 2.6 When a Rothercare alarm is activated, the alert is immediately routed to a trained Rothercare operator. The operator assesses the nature of the incident, validates the situation, and initiates the most appropriate response pathway. This ensures that each service user receives a timely, safe, and proportionate intervention.

2.7 Response Options

- 2.7.1 Depending on the person's needs and the outcome of the Rothercare operator's assessment, the ARC may:
- Determine the call is a false alarm / customer requires reassurance.
 - Contact a designated key holder, friend, or family member.
 - Escalate directly to the appropriate emergency service.
 - Deploy a trained mobile responder to attend the property.

2.7.2 To further strengthen service efficiency and sustainability, new operational processes are being developed to support the retrieval and recycling of unused telecare equipment. The technology partner will embed equipment audits, retrieval activities, and lifecycle management into their assessment and review procedures. This will reduce waste, improve stock control, and ensure that devices are redeployed appropriately, delivering better value for money and ensuring customers receive equipment that meets current standards and needs.

2.8 Customer Impact and Mitigation

2.8.1 Rothercare customers paid a weekly charge of £4.50 in 2025/26. The charge, as agreed for 2026/27 is £5.50. This charge remains competitive and represents good value for money when benchmarked against neighbouring Local Authorities. This ensures the service remains affordable while supporting the sustainability of a modernised, digitally enabled telecare offer for the residents of the borough. At the time of the cabinet report in 2024 Doncaster charged £6.20, Barnsley £5.88 and Sheffield were £6.99 by way of comparison.

2.8.2 To protect vulnerable residents, the Council applies VAT zero-rating for customers who meet the eligibility criteria—specifically those who are chronically sick or disabled and who use the service for their own personal domestic requirements. Eligible customers therefore do not pay the additional VAT element, helping to mitigate financial impact for those with higher levels of need.

2.8.3 The Council remains committed to ensuring that no individual is disadvantaged by the charging model. Where concerns about affordability arise, a Care Act assessment could be undertaken to review needs, maximise access to financial support, and ensure that essential telecare services remain fully accessible.

2.8.4 Positive outcomes for people can be seen in the case studies attached at appendix 1 and in the compliments the service receives eg:

- (WD) My Mother has a Rothercare pendant and has had the need to use this after several recent falls. The service provided is always excellent from the staff who handle the calls to the team who come out to help my mother get back up Safley. Her most recent fall which was on Monday 26th January 2026 in the evening when she fell outside over a small wall and into a very difficult spot. The team that attended was exceptional. I cannot thank them enough for their help.

2.8.5 There have been no significant gaps in service delivery or continuity noted during the transition to the new model and Rothercare response times have been successfully maintained.

2.8.6 Work Undertaken:

Table 1: Mediquip connect have undertaken - 01/04/2025 – 28/02/2026

Total referrals	1267
Cancelled referrals – change of circumstance.	320
Outstanding referrals	46
Completed Referrals	901
A2D Cohort Additional	212 (not included in above figure)

Table 2: Collection and Repairs 01/04/2025 – 28/02/2026

Repairs	623
Collections	376

Rothercare activity between April 25 – March 26:

- Alarm alerts received: 255928
- Response Calls made to relatives, emergency services GP etc:113210
- Alarm alerts responded to by response team: 8,950
- Supported 903 referrals for Pendant alarm or standalone equipment

2.9 Risk Management

- 2.9.1 All commissioned services inherently carry a degree of contractual and operational risk. In the case of the Rothercare technology partnership, these risks are mitigated through established governance, monitoring, and escalation processes that are embedded within the Council's wider contract management framework.
- 2.9.2 The service operates under a robust assurance structure, allowing any performance concerns to be raised formally through routine contract management meetings, issue logs, and escalation pathways. This includes the option to trigger corrective action plans or apply contractual remedies where required.
- 2.9.3 Ongoing monitoring will continue to ensure service quality, compliance and responsiveness as the digital transition progresses.
- 2.9.4 The Council continues to operate within a well-developed ecosystem of sector collaboration. Informal South Yorkshire networks, quarterly regional groups, national update forums, and annual participation in the Telecare Services Association (TSA) Conference ensure that Rothercare remains aligned with best practice and sector innovation.

