

**Committee Name and Date of Committee Meeting**

Cabinet – 14 October 2024

**Report Title**

Future Rothercare Model

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

Yes

**Strategic Director Approving Submission of the Report**

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

**Report Author(s)**

Kirsty-Louise Littlewood, Assistant Director, Adult Care and Integration

[Kirsty-Louise.Littlewood@rotherham.gov.uk](mailto:Kirsty-Louise.Littlewood@rotherham.gov.uk)

**Ward(s) Affected**

Borough-Wide

**Report Summary**

The recommendations in this report are a direct follow on from the Cabinet Report presented on 22 January 2024, Digitalisation of the Rothercare Service and details a strategic approach to delivering the Rothercare service.

The Council's Adult Social Care vision is to:

*'Enable every resident with care and support needs to live their best lives, with the people they value, close to home and with access to the right support at the right time.'*

The Council's intention is to use Assistive technology to enable the people of Rotherham to remain independent within their own home for as long as possible.

To achieve the vision there needs to be a significant increase in the use of assistive technology to enable people to remain independent within their own home for longer. Assistive technology can reduce dependence on formal care by helping to avoid early admission to care homes, reduce the amount of home care required and help to galvanise strength-based approaches to care. As such, this type of technology contributes to efficient use of resources across health and social care services and improves the quality of life for many users.

Assistive technology has a strong evidence base demonstrating its ability to increase wellbeing, reduce more costly health and care interventions and maintain people's independence for longer.

The Council's assistive technology offer is delivered via its in-house Rothercare service. This is an 'end to end' service which manages referrals and triage, installation of equipment, the monitoring and responding to alerts. The service also procures all technical aspects including the hardware and software (alarm receiving centre, digital box/pendant, licences and peripheral technology).

The service is intrinsic to a strength-based approach in supporting people towards independent living. A recent review of the service has identified opportunities to address the operational challenges of the analogue switch off and the remodel of the assistive technology offer.

This report details an options appraisal and seeks approval to implement a new model where the assistive technology elements of the service will be undertaken by an independent sector technology partner and Rothercare will continue to deliver the core service elements, engaging with the public and service users under a realigned delivery model.

Rothercare is a chargeable service currently funded through a mix of weekly charges to customers and a subsidy from the Housing Revenue Account (HRA) and therefore the pricing policy has been considered alongside the operating model.

Subject to approval, a formal procurement process will commence in Autumn 2024. A mobilisation period will ensue following the tender award which will be aligned to the revised Rothercare operating model from April 2025.

## **Recommendations**

### **That Cabinet:**

1. Approve option 1 to implement a new technology enabled care delivery model under a collaborative approach between Rothercare and an independent sector technology partner.
2. Approve a competitive procurement process and award of contract on the basis of a 5-year initial term. The contract will include potential extensions for up to 3 years (to be taken in any combination). The new arrangements will commence April 2025.
3. Agree the new charging policy and rates for Rothercare from 2025/26 for existing customers and the policy of applying a new rate to new customers from 2025/26 onwards.

## **List of Appendices Included**

### **Background Papers**

Appendix 1a. Initial Equality Screening Assessment, Part A - Future Rothercare Model.

Appendix 1b. Equality Analysis, Part B - Future Rothercare Model.

Appendix 2. Carbon Impact Assessment - Future Rothercare Model.

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## Future Rothercare Model

### 1. Background

- 1.1 The Council's Adult Social Care ambition is to deploy and utilise Assistive technology to enable the people of Rotherham to remain independent within their own home for as long as possible. This aligns with the vision for Adult Social Care to:

*'Enable every resident with care and support needs to live their best lives, with the people they value, close to home and with access to the right support at the right time.'*

- 1.2 To achieve this vision, there needs to be a step change in the amount and type of assistive technology deployed in Rotherham to enable people to remain independent within their own home for as long as possible.

1.3 Principles of assistive technology:

Assistive technology has a strong evidence base demonstrating its ability to increase wellbeing, reduce more costly health and care interventions and maintain people's independence for longer.

- 1.4 Assistive technology can reduce dependence on formal care by supporting the avoidance of premature admission to care homes, reduce the amount of home care required and helps to galvanise strength-based approaches to care. It also makes a significant contribution to supporting unpaid carers and sustaining them in their role by enabling a person in need of care and support to feel more confident being by themselves. This can offer reassurance to an unpaid carer which may help them to take a break from caring.

