

**From:** Richard Smith, Corporate Director Adult Social Care and Health

**To:** Clair Bell, Cabinet Member for Adult Social Care and Public Health

**Subject:** **Telecare Contract**

**Non-Key decision:** 22/00056

**Classification:** Unrestricted

**Past Pathway of report:** Adult Social Care Governance Directorate Management Team Meeting – 25 May 2022  
Adult Social Care Cabinet Committee – 13 July 2022

**Future Pathway of report:** Cabinet Member decision

**Electoral Division:** All

**Summary:** The Telecare contract is due to end on 30 November 2022. The proposed decision to modify the contract for a period of nine months to 31 August 2023, which will allow time to develop and procure a new county wide Technology Enabled Care Service from April 2023, mobilise the new contract and to migrate people from the current Telecare service to the new contract, ensuring there is no gap or impact on provision.

**Recommendation(s):** The Cabinet Member for Adult Social Care and Public Health is asked to **DELEGATE** authority to the Corporate Director Adult Social Care and Health, to modify the Telecare contract with Invicta Telecare Limited Trading as Careium for a period of nine months from 1 December 2022 to 31 August 2023 and take relevant actions as necessary to implement the decision.

## 1. Introduction

1.1 The Telecare contract is due to end on 30 November 2022. The proposed decision to modify the contract for a period of nine months to 31 August 2023, which will allow time to develop and procure a new county wide Technology Enabled Care Service from April 2023, mobilise the new contract and to migrate people from the current Telecare service to the new contract, ensuring there is no gap or impact on provision.

## 2. Background

- 2.1 Technology Enabled Care is key within the Making a difference every day approach and is aligned with the Council's priorities set out in "Framing Kent's Future – Our Council Strategy 2022 – 2026: *Seize opportunities to embed technology and digitally-enabled care and support services in meeting people's current and future care needs*".
- 2.2 The Telecare contract was originally awarded in 2015 and has since been adapted to meet the needs of individuals. The purpose of Telecare is to support people to maintain independence, facilitating them to remain in their own home for as long as possible, Appendix 1 provides an overview of Telecare and case studies. The scope of the service in the specification covers three main areas and currently supports 5,190 people:
1. Direct Service Provision: This constitutes a Telecare service including 24-hour monitoring, along with provision for installing and de-staling the equipment. It also includes the provision of Digital Care and Assistive Technology Services, and support and training for people and carers using the equipment.
  2. Staff training and support: This covers both advisory and training services.
  3. Service development: This covers 'horizon scanning' and strategic development in relation to future development and use of the services.
- 2.3 The Care Act 2014 placed a statutory duty on councils for prevention, information, and advice. There are two types of scenarios in which Telecare is prescribed:
1. Where the person has needs for care and support that meet the national eligibility criteria and these needs can be met either wholly or in part through the provision of Telecare ("Telecare Enhanced"). This must be detailed in the care and support plan.
  2. Where the provision of Telecare would prevent or delay the development of need for care and support; no other ongoing care and support services are prescribed ("Telecare Only" or "Telecare Standard").
- 2.4 There have been significant developments in social care and health technologies, including utilising more everyday solutions such as smart speakers. Another key change that will affect how technology interacts with social care is the national transition from analogue telecommunication networks to digital technology, due to be completed in 2025. This means that products that rely on older analogue telephony infrastructure will no longer work, and services will have to switch to newer devices that can connect to broadband networks. Emergent digital devices also present many opportunities and create potential for much greater data-driven care and will allow the Council to do more predictive modelling, provide advanced warning and intervention planning, which will help in making services more proactive.

- 2.5 Adult Social Care has a one-year Technology Enabled Care build and test with Nottingham Rehab Services (NRS) in East Kent. The aim of the build and test is to test different types of technologies with real life assessments and explore the potential in the data this provides. This will inform future requirements and the development of the specification that will be used to procure Technology Enabled Care Services from April 2023.
- 2.6 The aspiration for Technology Enabled Care is the delivery of a clear and innovative assistive technology offer that empowers people, supports independent living and provides greater choice and control to support an outcome-focused approach. The future offer for Kent aspires to access the full range of modern technology available via the market and tailor it to individual need. This is a new approach for the Council and looks to utilise assistive technology that goes beyond traditional Telecare provisions.
- 2.7 Additionally, the KARA video carephone contract was extended to April 2023 to align to the aspiration to bring KARA, Telecare and Technology Enabled Care together under one contractual arrangement from April 2023 onwards.

