

## ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health</b>
2.	<b>Date:</b>	<b>8 December 2014</b>
3.	<b>Title:</b>	<b>Introduction of a new approach to mobile technology (M-Care)</b>
4.	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

### 5. Summary

The Rothercare Service provides advice, support and emergency assistance to Rotherham's most vulnerable residents. Over the past two years Rothercare has gone through considerable changes in its working practices and has also seen a large rise in its call handling and customer base.

Due to the ending of the Health and Wellbeing service and some residents within Rotherham deciding to use mobile phones instead of having landlines in their properties, some people who could access Rothercare to increase their safety are having to be declined a service.

This report highlights these issues and makes recommendations for future service delivery to ensure the customer experience is maximised and that customer safety is maintained.

### 6. Recommendations

- **Note the issues outlined within this report;**
- **Agree the recommendations for the introduction of M-Care.**

## **7. Proposals and Details**

### **7.1 Outline of Service**

Rothercare currently has a customer base of 8372 customers with a total of 11607 individual pieces of equipment being monitored such as the box and pendant, bed and chair sensors, door alarms, environmental packages (figures correct as of 15 August 2014).

The basic Rothercare equipment is a box and pendant which remains the property of the Council and is installed by the Rothercare staff. The cost to the customer is currently £2.77 +VAT per week for the leasing of the equipment. Other peripherals such as bed and chairs sensors are provided and installed by the Assistive Technology Team free of charge and monitored and responded to by the Rothercare Service. The peripherals also remain the property of the Council.

All customers currently require a functioning landline to receive the Rothercare Service regardless of what equipment is provided. Without a landline the service currently cannot be offered to those customers wishing to have the service.

There are approximately 30 customers presently who have requested the Rothercare Service but do not have landlines fitted within their homes, the majority of these ex-customers of the Health and Wellbeing Check service and a small amount who have contacted Rothercare themselves directly to enquire about the service or via Social Workers.

### **7.2 Previous Solutions**

Previously Global System for Mobile (GSM) diallers had been offered to customer who did not have a landline with Rothercare paying £20.00 per month for individual Sim cards. The Customer Contract Agreement was the same which placed the emphasis on Rothercare if the GSM diallers had not been charged correctly or there was a fault with it as Rothercare supplied the equipment. Due to connectivity problems from certain locations within the Borough it was decided to remove the GSM diallers.

Historically some customer have had their phone line bill paid for them and currently there are 10 customer receiving Rothercare where this still applies. The current process means the whole bill is paid by Rothercare and then individual invoices are produced to redeem the call costs etc. from the customer. This can be labour intensive and if a customer does not pay the invoice then time and effort is spent chasing up the outstanding amount.

## 7.3 Proposals for future delivery

### Introduction of M-Care (mobile care)

M-Care stands for mobile care, and refers to the use of mobile phones harnessed to extend telecare and telehealth services to far more people. M-Care uses mobile phones as a gateway to telecare and telehealth for people whose lifestyles are better suited to using their mobile phone as a link to 24/7 monitoring services, rather than the traditional carephone. M-Care has also extended to smart phone devices which collect and receive data relevant to the individual's health and social care. This way, the customer is able to go out into their local community, knowing that they are safe regardless of what happens.

M-Care is very simple. Anyone who uses a mobile phone can use M-Care by simply pressing a speed dial number on their mobile handset to contact Rothercare. The call will be presented to the centre operators in a similar manner to a typical telecare call, showing clearly the call is from a mobile phone, and a normal two way conversation can then take place.

M-Care allows Answer-link (The Monitoring Platform) to receive incoming calls from any standard mobile phone. All M-Care calls are received and managed as 'alarm calls' at the Control Room and not general telephone calls, despite coming in from a standard mobile phone.

M-Care can be targeted at customers with a wide range of needs, and may be used as part of an overall telecare and/or telehealth service package. Its benefits include:

- Increasing the confidence of the individual using the service
- Reduced anxiety
- Greater independence
- Improved quality of life and well being
- Increased peace of mind and reassurance for family members and carers.

Advantages:

- Opens up the service to a wider customer base including under 65s
- Expands the service to monitoring within the community which can increase the independence, health and well-being of customers further
- Increased revenue into the service
- Better way of communicating with customer who have hearing or speech issues
- There is Telecare Services Associate (TSA) good guidance practice to follow for M-Care

Disadvantages:

- Restricts the service to customers whose homes only have a working landline
- Excludes a large number of customers from accessing the service
- Increase in staffing levels to deal with increase customer base and connectivity of equipment.

## **8. Finance**

The adoption of M-Care has no cost implication in relation as to equipment M-Care will run off the customers own mobile device. The release of the SMS facility on the Answerlink System to allow customers to use text messaging for communication if they have hearing or speech issues has been profiled into the recent refresh/upgrade of the monitoring platform. The cost to the customer for monitoring M-Care would be £2.77 +VAT per week.

## **9. Risks and Uncertainties**

9.1 M-Care users would be made aware of the potential impact/risks, through a M-Care Customer Agreement, which would highlight such issues as:

- Poor signal coverage
- Keeping the battery charged
- Keeping the account topped up/contract
- How the service will be monitored and responded to

9.2 Customers with no telephone landline being left unsupported and vulnerable by not being able to access the Rothercare Service

9.3 Mobile phone will not have the ability to support any peripherals such as bed or chair sensors, falls detectors.

## **10. Policy and Performance Agenda Implications**

10.1 The following objectives from the Neighbourhood and Adult Services Service Plan 2014/5:

- We will help more people live at home through increased use of assistive technology and equipment
- Protecting our most vulnerable people and families, enabling them maximise their independence.
- We will improve service accessibility and responsiveness by changing our current call centre arrangements and our accessibility

10.2 The government's Preventative Agenda which promotes the use of and referral to preventative, local community based and enabling services as key to reducing the future burden on adult social care services.

10.3 The Department for Health's adult social care outcome domains:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding Adults whose circumstances make them vulnerable and protecting from avoidable harm

10.4 The following actions from the Think Local, Act Personal document:

- Make public information accessible and fully available.
- Supporting prevention and avoiding crisis admissions

**Appendix 1: Case Study from Carelink North Lincs**

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