1.5 Case for change:

Increasing the amount and type of assistive technology deployed in Rotherham will help realise an anticipatory model of care by utilising non-intrusive devices to prevent the deterioration in people's needs living at home or within supported environments. As such, this type of technology contributes to efficient use of resources across health and social care services.

- 1.6 Assistive technology has a strong evidence base demonstrating its ability to increase wellbeing, reduce more costly health and care interventions and maintain people's independence for longer. The Local Government Association has gathered a strong evidence base to demonstrate the ability of assistive technology to increase wellbeing, reduce more costly health and care interventions and maintain people's independence for longer.

- 1.7 Benchmarking against other local authorities has indicated that greater investment in assistive technology delivers significant efficiencies, especially in terms of cost avoidance.

## 1.8 What is Assistive technology:

Assistive technology refers to environmental and personal sensors which monitor a person's safety and well-being and standalone technology to assist people with their activities of daily living (mobility, nutrition, communication). Environmental sensors (smoke, carbon monoxide, temperature, etc.) and personal sensors (fall detectors, location trackers, etc.) and other self-determined alerts, interface with 24/7 monitoring services. Alerts to the alarm receiving centre (ARC) trigger a response or, if appropriate, a person's natural form of support or the emergency services.

## 1.9 Service review and consultation:

Rothercare is considered critical to preventing, reducing or delaying the need for formal care and support in line with the Care Act 2014. As such, the service has undergone a review during 2023 to ensure it remains effective in meeting the duty and the ambitions set out in the Council's Adult Social Care Strategy for 2024-2027.

## 1.10 The service:

The Council's assistive technology offer is delivered in-house via a dedicated service branded as Rothercare. This is an 'end to end' service and includes management of referrals, installation of equipment, monitoring and responding to alerts. The service also procures all technical aspects including the hardware/software (alarm receiving centre, digital box/pendant, licences and peripheral technology). Whilst the service is fundamental to a strength-based approach in supporting people towards independent living, the service has been reviewed to ensure it remains fit for purpose and able to respond to future need and technological advances such as the move from analogue to digital as a result of the UK's telecom infrastructure upgrade.

1.11 The service is available 24 hours a day, 365 days a year and referrals to the service are processed through the Council's Adult Social Care contact centre.

1.12 At present circa 5,600 households have the Rothercare community alarm installed and around 1,200 customers join the service each year. Customers accessing the service do not require a Care Act Assessment to determine eligible needs for support.

1.13 Around 55% of Rothercare customers (households) choose to receive interactive welfare checks and a wearable pendant alarm only and, 45% choose an enhanced offer (Table 1). The enhanced offer includes additional personal and environmental monitoring sensors. There are approximately 8,777 sensors which interact with the Rothercare alarm receiving centre (around 3 per household).

Table 1 details the breakdown of the customer profile by service level.

Item	Detail	Households	Total
Rothercare	Digital box/Pendant and response service only	3,105	5,646
Rothercare/ monitoring sensors	Digital box/Pendant and environmental/personal sensors and response service	2,541	
Peripherals	Sensors which are linked to the ARC Active (@ 02/07/2024)	3,131	8,777

- 1.14 The alarm receiving centre (ARC) received around 32,000 prompts in January 2024 from the pendant alarm (active - activated by the individual) or monitoring sensors (passive – do not require to be activated by the individual) (Table 2). Not all prompts require a mobile response (i.e., low battery alert), and if required the response is met utilising Rothercare mobile staff or from the customers natural forms of support, or in some cases, an emergency service response as appropriate.

Table 2 details the types of sensors which communicate with the alarm receiving centre (ARC).

Description	Number of alerts
Voice	7,022
Bed chair sensor	1,114
Self-determination – alarm trigger	6,111
Fall	3,321
Fire (smoke)	1,056
Flood	590
Intruder	1,192
Second resident personal	627
Others	11,113
<b>Total</b>	<b>32,146</b>

- 1.15 In addition to the peripherals that interface with the alarm receiving centre (ARC) approximately 1,651 standalone technology items are purchased/stored/issued to assist people with their activities of daily living (mobility, nutrition, communication, sensory needs).

- 1.16 Findings:  
The outcomes of the Rothercare review have been divided into the core components of the service. The findings of the review are summarised in Table 3.

Table 3: Review Findings.

