	Committee and Date	Item
Shropshire Council	**Cabinet** **11th June 2025**	
		Public

Healthy People Healthy Economy Healthy Environment Healthy Organisation

Telecare Charging Consultation

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Cabinet Member (Portfolio Holder):	Ruth Houghton	

1.   Synopsis

1.1   A public consultation has been undertaken regarding the proposal to introduce charges for the telecare services currently provided by the Council which was set out as initial saving proposals in 2024 to inform future budget sustainability. Following the outcome of the consultation, Cabinet is asked to consider the proposals set out below to introduce a charging structure for the provision of telecare services for the residents of Shropshire which aligns to the Shropshire Plan to prevent and reduce the need for high-cost care and support whilst maintaining independence.

2.   Executive Summary

2.1   Shropshire Council currently provides telecare services free of charge to all 2,060 individuals including self-funders. Telecare refers to a wide range of assistive technologies designed to support individuals to live independently. These systems are connected to the Alarm Receiving Centre (ARC), which operates 24/7, 365 days a year, ensuring that users receive immediate assistance in emergencies.

2.2   With demand increasing, the Council must ensure the long-term sustainability of telecare services. Introducing charges will allow the Council to continue delivering high-quality support, while also adapting to the transition from analogue to digital telecare technology.

2.3   Currently, Shropshire Council is one of very few councils who do not charge for telecare. The introduction of charges will help to secure future service provision and enable ongoing investment in new technologies in line with the innovative and flagship virtual care service which has been running since 2020. This has been developed to address the evolving needs of individuals and the rising demand for social care services in Shropshire. By harnessing the power of technology-enabled care (TEC), also known as assistive technology, the programme focuses on delivering robust risk management strategies, improved care outcomes and diminishing dependencies on conventional forms of care and support.

2.4   The telecare service aims are driven by the strategic objectives of the Council. The Shropshire Plan is explicit in its focus on 'helping people to stay healthy for longer, preventing or reducing the need for health and care support', with a vision of 'Shropshire living the best life' and working with our partners and communities to deliver the vision and priorities for Shropshire to promote Healthy People. And using emerging technologies and digital solutions will enable us to provide our customers with improved and quicker access to information.

2.5   The service is fundamental to supporting older people and vulnerable adults to be and remain as independent as they can for as long as possible and to ensure that their later years are as healthy as possible. The aim of the service is to assist vulnerable adults towards feeling safer and more protected; this is a key aim within the Shropshire Plan.

3.   Recommendations

That Cabinet:-

3.1   Approve the introduction of charging for telecare services as outlined in this report with effect from 1st October 2025 on the basis that any financial contribution will be determined by reference to the Council's Adult Social Care Charging and Financial Assessment Policy for Non-residential Care 2024-25 and;

3.2   Approve that, aligned with good practice, individuals will be supported to maximise income and to access eligible benefits in order to mitigate any adverse financial impact; and;

3.3   delegate responsibility for implementing the charging structure for telecare services provided by the Council to the Executive Director (DAS) in consultation with the Portfolio Holder for Social Care.

Report

4.   Risk Assessment and Opportunities Appraisal

4.1.   Risk narrative: An assessment of the current telecare service has taken place and there are several significant risks to the Council if services are not transformed and additional investment sought.

4.2.   Ongoing risks, which Cabinet are asked to consider include:

- The service in its current format may not be sustainable in light of increasing demand for social care services at a time of ongoing reduction in budgets

- The Council needs to respond to the challenges and opportunities presented by the 2027 digital switchover in relation to utilising technology in social care; Digital devices tend to be more costly than analogue ones, which need replacing due to the digital switchover. Since digital devices require SIM cards, they come with additional ongoing expenses, alongside the upfront cost of purchasing new equipment.

4.3   The Consultation on charging for telecare outlines some of the impact and risks of proposed service changes on residents.

