

Adult Social Care Policies and Procedures

Telecare

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POLICY VERSION CONTROL

POLICY NAME	Telecare		
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0.6	05/06/2016		Suggested amendments by Kieran Curran and Jas Johal
0.7	24/08/2016		Amendments by Management Team

1. POLICY STATEMENT

It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. A local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers.

Within the Care Act statutory guidance, secondary prevention or early intervention is defined as more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing. Telecare clearly falls into this category and the statutory guidance uses it as an example of secondary prevention/early intervention.

It is well known that the health and social care system is facing enormous challenges, as people are living longer often with more complex care needs and health conditions. Therefore, the Council must find new approaches that enable more efficient and effective care, and support people to live independently with better outcomes, focussing on ways of helping people to better look after their own health and wellbeing, and developing service delivery models that enable more people to be supported at home or in their local community.

The Council recognises that effective assistive technology services, such as Telecare, can play an important role in helping to achieve this. Therefore, the Council is committed to improving and expanding the use of Telecare, so it becomes an integral part of our adult social care offer and is embedded within the wider changes being made by us and our NHS partners. The Council's intentions are set out in the Commissioning Strategy for Telecare, which complement some of the outcomes and priorities of the Council's Corporate Strategy.

The Lancashire Telecare Service is available free of charge to adults who are ordinarily resident in Lancashire and are eligible under the national eligibility criteria as defined by the Care Act, including those who:

- Have dementia or memory loss which means they may wander or are unable to deal with risks in the home such as fire, flood and gas
- Are becoming increasingly frail and are at risk of falling
- Are struggling to cope at home and may be regularly admitted to hospital, and may need residential care in the future
- Suffer from night time incontinence or seizures
- Have carers who need support in their caring role as they look after a member of the family
- May need a reminder or prompting when to take their medication
- Are vulnerable and may be at risk of abuse or crime or at risk of social isolation due to fear of abuse or crime.

Telecare must be considered in every holistic assessment as one of the possible solutions to meet a person's care and support needs, or support needs in the case of

a carer. In some cases, Telecare may be the only service commissioned because the service meets all eligible needs, or contributes to the support offered by informal carers or universal/community services. In other cases, Telecare may be provided alongside other formal care and support services.

Telecare has great potential to benefit people who may need care and support by improving their confidence and helping them to remain independent in their own homes. It can also offer peace of mind to friends/family/carers so they can focus more on providing social support. However, the increasing use of Telecare raises ethical concerns around the provision of the service, particularly to vulnerable people with cognitive impairments, including dementia. To alleviate these concerns practitioners should ensure that:

- Monitoring people through Telecare would not threaten their choice and privacy
- Individuals are supported to make decisions about whether to accept Telecare and what type of service would best meet their needs
- If the person lacks capacity, then any decision must follow the best interest process. If Telecare is to form part of a person's care package then consideration should be given as to whether this makes a care package more restrictive. If it is being used to monitor or supervise an individual then it should form part of any Court of Protection application where an authorisation is being sought for a deprivation of liberty.
- People understand how the service works and that the equipment remains appropriate to meet any fluctuating needs.

The Council will follow the Care Act and other relevant legislation, policies and guidance to ensure our practice is of high quality and legally compliant. Where our customers or those we come into contact with wish to challenge or raise concerns in regard to our decisions regarding Telecare, the Council's complaints procedures will be made available and accessible.

The Council will also ensure that any changes to our future Telecare policy will reflect wider reforms to operational practice across the Council.

2. KEY DEFINITIONS AND PRINCIPLES APPLICABLE TO THIS POLICY

2.1 Wellbeing

“Wellbeing” is a broad concept, and it is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing

- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society.

There is no hierarchy, and all should be considered of equal importance when considering "wellbeing" in the round.

2.2 Prevention

Any action that prevents, reduces or delays the need for care and support. The aim is to help an individual stay independent and maintain their quality of life, and prevent, reduce or delay the need for care and support. Prevention is often broken down into three general approaches – primary (prevent), secondary (reduce) and tertiary (delay) prevention.

2.3 Assessment

This is one of the key interactions between the Council and an individual. The process must be person-centred throughout, involving the person and supporting them to have choice and control. It starts from when the Council begins to collect information about the person, and will be an integral part of the person's involvement in the care and support system as their needs change. An assessment **must** seek to establish the total extent of needs **before** the Council considers the person's eligibility for care and support and what types of care and support can help to meet those needs.