<b>Service Elements</b>	<b>Findings/ Recommendations</b>
<b>Referral/Triage</b>	Systems to support the recording, triage, and risk management process will be further enhanced.
<b>Identification of Assistive technology Solutions and Installation</b>	A technology partner could provide further expertise to ensure the service keeps pace with technological advances in such a fast-paced environment and ensures the service is able to continue to meet need.
<b>Monitoring/Alarm Receiving Centre (ARC)</b>	A significant amount of data is produced by the ARC. This will continue to be used to drive service improvement, understanding customers, improving the business and performance.
<b>Response to alerts</b>	The operational response to alerts is appropriate to need. This will continue to be reviewed and enhanced as the service evolves and takes advantage of the technological advances in the marketplace.
<b>Outcome Monitoring</b>	There is further scope to understand the impact and outcome from the technology installed and issued. This could mean a stronger contribution to the revision of a support plan (for Care Act Assessed customers), or to contribute to a review.
<b>Procurement</b>	Procurement activity is undertaken by the service and there is scope to improve this approach further to ensure Best Value principles are applied for technology requirements, including tasks such as: storing equipment, servicing, cleaning/re-issuing, recovering and appropriate disposal of equipment.

The review of the service has identified opportunities to address the operational challenges and to remodel the assistive technology offer.

1.17 Feedback:

An online survey and face to face consultation 'Have your Say on Rothercare' launched in August 2023 indicated that 88% of the 121 respondents identified the positive impact of the service on their ability to live independently, followed by feeling safe and giving peace of mind for family and friends. This indicates the service is highly valued by customers.

1.18 Implications of the UK Telecoms infrastructure upgrade:

Until recently the alerts to the alarm receiving centre relied on analogue technology. However, in 2017 the Department of Business and Industry announced that the UK's telecoms industry intended to retire analogue phone lines to be replaced with digital infrastructure. The UK's telecom infrastructure analogue to digital upgrade programme is now underway on a national scale. As a result of the Analogue to Digital (A2D) programme the Council was compelled to replace the Rothercare's analogue units with digital units. These are installed

in customers' homes and have an integrated Subscriber Identification Module (SIM) which are a component of digital boxes.

1.19 In order to deliver the Analogue to Digital (A2D) programme, the Council has allocated £1.4m of a £1.7m investment budget to replace analogue to digital units (boxes) and are progressing toward a total of 2,858 new digital boxes and pendants which utilise an integrated SIM. There is a warranty on this type of equipment for a period of 2 years. Whilst the installation programme of new digital boxes will continue until September 2025, these items will be subject to reallocation, refurbishment and reissue to meet ethical and ecological objectives.

1.20 Cost implications weekly service charge:

SIMs are a requirement to connect and operate the digital service. The costs of the SIM licences are £1/per household per week. The ongoing licence costs must be met by the income generated by the service.

## **2 Key Issues**

2.1 The service is fundamental to a strength-based approach in supporting people towards independent living. The service review identified that the service is unable to expand the assistive technology offer further without a significant investment in additional staff capacity and process re-design.

2.2 Demand for adult social care services in Rotherham has increased significantly since 2021 with overall customer numbers increasing by 11%, with older adult services, such as home care and residential care, increasing the most. The use of assistive technology is identified as a way of managing demand on higher cost interventions and providing valuable support to customers.

2.3 It is imperative that the ongoing service costs are met through the income generated by the service to ensure that this critical service is sustained. There is therefore a requirement to revise the charging policy and the associated Rothercare weekly service charge.

## **3 Options considered and recommended proposal**

### **3.1 Option 1 – (recommended) - A collaborative approach between an independent sector technology partner and Rothercare**

In this option, Rothercare will continue to deliver the referral, triage, monitoring and response service whilst the assistive technology elements (identification of assistive technology solutions, installation, recycling, disposal and maintenance and procurement of assistive technology equipment) are delivered by a technology partner from the independent sector.

Advantages:

- Expands assistive technology to target prevention, early intervention and builds on strength-based approaches to promote independent living in line with Care Act 2014 principles (prevent, reduce, delay).
- Increases opportunities to manage demand on formal and higher cost support options and offer dynamic solutions to address increasingly complex needs.



- Support the existing Rothercare capacity to focus on their core purpose (referral/monitor and response to alerts).
- Utilises expertise of a technology partner to appropriately assess customers and supply technology in targeted way.
- Procures technology from a diverse market with relevant knowledgeable purchasing power increasing budgetary control.
- Offers personalised identification of assistive technology solutions to improve customer experience.
- Promotes positive practice and knowledge transfer across the directorate of innovative technologies and how they can benefit people.
- Increases the opportunity for performance management (KPI/contract management and realign the in-house operations) to continue to demonstrate value for money.
- Offers a route to advance progression to integrated care and health provision i.e., telehealth.
- A compliant recycling programme would be implemented by the technology partner for the disposal of waste from electrical and electronic equipment.
- Retains the capacity for emergency response should this be required.
- Formal procurement arrangements will be implemented in line with the Council's Financial and Procurement Procedure Rules and relevant procurement legislation.
- Allows for growth in the volume of assistive technology solutions in line with population increase (older people) and complexity of need.