2.10 Finance

- 2.10.1 A revised charging policy underpins the long-term sustainability of the service. This increased the weekly charge to £4.50 during 2025/26, and £5.50 in 2026/27. This continues to represent value for money for residents compared to neighbouring Local Authority charges.
- 2.10.2 The total service cost £1.8m in 2025/26 with the new technology partner delivering within budget
- 2.10.3 Individuals who meet HMRC criteria—such as those who are chronically sick or disabled—are eligible for VAT zero-rating, reducing the financial impact of the service. Where affordability concerns arise, the Council will undertake a Care Act assessment to ensure no resident is excluded from essential support.

2.11 Future Developments

- 2.11.1 **National digital migration:** The national telecoms upgrade requires all analogue telecare systems to migrate to digital networks. This transition is essential, unavoidable, and time-critical, driven by UK-wide infrastructure changes that will render analogue connectivity increasingly unreliable. Ensuring continuity of service for vulnerable residents has therefore been a strategic priority for the Council. Rothercare will achieve this target ahead of the national timescale.
- 2.11.2 **Demand, innovation and equipment management:** National demographic trends continue to indicate a significant long-term increase in demand for AT solutions. With an ageing population and rising levels of long-term health conditions, AT plays a critical role in supporting people to live independently for longer, reducing avoidable pressures on statutory services, and delaying or preventing admission to residential care. These trends reinforce the need for a modern, flexible, and future-proofed telecare offer.
- 2.11.3 The collaborative partnering model enables the Council to be more aspirational and look for opportunities to maximise the use of technology to enhance support to people at home and maintain independence at home and working with partners to make links such as health telecare and housing providers.
- 2.11.4 **Stand-alone equipment:** During the implementation of the new model of delivery there have been positive developments and outcomes for people already highlighted in a selection of case studies, attached at appendix one. It has also been noted that there is a potential service gap for stand-alone equipment: this is equipment that is not connected to the ARC, such as Carers alert pagers, Buddie Trackers, door entry systems and other equipment.

- 2.11.5 The delivery of standalone equipment, not linked to the ARC currently remains with Rothercare in order to ensure continuity of service and access to equipment. A piece of work has commenced to undertake a full review of Standalone equipment.
- 2.11.6 This is a comprehensive review and will be carried out in liaison with appropriate stakeholders and partners and is an opportunity to ensure the model is effective, efficient and can embrace sector innovation to meet the changing needs of the people who use the service and the service itself.
- 2.11.7 **Analogue to Digital switchover:** An unforeseen development for the new model was the Analogue to Digital (A2D) changeover provider, NRS Healthcare, ceasing trading on 1 August 2025 before all analogue units were changed to digital units. This was a separate piece of work that was in progress outside of the move to a new model in order to change all of the analogue receiving units to digital units due to the national telecoms upgrade.
- 2.11.8 When NRS ceased trading, the Council paused the work to consider the options, and the decision was taken to manage the risk internally due to the relatively low numbers. Rothercare and Medequip Connect became responsible for swapping over the remaining units – this was approximately 800 units. As of 10 April 2026, 1 unit remains to be switched over to the digital platform. These final conversions are planned and scheduled, with contingency arrangements in place to ensure uninterrupted service for residents while the last remaining dependencies are resolved.
- 2.11.9 The near completion of the digital migration demonstrates the Council's commitment to service resilience, modernisation, and customer safety as the AT landscape continues to evolve. This work has been successfully completed ahead of the 31 January 2027 digital swap over which is a significant achievement.
- 2.11.10 Absorbing the A2D work did lead to some delays in respect of the planned developmental work from Medequip Connect in terms of reviewing new technology and providing training sessions, however the service continuity and support to residents has been successfully maintained.
- 2.11.11 Now the A2D work is almost complete, Medequip Connect have commenced with awareness sessions for referrers to include an overview of the referral and assessment process and discuss available equipment in order to improve the knowledge base of referrers and these are being well received.
- 2.11.12 As part of transformation work is well underway and will continue for Rothercare to be recorded as a service on the Adult Social Care data base where all assessment and service information is held rather than being recorded separately. Testing is in progress, training for staff is

planned in June with an anticipated go live for recording new customers on the system by the end of July 26.