A carer is also entitled to an assessment.

2.4 Eligible

An individual is eligible if they meet the Care Act, Care and Support (Eligibility Criteria) Regulations 2014 set minimum threshold - *that as a result of the adult's needs the adult is unable to achieve two or more of the specified outcomes and as a consequence of being unable to achieve those outcomes there is, or there is likely to be, a significant impact on their wellbeing.* The Council will comply with this national threshold.

2.5 Care and Support Planning

This is undertaken with the individual following completion of an assessment where it has been established that the person 'ordinarily resident' to Lancashire. It will set out what their care and support needs are, how they will be met and what support they will receive. It is important to ensure the individual is aware that the duty on the Council is to meet needs that are not or cannot be met by universal services or others.

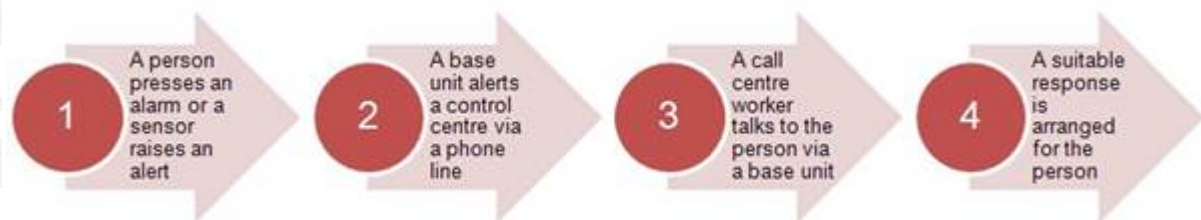
2.6 Assistive Technology

The term assistive technology is defined as the application of equipment, which can be used as part of the arrangements to monitor people's welfare, and enhance their independence and supplement any care and support they receive. Assistive technology can also provide information to inform the assessment of need and the planning of support.

2.7 Telecare

Telecare provides vulnerable people with equipment that can monitor their safety and wellbeing. Should there be a problem the equipment will raise an alert to a central monitoring centre.

When an alert is triggered, the monitoring centre will contact the person by speaking through the base unit. They will ask the person what is wrong, and identify what response is required. The response will vary according to the nature of the alert. It may be that they can offer reassurance or prompting over the unit. They may alert a family member or carer, and/or emergency services if required, but they can also provide a mobile response service.



3. PROCEDURES

3.1 Step 1: Assessment

Following a proportionate assessment, an eligibility determination is required. The first condition that the Council's assessors must consider is whether an adult with care and support needs has eligible needs. Telecare can only be provided and funded through the Council if a person meets the national eligibility threshold as defined by the Care Act, **and** they have a need for a Telecare base unit, pendant alarm and at least one other sensor. If they do not meet these requirements they can be advised of how to purchase a service privately if they wish to.

Telecare should be discussed with the individual and any informal carers during the assessment, so that they can make an informed choice about whether they wish to receive the service. If the person lacks capacity, then any decision must follow the best interest process.

The fact sheet 'Your guide to Lancashire Telecare services' is available to give to them for information (see Appendix 1).

If you are not sure whether Telecare is appropriate to meet the needs you have identified, or you are not sure what equipment may be appropriate, Progress Housing Group is happy for you to contact them to ask for advice by telephone on 01772 436756 or by email to telecare@progressgroup.org.uk.

An 'Overview of Telecare Devices' is available for assessors and support planners, giving an overview of the types of equipment which may be available (see Appendix 2).

For the base unit to be installed, each individual will need to have an active phone line and an available power socket within six feet of each other, on the same or adjoining wall. There should be no obstructions between the sockets (i.e. doorway) that would lead to trailing wires. This should be checked by you prior to referral.

Individuals can be referred for Telecare with a minimum completion of a FACE screening assessment or following an overview assessment or a review/reassessment. The cost of Telecare sits outside of the Personal Budget, so it is not necessary to have completed an overview assessment in order to commission Telecare.

It is important that any care and support to be provided should take account of the needs, outcomes and risks to be met by Telecare and be shaped around it. If Telecare will meet some or all of the eligible needs, then the care and support plan and any actual budget should fully reflect that, in order to prevent the meeting of needs being duplicated and creating dependency.