Disadvantages:

- Option 1 requires a level of investment to support the expansion of assistive technology.

Conclusion:

As the balance of advantages are significant when compared to the other 3 options, option 1 is recommended to be taken forward.

### 3.2 **Option 2: - Rothercare continues to deliver all elements of the service in-house (not recommended).**

Option 2 would mean all elements of Rothercare remain to be delivered in-house and the service would retain control over all activities under revised operational arrangements.

Advantages:

- Rothercare is an established brand with mature relationships across the customer base, workforce and specialist areas such as Occupational Therapist and Social Workers.

Disadvantages:

- Financial resources to continue to improve the service in line with the findings of the recent review would be required. The level of investment is estimated to be significant.
- Whether further investment would lead to improvement at the pace required cannot be confirmed.

- The skills and knowledge required to deliver an improved assistive technology offer are currently beyond the capability of the Rothercare service and it would take time to cultivate the skills and knowledge required.
- The advantages outlined with option 1 would not be achieved without significant investment and a protracted time period.
- The required horizon scanning and insight of the technology market to ensure appropriate procurement of technology in such a fast-paced environment would be extremely challenging without technology partner expertise.

**Conclusion:**

The Council is facing significant financial pressures and there is an urgent need to manage the demand for care and support, so it is important that adult social care can prevent, reduce and delay the need for formal care and support.

Given the findings of the Rothercare review, the recommendation is that Option 2 is not progressed.

### **3.3 Option 3: Arm's Length Management Organisation (not recommended)**

This option would mean an organisation i.e., Arm's Length Management Organisation (ALMO) or a Community Interest Company (CIC) is established to deliver all the elements of the Rothercare function, and the service operates outside the constraints of a local authorities' rules and regulations whilst still being required to comply with legislative requirements.

**Advantages:**

- All risks relating to the Rothercare service are ported to the private entity.
- The technology partner would be performance managed, and a suite of performance reports would provide effectiveness and value for money to be demonstrated.

**Disadvantages:**

- Typically, a subsidy would be required in the first few years to ensure that the service can be sustained.
- Rothercare would require time to adopt this model which would have an impact on operational practice.
- Considerable funding would be required to setup an ALMO/CIC. Estimated procurement and implementation time would be approximately 24 - 36 months.
- Additional in-house resource would be required to act in the client role and effectively manage and monitor the contract to ensure satisfactory performance and compliance.
- A contingency plan would be required in the event that the organisation could no longer trade.

In 2013, another Council entered into a Service Level Agreement to develop this approach, with some functions transferring to a Community Interest Company (CIC) in 2016. It was envisaged at the outset that it would transfer to a completely independent company. However, after 10 years this still has not been achieved. The view of the Council is that due to various market challenges the Council will retain ownership of the company.

Conclusion:

Option 3 would present the Council with significant challenge to financial and officer resources and delay the achievement of the advantages outlined in option 1 and is therefore not a recommended option.

### 3.4 **Option 4 – A commissioned technology partner delivers all elements (not recommended).**

This option would mean that an external technology partner is commissioned under contract arrangements to deliver all elements of the Rothercare service. In this option customers who could potentially benefit from technology will be referred to the service for identification of assistive technology solutions, separately to care planning.

Advantages:

- Continuity of the service would be preserved.
- The technology partner would be a subject matter expert and would be best placed to appropriately assess customers and supply technology in targeted way.
- Expands the assistive technology offer and builds on strength-based approaches to promote independent living in line with Care Act 2014 principles (prevent, reduce, delay).
- Increases opportunities to manage demand on formal and higher cost support options and offer dynamic solutions to address increasingly complex needs.
- Procures technology from a diverse market with relevant knowledgeable purchasing power increasing budgetary control.
- Offers personalised identification of assistive technology solutions to improve customer experience.
- Increases the opportunity for performance management (KPI/contract management and realign the in-house operations) to continue to demonstrate value for money.
- Offers an in-road to advance progression to integrated care and health provision i.e., telehealth.
- A recycling programme would be implemented by the technology partner and the disposal of waste from electrical and electronic equipment would comply with relevant legislation.