4.4   Risk table

Risk	Mitigation
Cancellation of service: Individuals may cancel their service even if they are deemed to still need it due to the introduction of charging.	***The processes described below serve as control measures, outlining the actions to be taken to manage the risk if an individual cancels their service due to charging.*** If an individual cancels their service due to the introduction of charging, the Telecare Team at Shropshire Council must notify the allocated social care worker or Duty social work team within two working days. The assigned officer will conduct a risk assessment to identify any potential risks arising from unmet needs and take appropriate measures to mitigate them. Additionally, a review will be undertaken to determine whether a charging assessment has been completed or is required. As part of this process, we will aim to mitigate any adverse financial impact and maximise an individuals' income through a benefit check and facilitate referrals to other sources of support where necessary such as advocacy services. The allocated officer will ensure that the decision to cancel the service is an informed choice

	rather than one based solely on financial considerations. Shropshire Council remains committed to funding telecare for individuals who have been financially assessed and deemed as not being able to pay for their care In line with The Care Act. This includes those with an existing social care package funded by the Council, as well as individuals entitled to free services under Section 117 of the Mental Health Act 1983 or as part of a time-limited reablement package following hospital discharge. A financial assessment will determine an individual's ability to contribute to the cost of telecare services, with charges being applied to those who are able to pay (self-funders). All individuals will be financially assessed and the Minimum Income Guarantee will be applied in line with the Adult Social Care Charging and Financial Assessment Policy for Non-Residential Care 2024-2025 (Appendix 4)
Affordability and cost of Living crisis: Charging for telecare service may affected individuals negatively, in ways that include difficulties meeting basic needs such as heating their homes, eating a balanced diet, increased social isolation, and mental health impacts such as loss of sleep.	During the financial assessment process (as described above), the Council may advise on benefit entitlement, including referrals or signposting to relevant agencies and services. Residents will only be charged if Telecare is the only identified need. Those receiving broader services would contribute to the cost of the service based on their income and expenditure undertaken by the Financial Assessment team in line with the Adult Social Care Charging and Financial Assessment Policy for Non-Residential Care 2024-2025.
Increase in complaints	If someone disagrees with their financial assessment outcome, they can request a review by explaining why they believe the decision is incorrect. If additional information needs to be considered, people will be advised that they should contact the Financial Assessment team. In some cases, this may involve completing a new financial assessment form. If the person remains dissatisfied, they will be advised that they can file a complaint via the Shropshire Council website or via the first point of contact.

Impact on other services such as NHS and community and voluntary sector: The services affected by this proposal could impact both social and health-care sectors if people decide to not continue to receive the telecare service, or do not take up the offer of telecare due to the charge.	A risk assessment may be conducted to identify any risks due to unmet needs, and measures will be taken to mitigate these risks wherever possible. The proposed change aims to increase the accessibility of the service.
Impact on Internal teams: There is a risk that our internal teams may lack sufficient capacity to integrate the new charging functionality into existing systems. Throughout the consultation process, these teams have highlighted their current resource constraints.	• **Resource Reallocation:** Prioritise the charging integration by shifting resources from non-critical projects to ensure the task is adequately staffed. Project Management team have offered support here with a clear, timetabled implementation plan. • **Timeline Adjustments:** Adjust implementation milestones to reflect realistic capacity challenges, ensuring quality is maintained throughout. • **Ongoing Monitoring:** Conduct regular progress reviews to quickly identify and address any further capacity issues during implementation .
Impact on carers and family members	• Care eligible individuals (as described above) will not be charged • The proposed charge is at a subsidised rate • The proposed change aims to increase the accessibility of the service • Guidance will be provided to direct carers toward relevant support services they may benefit from
Debt	Existing users may continue accessing the system without making payments, potentially leading to accumulated debt and the need for payment recovery procedures. Support will be provided to facilitate payment through the Council's debt management process, which will be aligned with the existing debtor framework within Adult Social Care. This process will follow the outlined financial assessment to determine the individual's ability to pay. If charging is introduced, the 'debtors' list for telecare services will be monitored on a monthly basis.