3.2 Step 2: Referral

Once the assessment has been recorded on Liquid Logic Adults System (LAS), create an action plan and complete the Telecare Referral Form.

You must complete **all** sections of the referral form, giving as much information as possible about the current circumstances, health conditions, needs and risks.

Telecare is assessed on a needs basis. Therefore the referral should detail the identified needs/risks and a recommendation of which needs and outcomes you consider that Telecare could meet. The provider will determine the specific equipment required, dependent upon the environment, the person's needs and wishes, and how the technology is required to work. If you wish to request a specific piece of equipment, please contact Progress Housing Group (see above) first to ensure that they will be able to provide it.

The service aims to complete all installations within a maximum of 20 working days. There is a section on the form to indicate if this is an urgent referral – this would be where there is a requirement for the service to be installed as a matter of urgency, for example to facilitate hospital discharge or where an urgent risk is identified. Urgent referrals will be prioritised and should be installed within one to five working days.

Individuals should have two emergency contacts who are key holders that the call monitoring centre can contact. If the person does not have anyone to act as emergency contact this needs to be detailed on the referral form. A key safe may be fitted to enable an emergency response to be provided

For some equipment, a named emergency contact **must** be available;

- Wander management sensors – if there is a need to detect if someone is leaving the house at an inappropriate time or they should not be going out, a named responder has to be identified. This should be someone with whom the person is familiar and would be willing to return to the house with.

- Pill dispensers – Telecare can provide pill dispensers to remind people to take their medication and alert the centre if they do not take it within a specified time, but there has to be an identified appropriate person to refill the dispenser. This person should be a family member or friend who is considered capable of doing this safely. It cannot be an agency carer or social care worker. If a non-professional fulfils this role (i.e., a family member) their suitability must be reviewed if any concerns arise. If no suitable non-professional is available, any professional who assumes this role must have appropriate insurance and the role must be part of their official job description.
- Enuresis sensors – Telecare can provide enuresis sensors, to alert when someone is incontinent, but they do not provide a response service to go out and assist the person to change pad/bedding/clothing.
- Epilepsy sensors – Telecare can provide the sensors, to alert when a person is having a seizure, but they do not provide a service to respond to this. A named contact who is aware of the person's seizure patterns and when emergency services may be required should be available to respond.

You must specify any potential risks to self or others, and give information about what action may have been taken as part of a risk management plan. If a fire risk assessment has been carried out, and the referral is being made to link Telecare equipment to equipment issued or recommended by the Fire and Rescue Service (e.g. misting units) then the referral form must include details of what risk assessments have been carried out by whom, and the outcome of these risk assessments. The Telecare provider needs to know that all relevant risk assessments have been undertaken, to ensure that they install the appropriate equipment relevant to the risk management plan.

The referral form must be emailed to Progress Housing Group – they do not have access to the LAS. All relevant information must be included on the referral form itself. Any additional information included on the covering email, which is not on the referral form, will not be taken into account and may lead to the referral being rejected with a request to add the information to the referral form.

When the referral form is completed, follow the LAS process to finalise the document, click on print to create a PDF document which must then be attached to an encrypted email and sent to Progress Housing Group at: telecare@progressgroup.org.uk. To use encrypted email, type "mailencrypt" into the start of the subject header of the email.

If there is a further person in the household who would also benefit from Telecare, then they will require an assessment to identify eligibility and needs/risks, and a referral should be completed for each person individually.

3.3 Step 3: Commissioning

- Create and complete an adult support plan
- Complete the commissioning wizard to create a Care Package Line Item (CPLI) for Telecare against the need to be met.
- The provider will be 'Telecare – Tunstall'

- Follow the adult support plan authorisation process and send for budget authorisation.
- Do not activate the service at this stage

If referrals are made for more than one person in the household, then the service should be commissioned on each of the individual's records, not just on one.

The Telecare service sits outside of the Personal Budget, so it is not essential to have an estimated budget prior to referral and commissioning of Telecare. The service should be detailed on the Care and Support Plan, but the costs will be in addition to any Personal Budget.

Please note that the costs displayed when you commission Telecare is the cost to the Council. There is no charge to the person with care and support needs for Telecare.