Disadvantages:

- Reports of change of need and associated risks to vulnerable adults accessing the response service are currently escalated swiftly via internal pathways and processes. The preferred option 1 retains this element in house. If this service element was transferred to the technology partner this may introduce unnecessarily complex communication channels as an external technology partner using remote and less integrated communication and recording systems.
- Opportunities would be missed to promote positive practice and knowledge transfer across the directorate of innovative technologies and how they can benefit people.
- Resources currently available in the Rothercare staff resource which support the Council to respond to borough emergencies would no longer be available.

Conclusion:

Option 4 would present significant risks to individuals and would hinder the Council when required to respond to environmental and ecological emergency planning scenarios. Therefore option 4 is not recommended.

### 3.5 **Associated Costs estimated for option 1 (recommended)**

The service cost associated with the recommended option 1 have been estimated. The total cost is estimated at £1.6m and comprises of Rothercare 'in-house' operational cost and the costs associated with the procured Technology Partner to achieve the collaborative approach model.

### 3.6 Revenue:

Rothercare:

The Rothercare element of cost is budgeted at £1,012,085 and this budget will continue to support the staffing cost and non-staffing cost associated with operating the service including managing referrals, monitoring of the alarm receiving centre responding to alerts.

### 3.7 Technology Partner:

The Technology Partner procured will carry out the identification assistive technology solutions and review individuals and procure, deliver, collect/dispose and recycle the technology equipment.

The annual contract value associated with the service proposed to be procured from the Technology Partner is estimated to be £587,915. The contract value for a 5 year initial term is therefore estimated at £2.9m. The contract includes potential extensions for up to 3 years (to be taken in any combination) should this be exercised; this would bring the total contract value to £4.7m. These values will be subject to inflationary increases on an annual basis.

### 3.8 The revenue cost associated with the proposed option 1 have been estimated and illustrated in table 4 below.

Table 4. Revenue Cost Option 1

<b>Collaborative approach Model</b>	<b>Detail</b>	<b>Annual Cost 2025/26</b>
Rothercare	<ul style="list-style-type: none"><li>• Referral/Triage</li><li>• Monitoring of the ARC</li><li>• Response</li></ul>	£1,012,085
Technology Partner	<ul style="list-style-type: none"><li>• Identification of assistive technology solutions and review</li><li>• Collection/Disposal/Recycling of technology</li><li>• Procurement of technology</li></ul>	£587,915
	<b>Total</b>	<b>£1.6m</b>

### 3.9 Capital Costs:

In 2022/23 the Council spent a total of £712,856 on peripherals and standalone technology. The capital budget is sourced from the Disabled Facilities Grant and therefore does not need to be recovered through the weekly charge. There are approximately 5,646 digital boxes and pendants in circulation at any one time and a number of units held in storage. In addition, there are circa 1,651 standalone technology items and 18,000 items including 8,777 peripherals (environmental/personal sensors) purchased/stored or issued. The collection, disposal and recycling programme implemented by the technology partner will support control over expenditure associated with this budget.

### 3.10 Rothercare Service Charge:

The weekly charge for the Rothercare service (2024-25) is £3.50 per week. The service costs and associated charge to customers have not been revised for an extensive period. The weekly service charge needed to achieve full cost recovery (2025/26) has been calculated at £6.88 per week.

Whilst the service charge has remained stable the associated service costs have risen. Additional service requirements are as a result of increasing presence of technology, connected digital devices, remote monitoring capability and individual data driving practice.

In addition, as a result of the UK's telecom infrastructure upgrade, the current charge is insufficient to cover the costs of the sim cards (a component of digital boxes) which are a requirement to connect and operate the service (see 1.20).

### 3.11 Weekly Charge:

It is proposed that the weekly charge will increase from the current £3.50 to £4.50 (2025/26) for a 12-month period. This will cover the costs associated with the fact that the UK's telecom infrastructure analogue to digital upgrade programme is now underway on a national scale. As a result of the Analogue to Digital (A2D) programme the Council was compelled to replace the Rothercare's analogue units with digital units. These are installed in customers' homes and have an integrated Subscriber Identification Module (SIM) which are a component of digital boxes.

SIMs are a requirement to connect and operate the digital service. The costs of the SIM licences are £1/per household per week. The ongoing licence costs must be met by the income generated by the service. This increase will not achieve full cost recovery and therefore it will be necessary to continue to subsidise the service through the HRA. This will keep the financial impact to individuals to a minimum. Over a few years full cost recovery can be achieved gradually through a period of transition. The impact of the rising service costs will be mitigated by continuing to subsidise the service through a transitional phase towards zero subsidy. This will enable; customers who are receiving a subsidised service to continue to do so until they leave the service and, where people pay the Rothercare charge as part of a tenancy agreement but do not wish to do so, they will be offered an opportunity to have their needs for assistive technology to be identified prior to opting out of the charge.