5.   Financial Implications

5.1   The Council continues to manage unprecedented financial demands as budgeted for within the Medium-Term Financial Strategy approved by Council on 27 February 2025 and subsequent updates. It is also addressed in our monitoring position presented to Cabinet on a monthly basis. Significant management action has and continues to be undertaken to ensure the Council's financial survival. While all reports provide the financial implications of decisions being taken, this may change as officers review the overall financial situation and make decisions aligned to financial survivability. Where non-essential spend is identified within the Council, this will be reduced. This may involve
- scaling down initiatives
- changing the scope
- delaying implementation, or
- extending delivery timescales

5.2   At present, approximately 2,060 individuals receive telecare services in Shropshire. However, based on the experiences of Telford and Wrekin Council in 2024 and feedback from consultation responses, the introduction of charges is expected to result in a 21–40% reduction in service uptake.

5.3   Under the proposed charging model, 297 telecare users would be exempt from fees, in line with the proposed commitment to continue funding the service for those who are care eligible - meaning their social care package is already funded by the Council following assessment cannot be changed.

Cost of Telecare

5.4   The current weekly contract price, including equipment purchase, monitoring, staffing, and administration is £11.34 per telecare user in the first year and it proposed that this is not passed onto the customer due to the current purchasing of devices. From year two onward, this cost reduces to £3.51 per user per week. It is proposed that, where an individual is considered able to pay, a weekly charge of £3.45 is introduced for the provision of the telecare service to each user.

5.5   The following table outlines the typical costs associated with setting up and maintaining telecare devices, based on the Council's current commissioning arrangements for purchasing equipment. It does not include the cost of equipment or telecare devices, as these are purchased separately on a one-off basis within our existing commissioning arrangement.

SIM Cost	£40 (annual charge)
Installation Cost (one off)	£46.83 (one off) N.B there is also a deinstallation charge which hasn't been included
Fault cost (one off – or as needed – current data suggests on average there is	£39

one fault call out per user per year)	
Alarm receiving centre costs and review of the Device Management Platform daily to ensure equipment is working as it should and there are no faults	£26.59 (annual charge)
Total	**£152.42**
Staffing Overhead (20% of above figure) (telecare Co-ordinator, manager and overheads)	£30.48
Grand total	£182.90/ 52 weeks of the year
Ongoing weekly cost	**£ 3.51 per person per week**

5.6   The table below illustrates the projected annual income calculation from the introduction of a telecare charging structure.

Total Users (excluding those with care packages and under Section 117 of the Mental Health Act):	1,793
Estimated Reduction (30%):	538 users
Remaining Users: 1,255	1,255
Weekly Charge per User:	£3.45 per week/ per Year: 52
Annual Income: 1,255 users × £3.45 per week × 52 weeks =	£225,147.00
Additionally, based on 430 new telecare referrals in 2024/2025 paying a one-time startup fee of £35 per new user, this would generate	£15,050.00
Total Projected Annual Income:	**£240,197.00**

6.   Climate Change Appraisal

6.1   Energy and fuel consumption – no effect.

6.2   Renewable energy generation – no effect.

6.3   Carbon offsetting or mitigation.

6.4   As part of the ongoing digital transformation of the telecare service, new digital devices are being introduced with remote monitoring capabilities to ensure they function as intended. This advancement not only enhances efficiency by reducing the need for engineers to travel for fault diagnosis but also supports the green agenda by cutting down on unnecessary emissions from vehicle use. By minimising travel and optimising resource allocation, the service contributes to a more sustainable approach to delivering the service and, aligning with broader environmental goals

6.5   Climate change adaptation – no effect.

7.   Background

How Telecare Works

7.1   Telecare encompasses various devices, including:

- Alarm systems linked to the ARC, allowing users to call for help in emergencies
- Automatic alert systems, such as fall detectors and sensor mats, which trigger warnings if a user experiences a fall or other issue
- Standard alarm packages, which typically include:
    - A base unit (connected via a telephone line, internet, or SIM card)
    - A call button, worn as a pendant or wrist strap
    - Additional fall sensors or monitoring equipment, designed to improve safety

7.2   When an alarm is activated, the ARC assesses the situation and determines the appropriate response—whether contacting a listed emergency contact, a relevant service provider, or emergency services.