3.4 Step 4: Installation and Service Activation

Once Progress Housing Group receives the referral they will arrange for the installation team to visit the individual. The visit will include an assessment of the person and their property, to determine which specific equipment is appropriate to meet their needs safely. If they identify other needs which can be met by Telecare, they will provide additional equipment to meet those needs. Alternatively, they may assess that the needs cannot be met by Telecare due to the risks involved or the environment, so they will not install it.

- If the referral is withdrawn or installation could not take place Progress Housing Group will email the admin team mailbox to give the reason why. The admin team will notify the worker via a case note notification on LAS and end the service provisioning as never started. It is the worker's responsibility to review the situation to identify whether alternative support is required to meet the identified needs or whether further action is required to enable Telecare to be installed. If further action is taken to enable installation, the worker will need to complete another referral form detailing action taken as the original referral will have been closed.
- Once the installation has taken place, Progress Housing Group will email the admin team mailbox to confirm what equipment has been installed. The admin team will notify the worker via a case note notification on LAS and will:
 - Update the CPLI with the actual start date.
 - Activate the service using the service provisioning process.

3.5 Review of Care and Support Plan

The provider will contact the individual following installation, to ensure that the service is working correctly and that the individual understands how it works, and will undertake their own annual reviews thereafter.

The Council should undertake a light touch review 6 – 8 weeks after provision of new services and then periodic care and support reviews no later than every 12 months.

It is in the best interests of the person with care and support needs to coordinate the care and support plan reviews and the Provider annual reviews, so that they take place together wherever possible.

When the Council is undertaking any care and support plan reviews where Telecare is in place, the review should always include how Telecare is working to meet the individual's needs and outcomes. Information about the number of alerts raised and the responses that were required will be available to help to inform whether the current care and support plan is working, or whether anything has changed or needs to change. For example, if no alerts have been raised in the period, they may have remained safe, or the person is not using the equipment, either because they do not know how to or they choose not to. If the person does not want to use the equipment or they no longer need it, then you should consider whether it should be removed.

If there is excessive use of the service, or changes in the pattern of alerts being raised, the provider may pass this information back to the Council to request an unplanned review.

You can request information on the call history and responses from the Progress Housing Group, who will send this to you via secure email. This can be requested via email or if urgent by phone, stating the person's name, LAS number, and that you are requesting information on usage to inform your review of their care and support plan.

If on review, it is determined that further Telecare equipment is needed, you need to complete a new referral form to request this, as in Step 2 above. You should make it clear in the text that this is an existing Telecare customer and what additional needs have been identified that Telecare could meet. You do not need to create another CPLI as the weekly charge includes all equipment installed as part of the service.

3.6 Ceasing a Telecare Service

There are several reasons why this service or funding for this service may be ceased, for example:

- A person with care and support needs requests removal
- Person admitted to long term residential care
- Death of person with care and support needs
- Person with care and support needs moves home and does not require Telecare in the new property
- Person with care and support needs becomes fully Continuing Health Care funded and no longer requires the service.
- Person with care and support needs no longer meets the eligibility threshold

Progress Housing Group must be notified if Telecare services are to cease – do not just deactivate the service as this *will not* notify the provider. The service remains active until the equipment is collected, so the provider must be notified at the earliest opportunity so that they can arrange collection. The decommissioning form* should be completed to indicate the date of cessation and the reason why and should be emailed to Progress Housing Group. The CPLI should then be deactivated.

If this service is to be funded by someone else (e.g. NHS, privately) you need to give details of who the bill should be sent to.

**The decommissioning form can be found on LAS under Documents – Start form.*

Before decommissioning, you should determine if there is any other household member who needs/ wishes to continue using the Telecare service within the same household. If there is, an assessment should be undertaken to determine eligibility for funding.

- If the other household member is not eligible for funding, they should be advised that they can continue to fund it privately, otherwise the equipment will be removed. Notification should be sent to the provider using the decommissioning form, either stating that equipment should be removed or giving details of the individual who will be funding it privately. The CPLI should then be deactivated.
- If the other household member is eligible for funding, then the assessing worker should make a referral for Telecare for them, stating in the comments that Telecare is already in place and is to be transferred into their name. A CPLI should be raised on the individual's record and activated - once this is activated the CPLI on the previous individual should be deactivated.