### 3.12 Benchmarking

A benchmarking exercise has been undertaken in order to compare the weekly charges set by other Councils. Findings indicate a wide range of weekly charges applied by other local authorities. Rothercare charges are significantly lower than those applied elsewhere hence the proposed increases seem reasonable. Table 5 illustrates approximate weekly charges for a similar service offer identified in the proposed Option 1.

Table 5. Weekly Charges:

<b>Council</b>	<b>Charge 2024/25</b>
Doncaster	£6.20
Barnsley	£5.88
Sheffield	£6.99
Leeds	£10.55
Kirklees	£10.26
Calderdale	£5.85
Rochdale	£5.65
Hampshire	£5.00
Coventry	£9.63
Sandwell	£5.20
Walsall	£6.25

### 3.13 Charging proposals:

There are fixed costs associated with the service and the current model is subsidised as well as being dependent on paying customers continuing to access the service. To understand the associated risk impact relating to service sustainability and reliance on the subsidy, an assessment of the impact of the weekly charge has been undertaken.

- 3.14 The attrition rate from the service has been estimated at circa 21% of subsidised customers who leave the service annually. The service growth is around 3% (net of new customers and attrition). The new service will be promoted, and the growth of the service will accelerate beyond 3% increasing the numbers of paying customers. The subsidised customers will reduce over time along with a reduction on the requirement for subsidy.
- 3.15 A transitional increase in the weekly charge (in addition to inflation increase) will be applied in subsequent years which will be an important step to sustain this critical service and balance income and expenditure without a need for further subsidy.
- 3.16 Full cost recovery will be achieved gradually over a number of years. As the cost model relies on attrition rates and service growth, the pace at which reduction of reliance on the subsidy cannot be accurately determined. Potential charges and required subsidy have been modelled for the first two years and are illustrated below in Table 6. This is a conservative estimate taking into account a 3% service growth only and these figures are based on the current information available and best estimates.

Table 6: Estimated weekly service charge and subsidy required to mitigate shortfall:

<b>Year</b>	<b>Estimated Charge – customer per week</b>	<b>Subsidy – customer per week</b>
2025/26	£4.50	£2.38
2026/27	£5.00	£1.60

3.17 If approved, the implementation of the new collaborative approach model between an independent sector technology partner and Rothercare will undergo an assessment of benefits realisation which will inform the level of cost efficiencies derived. This will inform the revision of the service costs going forward which are likely to be favourable

#### **4 Consultation on proposal**

4.1 Engagement events have taken place to develop the new model. Attendees have included professionals and technology experts from the independent sector.

<b>Method of Engagement</b>	<b>Date</b>	<b>Target Audience</b>
Workshop – Rethink Partners	March 2023	Broad range of key stakeholders - Health and Social Care Professionals, Practitioners and Therapists, commissioners and frontline staff.
Engagement with the Operational Business Unit	Continuous throughout period	Head of Service Provider Services and relevant in-house management.
Workshop – Town Hall	29 May 2024	Health and Social Care Professionals, Practitioners and Therapists, and industry experts.
Workshop – Riverside House	1 July 2024	Health and Social Care Professionals, Practitioners and Therapists.

4.2 The LGA Care and Health Improvement Team have collaborated with Rethink Partners to support Councils to realise their ambitions for care technology and adopting digital tools and solutions in social care. Rethink partners engaged with Rotherham Council in March 2023, through a series of events. The outcome of their work led to recommendations being made to develop a blend of in-house and commissioned service model that plays to the strengths of Rothercare but with the benefits of a strategic partnership (technology partner - collaborative service model). They advised that to bring in expertise would de-risk 'technology redundancy' and a joint project was required involving a strategic technology partner to deliver a specialist technology offer and that Rothercare continue to

deliver and provide a monitoring and responder service for a new technology service offer.

- 4.3 Outcomes from the other events undertaken during 2024 have been reviewed and there is general support for the technology partner - collaborative service model. Queries raised on process and handoffs have been captured and will be addressed as part of the procurement exercise. The detailed service revision of Rothercare and design process of the model will address any potential concerns.
- 4.4 Further engagement events with Rotherham residents took place at Rotherham Show in September and their views will support the refinement of the service specification.
- 4.6 Benchmarking

Other local authorities have adopted different approaches to deliver their assistive technology offer (see Table 6).