Benefits and Outcomes

7.3   Telecare enhances independence, safety, and well-being, providing reassurance for users and their families. Specific benefits include:

- **Enhanced Safety & Independence:** Individuals can remain in their homes while knowing immediate support is available
- **Reduced Hospital Admissions:** Early intervention through monitoring helps prevent emergencies and unnecessary hospital visits
- **Peace of Mind for Families & Carers:** Loved ones feel reassured that assistance is available whenever needed
- **Cost-Effectiveness:** Telecare reduces strain on health and social care services by minimising the need for in-person support
- **Improved Response Times:** Faster emergency intervention helps lessen the impact of incidents such as falls

Alignment with the Care Act 2014

7.4 The Care Act emphasises the importance of the provision of preventative care, focusing on promoting and maintaining independence rather than reacting to crises. Local authorities have a duty to prevent, delay, or reduce individuals' needs for support.

7.5 Telecare is highlighted in statutory guidance as a key example of secondary prevention and early intervention, helping individuals manage risks, maintain independence, and reduce reliance on more intensive care support.

7.6 The provision of a telecare service is a non-statutory service which the Council is not obliged to provide. Nevertheless, telecare services are provided as an integral component of the Care Act's preventative measures, which are designed to foster and maintain individual independence.

7.7 By introducing a sustainable charging model, it is believed that the Council can continue offering effective telecare services, ensuring its residents benefit from enhanced safety, security, and long-term independent living.

7.8 Section 2 of the Care Act places a duty on a local authority to prevent, delay or reduce the need for care and support arising. The provision of telecare services supports the wellbeing principle within the Care Act, enhancing individuals' independence and well-being for as long as possible. Preventative interventions can help people live safely and reduce the need for care and support.

7.9 Sections 14 and 17 of the Care Act and The Care and Support (Preventing Needs for Care and Support) Regulations 2014 ("the Regulations") permit the Council to make a charge to cover the cost that is incurred by meeting a need to which a charge may apply. Section 2(5) of the regulations provides that a charge under the regulations may only cover the cost that the local authority incurs in providing or arranging the provision of the service, facility or resource. To establish the amount of the charge to be made, a financial assessment is required to determine an individual's contribution to their care costs.

7.10 A local authority has discretion to decide whether or not to charge a person when it is arranging to meet a person's care and support needs, except in certain circumstances where the local authority is not permitted to make a charge and must arrange care and support free of charge. The provision of telecare services is one of the services for which a charge can be made.

7.11 The current weekly contract price, including equipment purchase, monitoring, staffing, and administration—is £11.34 per telecare user in the first year and it proposed that this is not passed onto the customer due to the current purchasing of devices. From year two onward, this cost reduces to £3.51 per user per week. It is proposed that, where an individual is considered able to pay through the financial assessment process, a weekly charge of £3.45 is introduced for the provision of the telecare service to each user. The proposed £3.45 weekly charge is set at a level to ensure the Council does not exceed the actual service costs (in line with the Care Act 2014) while keeping fees as low as possible through a subsidised rate. The proposed charge remains

comparatively low when benchmarked against the charging structures of other local authorities. The proposed installation charge of £35 is a subsidised fee, compared to the £46.83 installation cost charged to us by our provider. This amount also considers the £35 deinstallation charge incurred, which is not being passed on to the individual.

Benchmarking

7.12   Appendix '1' presents benchmarking data on the charging structures for telecare services across various local authorities. The table below offers an overview of telecare charging practices within the West Midlands and surrounding areas.