If the Telecare equipment is to be removed, you should consider whether alternative equipment is required to keep remaining householders safe. For example, if linked smoke detectors have been installed as part of Telecare, then the householder should be advised on getting these replaced so that they are not left at risk once the Telecare smoke detectors are removed.

3.7 Admission to short term care or hospital

Progress Housing Group should be informed of any admissions to hospital or short term care, where the Council is aware, so that they are aware that the person is not at home and they should then be informed of confirmed discharge dates. The Telecare service should not be suspended if the person goes into short term care or is admitted to hospital. As long as the Telecare equipment is in place the service should remain active.

If it is identified that the person will not be returning to their own home, then a decommissioning form should be completed and sent to the provider to request removal of the equipment and the service should be ceased.

3.8 Privately Funded Telecare

Telecare can be arranged and paid for privately if the person does not meet the national eligibility threshold for care and support. The cost of Telecare for private arrangements will differ from the commissioned cost to the Council. The individual should be made aware of this and that they will need to agree the cost directly with the provider for their local area. You should give the Telecare provider's contact details to the person or their family/representative to enable them to contact the provider directly.

The following providers will provide Telecare services to private paying clients.

Together Housing - East Lancashire

Telecare@togetherhousing.co.uk

01282 873767

Progress Housing Group – All of Lancashire

telecare@progressgroup.org.uk

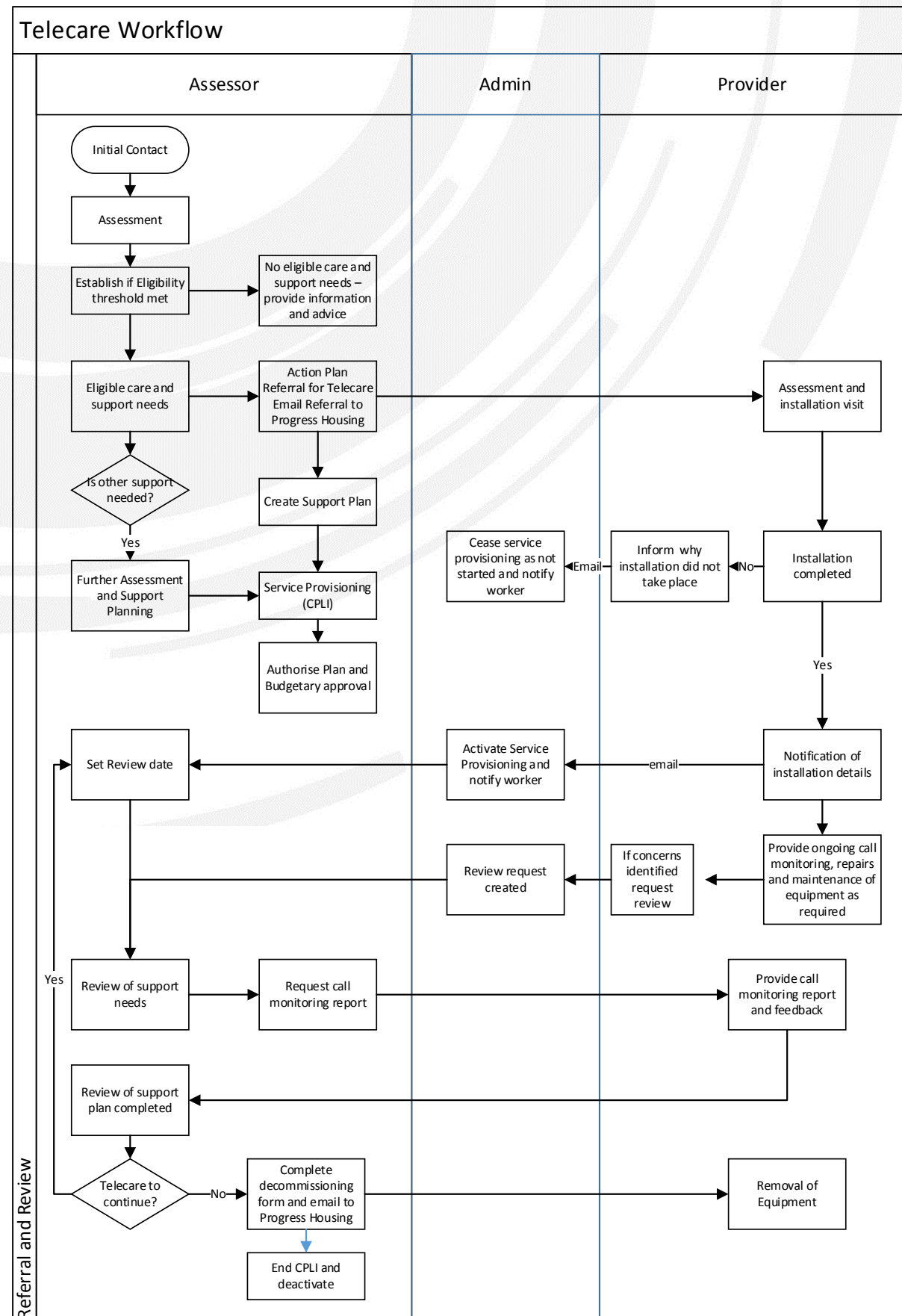
01772 436756

West Lancs District Council – West Lancashire

HCL.Operators@westlancs.gov.uk

01695 585224

4. FLOW CHARTS/ DIAGRAMS OR EXAMPLES



Case Study:**Background Information**

Margaret is 89 years of age and lives alone. She was diagnosed with dementia two years ago and is also diabetic and partially sighted. She feels lonely and yet does not usually want to go out, choosing to stay in the house, unable to occupy herself due to her dementia. She needs help with her personal care, domestic tasks, finances and medication. She had a small package of care but most of her support was provided by her son Colin. Colin requested an assessment for residential care for his mother because the situation was unsustainable. He said "I feel like I can't cope anymore and my mother isn't safe". He was extremely worried because his mother had recently been confused and was found wandering in the street one night. Since then Colin had felt overwhelmed with anxiety.