3. Options considered and recommended proposal

- 3.1 Members note that the report provides an update on the new Rothercare model as it approaches its first full year of operation, as such there are no options considered or recommended proposal.

4. Consultation on proposal

- 4.1 No consultation is required as the report provides an update on the Rothercare model following implementation of the new partnering agreement with a technology partner in April 2025.

5. Timetable and Accountability for Implementing this Decision

- 5.1 As the report provides an update on the Rothercare model, service development will continue to place take as part of the continuous service improvement of the Rothercare service.

6. Financial and Procurement Advice and Implications

- 6.1 The budget for the new operating system will continue to be closely monitored to ensure affordability and sustainability in the long term, in line with levels of activity. Additional requirements for stand-alone equipment will be identified as part of the on-going work and either capital or revenue budget identified, as appropriate.

7. Legal Advice and Implications

- 7.1 There are no direct legal implications arising from this report as the purpose is to provide an update on the new model implemented.
- 7.2 The Care Act 2014 (“CA 2014”) creates a general core duty for the Council to promote the individual wellbeing of adults with care and support needs and carers and also specific legal duties.
- 7.3 The Council has a duty under s2 CA 2014 to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support; reduce the needs for care and support of adults in the borough and reduce the needs for support of carers in the borough.
- 7.4 The Council also has a duty under s18 CA 2014 to meet needs for care and support having determined that a person has needs which meet the eligibility criteria and a duty under s20 to meet a carer’s needs for support.

7.5 The intention to undertake periodical reviews of the service to ensure it remains fit for purpose and customer focused will also ensure that the Council remains compliant with its Statutory duties.

8. Human Resources Advice and Implications

8.1 There are no direct Human Resource implications as a result of this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Expanding the assistive technology offer represents a positive step in supporting vulnerable customers. The collaborative Rothercare model offers opportunities to prevent, reduce and delay the need for more formal types of care provision.

10. Equalities and Human Rights Advice and Implications

10.1 Equality analysis of the potential beneficiaries of the collaborative Rothercare model was undertaken and submitted as part of the Cabinet report that was agreed in 2024.

10.2 The collaborative Rothercare model promotes assisting those most vulnerable in society to have their needs met in the least restrictive way.

10.3 The collaborative Rothercare Model supports the Council to comply with legal obligations encompassed in the:

10.4 Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged as a result of disability:
and Equality Act (2010) to legally protect people from discrimination in the wider society.

11. Implications for CO₂ Emissions and Climate Change

11.1 The Council requested Carbon impact plans from the TEC Partner organisations outlining the carbon impact of the service and their mitigating actions to address these. Rothercare are working with corporate transport to explore and move to electric response vehicles to minimise emissions.

11.2 No impact on climate change or CO₂ emissions has been identified to date as a result of the move to the collaborative model of Rothercare and continues to be a service consideration with ongoing development work.

12. Implications for Partners

12.1

- The collaborative Rothercare model has a positive impact in respect of hospital and care home admission avoidance and

accelerating safe hospital discharge along with enhancing independence at home.

- Have synergies with telehealth and will promote technology advancement in integrated health and social care.

13. Risks and Mitigation

13.1 There are regular contract monitoring meetings with the TEC provider and with Rothercare as the response service. Risks and issues are discussed in real time and managed within the governance framework that oversees this service delivery.

13.2 The Robust arrangements in place allow us to monitor service delivery and outcomes with associated performance targets and KPIs and allows for enforcement action to be taken if the technology partner deviates from the agreed standards. To date there has been nothing of significance to escalate.

14. Accountable Officer(s)

Name, Ian Spicer Job Title Executive Director of Adult Care, Housing and Public Health.

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