Council	Details	Weekly charge	Monthly charge	Installation charge	Other points
Coventry	Charges based on financial assessment	£4.05			
Dudley	Note - monthly charge is PLUS VAT. People on low income and receive help with Council Tax may be entitled to a discount		£23.40		A standard charge, which is not dependant on the number of Telecare products installed in the property.
Wrexham	Tier 1: Basic lifeline	£5.65		£25	£25 cancellation charge within 18 months
Shropshire Towns and Rural Housing (Private service)	Basic package	£3.50		£25.00	
Herefordshire	They offer telecare free for 6 weeks and after that they charge £3.69 no vat – this is what most people pay.	£3.69		None	£4.43 with the VAT.
Watch (Shropshire, Telford and Wrekin) operated by Wrekin Housing	Various packages:		£25-33 a month		
Telford and Wrekin Council	Various packages	£3.75	£15 a month		
Shropshire Council (proposed)	Non tiered service- Proposal that this is a standard charge, which is not dependant on the number of Telecare products installed in the property.	£3.45		£35.00	Some exemptions to the charges (please see detail in paper section 5.7).
Walsall	Levels 1- 3 tiered service.	£3.75 - £5.25	£15.00- £21.00 a month		
Birmingham City Council	This is based on the provision of the basic Careline alarm box and pendant, and includes: Install, Maintain and monitor	£3.50			
Sandwell		£5.30		£30.60	

Wolverhampton	Levels 1- 4 tiered service.	From £3 to £9			Free for people on certain benefits.
Staffordshire	Telecare is not free to Staffordshire residents. A choice of which Telecare provider to go with, what type of package is required and how much residents want to pay.	Charge depending on range of provider of choice			
Warwickshire	Telecare which is monitored and provided through Warwickshire County Council is a chargeable service. Customers will need to have a financial assessment and telecare is charged at a maximum of £3.06 per week.	£3.06			

Consultation

7.13   The consultation was undertaken between 20 January 2025 and 10 March 2025, with responses being accepted until 11 April 2025. All responses received were duly considered, and the complete range of feedback is set out in Appendix '2' – Telecare Consultation Report.

7.14   The principal approach to engagement was through a formal consultation survey, made available in both electronic and paper formats. A printed version (with a freepost envelope for return) accompanied by a link to the online questionnaire, was distributed by post to all 2,060 service users. Additionally, libraries and Shropshire Local centres were supplied with paper copies and offered assistance to residents in completing the survey, where required.

7.15   Additionally, consultation materials were disseminated to health colleagues within the Integrated Care Board (ICB), promoted via the Voluntary and Community Sector Assembly (VCSA) newsletter, shared with housing providers, and made available internally through the main Shropshire Council website.

7.16   Key Findings:

- Consultation Responses: In total 467 people responded to the consultation and a significant proportion of respondents accessed the survey through the postal information sent to existing Telecare service users (91% of all survey responses were postal and 9% were online)

- 52% of respondents disagreed with the introduction of the £3.45 weekly charge

- Charging for Telecare: When asked whether they would continue using the telecare service if charges were introduced, 49% of respondents indicated they would retain the system. 21% wouldn't and others didn't know, or the question wasn't applicable

- Satisfaction with Telecare: Regarding the quality of the telecare service, 82% of respondents rated the system as Good or Very Good

- There is also a lot of support for a free 6-week trial for those with a reablement package (48% agree or strongly agree)

7.17   It is clear from the responses received how valuable to service is for people with quotes such as:

"*We are very grateful for this reassuring service. When used, the staff have been excellent. The Engineers have also been superb and any new equipment/updates/repairs etc. have been undertaken efficiently and professionally.*"

7.18   With mixed comments received regarding the charging proposal including:

"No, I know it's hard times, but this is a great service and don't think people who already use it should have to pay."

7.19   And comments such as:

"I feel that it is very fair that we should contribute to the service. To me it is very important contact to have knowing that help is at hand if needed."

7.20   Many respondents expressed concerns about affordability and the potential negative impact on vulnerable individuals. Suggestions included means-testing charges and keeping the service free for those in greatest need. Many people highlighted concerns that the loss of a preventative service such as telecare would increase costs elsewhere.