Social Work Intervention

An overview assessment, mental capacity assessment and carer's assessment were completed. A referral for Telecare was made for a pendant alarm, a smoke detector, medication dispenser and property exit sensors. Margaret's care package was increased and the timings of her visits were adjusted so she had a regular pattern. She was also provided with replacement care to provide respite to Colin. A referral was made to Shared Lives for assessment for two hours per week to provide social contact for Margaret and also provide a break to Colin. A referral to the volunteer service for additional sitting services was also completed and advice and information was provided on Age UK, Carers Point, Help Direct and the Alzheimer's Society.

Positive Outcomes

Margaret did not lose her place in the community. She has remained at home where she wants to live. Admission to residential care has been avoided. Telecare has given Colin more peace of mind and less stress because he knows that he can be alerted in an emergency. It is helping to keep Margaret safe in her own home without feeling intrusive. Her package of care was increased slightly and the timings adjusted, but Telecare has enabled Margaret to manage between care visits. In this way it has maximised her independence. Additional services took the burden of care from Colin, so that he still provides input but at a level he is able to manage. The additional services have also prevented social isolation and enhanced social opportunities to Margaret.

5. DOCUMENT HISTORY

RELATED DOCUMENTS	
OTHER RELATED DOCUMENTS	<ul style="list-style-type: none"> • Well Being Principle Policy • Needs Assessment Policy • Eligibility Criteria Policy • Care and Support Planning Policy • Reviewing Care and Support Plans Policy • Personal Budget Policy • Ordinary Residence Policy • Skills for Care – A report on Ethical Issues in the Use of Telecare: <p>http://www.scie.org.uk/publications/atagance/atagance24.asp</p> <ul style="list-style-type: none"> • Lancaster University - Ethical Frameworks for Telecare Technologies for older people at home (EFORTT): <p>http://www.lancaster.ac.uk/efortt/</p>
LEGISLATION OR OTHER STATUTORY REGULATIONS	<ul style="list-style-type: none"> • Care Act Part 1 • Chapter 1 Promoting Wellbeing, Statutory Guidance • Chapter 2 Preventing, reducing or delaying needs, Statutory Guidance • Chapter 6 Assessment and eligibility, Statutory Guidance • Chapter 10 Care and support planning, Statutory Guidance • Chapter 11 Personal budgets, Statutory Guidance • Chapter 13 Review of care and support plans Statutory Guidance • Chapter 19 Ordinary residence, Statutory Guidance

Appendix 1 – Your guide to Telecare Services

Appendix 2 – Overview of Telecare Devices May