REPORT TO:	Health Policy and Performance Board
DATE:	28th November 2017
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Telecare Charging Policy, Procedure and Practice 2017
WARDS:	Borough Wide

1.0   PURPOSE OF THE REPORT

1.1   To present the Board with details of the Telecare Charging Policy, Procedure and Practice.

2.0   RECOMMENDATION: That the Board:

i)   Note the contents of the report and associated appendix

3.0   SUPPORTING INFORMATION

3.1   Halton Telecare Service (formally Lifeline) has been established for over 27 years. During this time, the service has grown from a static onsite warden service to a fully operational, assessment, installation and response service. Telecare has potential to benefit people who may need care and support by increasing their confidence and helping them remain independent in their own homes.

The service is for anyone who feels at risk or vulnerable in their own home. People choose to have the Telecare service for different reasons;

- People who live by themselves, who need reassurance that help is available should they need it.
- Those who are susceptible to falling and who require assistance to get up.
- People with health issues that might need to get in contact with the ambulance service quickly.
- Reassurance and peace of mind for family members should they wish to leave a vulnerable person by themselves in the house for a short while.

The Telecare service offers three service levels, dependent upon the range of equipment needed and charges range from £6.02 to £9.64 per week.

In houses of multiple occupancy (HMO's) charges are based on the need of each person within the home and each person can be charged up to £9.64 per person. This meant that the charging policy was highly complex and the cost of administering the policy was excessive.

3.2   The development of a Telecare Charging Policy was proposed to address the need for a consistent and equitable method of charging for telecare services.

A task and finish group was formed in January 2017 with representatives from Care Management, Telecare, Finance, Policy and ICT to review the charging methods for Telecare and develop a Telecare Charging Policy.

3.3   During the review, discussions highlighted a complicated charging mechanism for residents in houses of multiple occupancy (HMO's). Previously, the charges were divided by the number of residents (based on a minimum of three people) with adjustments made to individual's charges whenever a person joined or left the property.

3.4   In order to simplify the charging methods and integrate into Carefinancials, it was proposed that existing clients would be moved from the current charging system to a standard charge of £3.21 per week (based on Telecare service level three charge of £9.64, divided by three).

3.5   Migrating to the proposed charging structure will ensure Telecare clients living in HMO's are aware in advance of the standard charge, without changes to billing when other residents move in and out.

3.6   There are 25 clients affected by this change, with 10 being charged less (between £0.31 and £3.22 per week) and 15 clients charged more (between £0.87 and £1.46 per week).

3.7   Discussions are underway to identify a suitable method of consultation with the 15 clients affected by the proposed increase in charges. Income and Assessment and Appointees are included within the discussions along the support workers from Adult Day Services.

4.0   POLICY IMPLICATIONS

4.1   The policy and information guide now provides guidance for service users to source an alternative lower cost installation of keysafes if they wish.

4.2   The policy will assure that practice and charging will be consistently applied.

5.0 FINANCIAL IMPLICATIONS

5.1 Should the proposed changes to HMO charges be implemented there would be a potential loss of income for the LA of £2.83 per week.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
All issues outlined in this report and its associated presentation focuses directly on this priority.

6.4 **A Safer Halton**
None identified.

6.5 **Halton's Urban Renewal**
None identified.

7.0 RISK ANALYSIS

7.1 None associated with this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None associated with this report.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.