Proposed Charging Structure

7.21   Following the outcome of the consultation, Cabinet is requested to consider with effect from 1 October 2025, the implementation of a charging structure for telecare services as described in this report. If agreed, Cabinet is also requested to agree that the implementation of the charging structure be delegated to the Executive Director of Adults with the support of Commissioning. To ensure the sustainability and accessibility of telecare services, the following charging structure is being proposed:

7.22   The Council remains committed to funding telecare or individuals with a care package funded by the Council (as they will have already completed the financial assessment process to assess their ability to pay for services). For those individuals who must receive services free of charge as part of their after-care services under Section 117 of the Mental Health Act 1983 and as part of a time limited reablement package following discharge from hospital, the service will remain free. The Council is not permitted to make a charge for services provided as part of a reablement package upon discharge from hospital. If an individual requires telecare services upon discharge from hospital, a free, time-limited telecare service (up to six weeks) will be offered after hospital discharge as part of the reablement process. This early introduction to telecare aims to

boost user confidence in the technology and service, encouraging sustained engagement. Following the expiry of the reablement period, an individual wishing to continue to use telecare services will be asked, where applicable, to contribute to the cost of such provision following a financial assessment. When a person has eligible care needs, a financial assessment must be carried out. An officer from the Financial Assessment Team will contact the person or their representative to arrange the completion of a Financial Declaration through the Online Financial Assessment Calculator. Completion of the assessment is required to determine the financial contribution a person should contribute towards their personal budget. The upper capital limit is currently set at £23,250 and the lower capital limit at £14,250.

7.23   A person with more than £23,250 in capital, will be deemed to have sufficient resources to purchase their own care, and (unless exceptional circumstances apply) will not qualify for funded support from Shropshire Council.

7.24   The purpose of the Financial Assessment is to:
- Correctly identify how much the person should contribute towards their personal
budget.
  - Establish if the person has entitlement to benefits
  - Signpost the person to 3rd party organisations who could assist them to claim any such benefits
- Identify any permissible additional expenditure which the person may have because of their disability

7.25   **Eligibility for Charges and Benefit Maximisation:** Charges will apply to individuals with lower-level needs or choosing to have telecare who do not meet the Care Act threshold. For individuals assessed under the Care Act as requiring care or support, a financial assessment will determine their ability to pay for services including telecare in line with the Adult Social Care Charging and Financial Assessment Policy for Non-Residential Care 2024-2025 (Appendix 4). As part of this process, a thorough benefit check will be conducted to ensure they are claiming all entitled benefits. Our aim is to maximise individuals' income and facilitate referrals to relevant agencies, such as advocacy services in the County, to provide additional support. Recognising that many people do not claim the benefits they qualify for, this process actively addresses and rectifies such gaps.

7.26   If charges apply:

7.27   **Subsidised Weekly Rate:** A subsidised fee of £3.45 per week is proposed to be made to users who have been assessed as being subject to the charge.

7.28   **One-Off Startup Fee:** New users of the service will pay a subsidised one-time setup fee of £35, which partially covers the installation costs. The total installation charge is currently £46.83, meaning the £35 fee serves as a contribution toward this expense.

7.29   This structure aims to balance affordability with service sustainability, ensuring ongoing support for those who require telecare while maintaining financial viability to the Council

Demand information.

7.30   The number of older people living in Shropshire over the age 65 was 82,000 from the 2021 census data This rose from 63,300 in 2011. The number of people over the age of 65 accounts for 25.3% of the total population in Shropshire compared to 20.7% in 2011. In England this figure is 18.4%. The number of people aged 85 and over increased from 8,400 in 2011 to 10,800 in 2021. ([Shropshire's profile | Shropshire Council](#)).

Future demand information

7.31   By 2043, the number of people aged 65 and over in Shropshire is expected to rise by 63%, increasing from 77,800 in 2018 to 126,500 ([Future projections | Shropshire Council](#)). This age group will make up a third of the county's population, leading to a heightened demand for social care and telecare services. As a result, sustaining the current telecare service model will become increasingly challenging due to growing pressure from rising demand.