Table 6: Local Authority Service Model

LA	Model			comment
	In house	Fully outsourced	Technology Partner/in house Collaborative model	
North Yorkshire		✓		Fully outsourced service since 2018.
Sheffield			✓	Elements of service undertaken externally and planning to outsource purchasing of equipment and identification of assistive technology solutions.
Derbyshire			✓	Technology partner commissioned to do monitoring and installations.
Doncaster	✓			
Bristol	✓			
Barnsley	✓			
Wiltshire			✓	Commission 24/7 monitoring and installation externally.
Hampshire		✓		Fully outsourced since 2014.
West Midlands Combined Authority			✓	Active tender taking place.



## **5 Timetable and Accountability for Implementing this Decision**

- 5.1 Pre-market engagement has commenced and if approved, the procurement/tender process will commence following Cabinet decision. A mobilisation period will ensue to ensure that the tender award is aligned to the revised Rothercare service operational arrangements.

## **6 Financial and Procurement Advice and Implications**

### **6.1 Finance**

Rothercare is currently funded through a mix of a weekly charges to customers and a subsidy from the Housing Revenue Account (HRA). Capital costs are funded through the Disabled Facilities Grant (DFG). It is anticipated that the full revenue cost will eventually be recouped through a staged increase in the weekly charge to existing and new customers, eliminating the need for HRA income.

- 6.2 The proposed charge has been calculated by estimating the number of users who will continue to require a service. If this estimate is wrong, then there is a risk that there will be insufficient income to cover the cost of providing the service. If this occurs then the operating model can be reviewed so that it operates within budget. The service budget will be monitored closely over the years of transition to minimise any risks associated with this

### **6.3 Procurement:**

All procurement activity aligned to the recommendations detailed in this report, must be undertaken in full compliance with the Public Contracts Regulations 2015 or the Procurement Act 2023 (whichever is the applicable legislation at the time) as well as the Council's own Financial and Procurement Procedure Rules.

## **7 Legal Advice and Implications**

- 7.1 As stated above the procurement of the assistive technology supplier will need to be carried out in compliance with the relevant procurement legislation which is in force at the time, and the appropriate contractual arrangements will need to be put in place with the chosen supplier.
- 7.2 The Care Act 2014 ("CA 2014") creates a general duty for the Council to promote the individual wellbeing of adults with care and support needs and carers. s1 of the CA 2014, requires the Council to have regard to the importance of preventing or delaying the development of needs for care and support.
- 7.3 Under s2 CA 2014, the Council must 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 Care and Support Statutory Guidance ("the Statutory Guidance") sets out that the care and support system must work to actively promote well-being and

independence and does not wait to respond when people are in crisis by early interventions which prevents need or delays deterioration wherever possible.

- 7.5 Under s18 of the CA 2014 the Council has a duty to meet needs for care and support having determined that a person has needs which meet the eligibility criteria and a duty under s20 of the CA 2014 to meet a carer's needs for support. The eligibility criteria is set out within the Care and Support (Eligibility Criteria) Regulations 2015.
- 7.6 Personalisation is central to ensuring people receive the right support that helps them live independently and connected to their communities. The Statutory Guidance recognises that concept of meeting need is different and personal to individuals and that modern care and support can be provided in many ways, including the use of technology. Paragraph 10.12 of the Statutory Guidance states: 'Where the local authority provides or arranges for care and support, the type of support may itself take many forms. These may include more traditional 'service' options, such as care homes or homecare, but may also include other types of support such as assistive technology in the home or equipment/adaptations, and approaches to meeting needs should be inclusive of less intensive or service-focused options'.
- 7.7 The Council has a market shaping duty under s5 CA 2014 to promote an efficient and effective market for care and support services for people in the borough including a variety of service providers and services and a variety of high-quality services.
- 7.8 On the Council's behalf, Rothercare is designed to promote the welfare of its customers by providing an alarm service to help tenants live safely in their own home. The alarm can be used inside the home during the day or night to send for help in circumstances including where a tenant has an accident or incident inside their home, suffers a medical emergency, and/or suffers from harassment or anti-social behaviour.
- 7.9 In connection with its provision of housing accommodation, s.11A(1) Housing Act 1985 allows for Local Authorities to provide '*services for promoting the welfare of the persons for whom the accommodation is so provided, as accord with the needs of those persons*'.
- 7.10 The Operation of the Housing Revenue Account (HRA) ring-fence Guidance ("the Guidance") provides for the provision of HRA expenditure on Core and Core Plus services. The Guidance states '*A service that cannot be defined as core or core-plus should be accounted for in the council's General Fund.*'
- 7.11 The Guidance defines Core services as including those related to low level anti-social behaviour. Core Plus services are defined as HRA housing related support services only, including alarm services.
- 7.12 Under s.11A (2), 'The authority may make reasonable charges for welfare services...', provided in connection with its provision of housing accommodation.