### **3. The Telecare Contract**

- 3.1 The Telecare contract under its current contractual arrangements, following the decision of 1 + 1 year extension taken in December 2020 is due to end on 30 November 2022. The Telecare contract currently costs the authority approximately £650,000 per year for 5,190 cases.
- 3.2 The contract is with Invicta Telecare Limited, trading as Careium.
- 3.3 **Option 1:** to decommission/end the Telecare service at the end of its existing contract in November 2022.
- 3.4 This will create a risk in gap of provision of Telecare between the end of the Telecare contract in November 2022 and the implementation of the Technology Enabled Care Services contract in April 2023. The 5,190 existing Telecare cases will need to be reviewed and alternative provision considered, which could include:
- People paying privately for the Telecare provision (where this is Telecare only), this means stop providing Telecare for people who do not have ongoing care and support needs. The council's duty for prevention does not extend to the need to pay for preventative services that would help delay or prevent the onset of care needs. It is however required to promote and provide information and advice as to how individuals can undertake such preventative measures themselves. This option would require a full consultation.
  - If people are living in the Technology Enabled Care build and test area (East Kent) they can access alternative provision, however this is only a one year test and will be replaced by the county wide offer. Therefore, people will have three service providers in one year.
  - Where this is part of an eligible need (Telecare enhanced), the care and support package may change from the use of Telecare to more

carer input reducing independence for the person and increasing the pressure on limited capacity within the care market. Or a Direct Payment can be used to access alternative provision. There could also be an adverse impact on people experiencing uncertainty about their future provision and changes to their care and support offer.

- 3.5 Another way to mitigate this risk is to obtain Telecare services from a new contractor for the duration of the proposed extension. However, this will impact on service continuity for people as they will have three providers in one year (the current Telecare, moving to the new contractor and finally onto the county wide service which will be in place from April 2023). The short-term contract will not be attractive to providers and can be at a significant cost. This would require procurement and project resources, which are currently focused on the build and test and development of the county wide Technology Enabled Care Service. Therefore, this option has the potential to undermine the longer-term plan.
- 3.6 **Option 2:** is to modify the Telecare contract by a period of nine months to 31 August 2023.
- 3.7 Option 2 is the preferred option and will allow time to complete the current Technology Enabled Care build and test, develop and procure a county wide Technology Enabled Care Service from April 2023. This will also enable the county wide offer to be mobilised and to migrate people from the current Telecare service to the new contract, ensuring there is no gap or impact on provision. The new county wide offer also provides an opportunity to put in place a service that will allow existing Telecare provision that relies on analogue technology to be switched over to newer devices that can connect to broadband networks.

#### **4. Financial Implications**

- 4.1 The Telecare contract currently costs the authority approximately £650,000 per year. The estimated cost of the nine-month contract modification will be around £385k.
- 4.2 Telecare is within the budget for 2022/23.

#### **5. Legal implications**

- 5.1 Legal advice was accessed as the 24-month extension provided for in the Contract has already been used, a further extension may amount to a “material modification” of a public contract which should be subject to a new procurement procedure. However, a new procurement procedure will not be required if the proposed modification falls within one of more of the “permitted changes” set out in Regulation 72 of the Public Contracts Regulations 2015.
- 5.2 Legal advice has been provided and stated that there are reasonable arguments that the proposed modification falls within the scope of Regulation 75 of the Public Contracts Regulations 2015 and therefore that a new

procurement procedure is not required. There were recommended steps that can be taken to mitigate the risk of challenge and a contract award notice or transparency notice can be published.

## 6. Equalities implications

- 6.1 An Equality Impact Assessment (EqIA) has been completed and is attached as Appendix 2 and not expected to have a significant negative impact on any of the protected characteristics.

## 7. Data Protection Implications

- 7.1 A Data protection impact assessment is not required.

## 8. Conclusions

- 8.1 The Telecare contract is due to end 30 November 2022. The proposed decision to modify the contract for a period of nine months to 31 August 2023, will allow time to develop and procure a new county wide Technology Enabled Care Service from April 2023, mobilise the new contract and to migrate people from the current Telecare service to the new contract, ensuring there is no gap or impact on provision.
- 8.2 The aspiration for Technology Enabled Care is the delivery of a clear and innovative assistive technology offer that empowers people, supports independent living and provides greater choice and control to support an outcome-focused approach. Which is closely aligned to the Council's priorities set out in "Framing Kent's Future – Our Council Strategy 2022 – 2026".

## 9. Recommendations

**9.1 Recommendation(s):** The Cabinet Member for Adult Social Care and Public Health is asked to **DELEGATE** authority to the Corporate Director Adult Social Care and Health, to modify the Telecare contract with Invicta Telecare Limited Trading as Careium for a period of nine months from 30 November 2022 to 31 August 2023 and to take relevant actions as necessary to implement the decision.

## 10. Background Documents

Technology Enabled Care Build and Test - Adult Social Care Cabinet Committee, 1 December 2021

<https://democracy.kent.gov.uk/documents/s108125/Item%209%20-%20Technology%20Enabled%20Care%20Build%20and%20Test.pdf>

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