7.32   **The service will meet many of the key priorities detailed within The Shropshire Plan and the People's Directorate Plan including:**
- Prevention and early detection to support health and wellbeing.
- Promotion of wellbeing and self-care
- Integration of our health and care services
- Keeping people safe
- Reducing the complexity in navigating health and social care and community-based services

8.   Additional Information

8.1   ESIHA: An Equality, Social Inclusion and Health Impact Assessment (ESHIA) was completed prior to consultation (Appendix 3). The initial screening process has indicated likely low to medium positive impacts for individuals and households at risk of social exclusion in Shropshire, including vulnerable individuals such as those living in fuel poverty and refugee households. The Council will seek to maximise positive equality impacts for vulnerable individuals, including those with disabilities. There will also be neutral to positive impacts for veterans and serving armed forces members and their families, whom the Council considers under Social Inclusion, an additional category not defined by the Equality Act.

8.2   A potential negative impact identified is the ability to pay for the service. During the financial assessment, the Council may provide advice on benefit entitlement and refer or signpost individuals to relevant agencies and services. The Consultation aimed to obtain feedback from a wide range of people and organisations to assess the potential negative impact and enhance predicted positive impacts.

9.   Conclusions

9.1   The proposed telecare charging structure represents a forward-thinking and balanced response to the evolving demands placed on Shropshire Council's Adult Social Care services. The introduction of a charging structure helps to bring us in line with the majority of other councils and also help address the pressing financial challenges outlined in the Medium-Term Financial Strategy, ensuring that essential services remain sustainable in an environment of constrained budgets and increasing demand.

9.2   In tandem with these financial considerations, the change acknowledges the imperative to respond to the 2027 digital switchover deadline. This landmark transition underscores that digital devices and support systems are becoming more expensive, necessitating a model that leverages technology in social care without compromising service quality. By embracing digital transformation, the Council can capitalise on the efficiency and extended benefits of digital telecare while managing cost pressures effectively.

9.3   The extensive consultation process, which gathered mixed feedback with roughly 49% of respondents indicating ongoing use despite the introduction of charges. We are not permitted under the Care Act to make a charge for reablement services for up to 6 weeks.

9.4   The consultation has illuminated both the potential impacts and necessary safeguards associated with the proposed changes. Key risks have been identified, such as:

9.5   **Service Cancellation**: There is a risk that some individuals might cancel their telecare service despite still needing it. To mitigate this, any cancellations trigger a review by the financial assessment team, followed by appropriate risk assessments and interventions by social workers.

9.6   **Affordability and the Cost-of-Living Crisis:** Charging may adversely affect those already struggling to meet basic needs—such as heating, nutrition, and mental health stability. Mitigation measures include providing advice on benefit entitlements and referrals to relevant agencies during the financial assessment process.

9.7   **Impact on Related Services and carers:** Should the charge deter users, there could be broader repercussions on the NHS, community services, and the voluntary sector. Telecare's role in reducing admissions to intensive care facilities and supporting independent living remains critical, prompting regular risk assessments to ensure that any gaps are promptly addressed.

9.8   Additionally, the Council's proactive financial management—routinely reviewing spending, scaling down non-essential initiatives, and adjusting delivery timescales—reinforces its commitment to long-term survivability. This approach is particularly vital given Shropshire's unique demographic profile, where 25% of the population is over 65, a figure notably higher than in comparable regions.

9.9   In summary, by integrating a charging structure with robust risk mitigation measures, strategic financial management, and a clear response to digital transformation, Shropshire Council is poised to enhance and future-proof its telecare services. This ensures that while the challenges of an evolving cost environment and digital demands are met, the service continues to safeguard the health, well-being, and independence of its residents into the future.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

**Local Member:
All**

Appendices:

Appendix 1: Telecare Benchmarking

Appendix 2: Telecare Charges Consultation Report

Appendix 3: ESHIA

Appendix 4: Adult Social Care Charging and Financial Assessment Policy for Non-Residential Care 2024-2025