Customers currently pay a reasonable weekly charge to use Rothercare Services. Planned transitional increases in the weekly charge in consequent years will be

an important step to sustain the Rothercare service and balance income and expenditure without a need for further HRA subsidy.

- 7.13 The Guidance imposes no income-based funding restrictions on HRA expenditure for Core and/or Core Plus services.

## **8 Human Resources Advice and Implications**

- 8.1 Should any Human Resources matters arise from this report, including where TUPE Legislation applies, the Council will follow due processes.

## **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 recommendations in this report if approved will offer new 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 new service who are living in Rotherham with protected characteristics (see attached Equality Analysis - Appendix 1a, 1b) has been undertaken. Where people with protected characteristics are under-represented, the new service will be designed to overcome any issues identified.

- 10.2 The recommendations in this report will promote assisting those most vulnerable in society to have their needs met in the least restrictive way.

- 10.3 The proposals in this report support the Council to comply with legal obligations encompassed in the:

- 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.

- 10.4 Section 149 of the Equality Act 2010 establishes the public sector equality duty ("PSED") – which requires that the Council, as a public body, in carrying out its functions must have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- 10.5 The relevant protected characteristics referred to in the Equality Act are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Public authorities also need to have due regard to the

need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

10.6 There is a duty on the Council to keep a record to demonstrate that it has genuinely and consciously had due regard to the PSED.

## **11 Implications for CO2 Emissions and Climate Change**

11.1 The technology partner will be replicating activity that is currently undertaken by Rothercare. In terms of emissions from non-domestic buildings and transport, much of the impact of emissions (in comparison to the current service model) depends on whether the chosen technology partner is already operating in the Rotherham area. Emissions can be mitigated in this area by asking the technology partner to produce a carbon reduction plan, engaging with the technology partner regarding electric vehicles and optimising non-emergency routes.

11.2 In terms of waste, it is envisaged that the successful technology partner will operate more efficiently from a carbon perspective throughout the contract. In the event that a national organisation being the successful technology partner there remains a real opportunity for carbon reduction as the Council can exploit their supply chain and existing resources. It is expected that a new technology partner could support waste minimisation. Equipment is expected to be reissued where possible and Waste Electrical and Electronic Equipment (WEEE) recycled, this will be monitored.

11.3 The exact requirements and responses from the successful technology partner will be gleaned via their formal response and the relevant procurement framework requirements on carbon declarations. Carbon impact plans will be requested to understand the organisations carbon impact and mitigating actions to address these.

11.4 Outcomes aimed to be achieved by the new technology partner:

- A technology partner that has infrastructure in or near to Rotherham to reduce domestic building emissions.
- Reduce emissions from transport by being more strategic in visits.
- The use of more environmentally friendly vehicles to achieve the councils Net Zero 2030 target.
- Reduction of waste via a WEEE compliant process.

## **12 Implications for Partners**

12.1 The recommendations in this report if approved:

- Will represent a positive step in respect of hospital and care home admission avoidance and accelerating safe hospital discharge.
- Have synergies with telehealth and will promote technology advancement in integrated health and social care.

### 13 Risks and Mitigation

13.1 Risk: The competitive tender process has a poor response from the market.

Mitigation: Further market development, engagement, co-production, research on specifications and costs.

13.2 Risk: The new technology partner fails to expand the assistive technology offer and strength-based approaches are further hindered.

Mitigation: Detailed mobilisation and ongoing development plan.

Mitigation: Services will be clearly specified with the Council's expectations in respect of competency, capability and high standards. Robust arrangements will be in place to monitor service delivery and outcomes with associated performance targets and KPIs and enforcement action taken when technology partner deviates from the standards.

### 14 Accountable Officers

Ian Spicer, Strategic Director, Adult Care, Housing and Public Health.

Approvals obtained on behalf of Statutory Officers: -

	<b>Named Officer</b>	<b>Date</b>
Chief Executive	Sharon Kemp OBE	30/09/24
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	26/09/24
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	26/09/24

*Report Author:* Kirsty-Louise Littlewood, Assistant Director Adult Care  
[Kirsty-louise.Littlewood@rotherham.gov.uk](mailto:Kirsty-louise.Littlewood@rotherham.gov.uk)

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