HILLINGDON
LONDON

Policy and Overview Committee Update Report
TeleCareLine October 2017

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1. Background and overview of the LBH TeleCareLine (TCL) Service

The TeleCareLine service as grown from the original "button and box" alarm type service provided to sheltered housing tenants. Since 2010 there has been a strong focus in the council of promoting TCL as a key preventative service widely available to all residents of the borough. From 2011 the service has been offered free to over 85's, this was extended in 2015 to a free service to all residents over 80. There have been a number of campaigns to actively target these residents for telecare as part of supporting residents to live safely and independently in their own homes for as long as they wish.

The current number of TeleCareLine users as at 30th September 2017 is 4,949, this figure includes residents living in sheltered accommodation. Within this figure the total number of TeleCareLine users aged 80+ as 30th September 2017 is 3,768.

There are a number of service levels available to residents which are outlined below:

> **Standard** - Level 1 this service includes standard unit, pendant, bogus caller button and monitored smoke detector with the resident having their own nominated responders in the event of an emergency, Level 2 is the same equipment but with LBH mobile response service
>
> **Enhanced** - Level 3, this would include the equipment in level 1 plus additional sensors to meet the needs of the client following an assessment eg falls detector, movement sensors, door sensors again with the residents own nominated responders or Level 4 with LBH mobile response service.

The TCL system is monitored 24/7 by the councils TCL team who provide the first line response to all alerts raised, details of how this element of the service is being developed is detailed in Section 3 of this report.

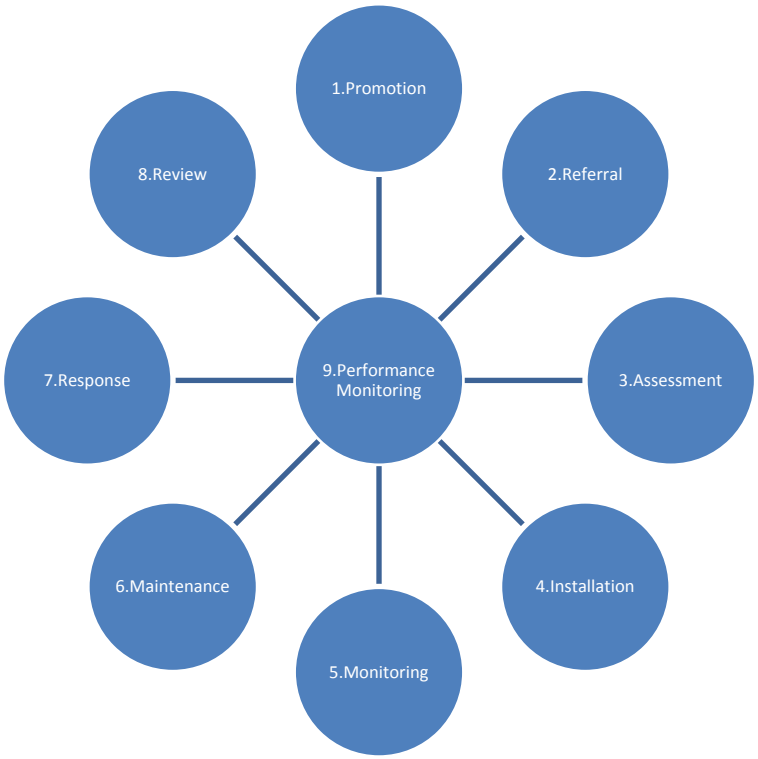
For residents who have their own nominated responder, the TCL monitoring team will make contact with them in an emergency. Where emergency services are required these will be instructed by the monitoring team.

Residents who do not have a family or friends who live close enough to act as an emergency responder they can still benefit from TCL with the councils mobile response service. This support is provided by the Senior Reablement Carers between 8am and 10pm and the dedicated night response officer who respond to call outs as required.

Case studies demonstrating impact the telecare service has had on older people in the borough and on individuals with a learning disability in supported living are included in **Appendix 1**.

2. How the telecare service operates in London Borough of Hillingdon

Good practice suggests that a successful telecare service has nine key elements, these are set out in the diagram below.



A description of each element and how it is currently delivered in the council is outlined in the table below:

TCL Cycle	Description	LBH approach to delivery
1.Promotion/ marketing and initial enquiry	Benefits of TCL are widely promoted through the Connect to Support and published material as a key part of the councils preventative services offer, it is widely available to all residents.	• All handled by LBH, material produced in house, awareness raising internally and externally and staff training all completed by TCL Officer. • Initial enquiries are taken through Hillingdon Social Care Direct or by social work staff during assessments. Residents can apply directly via an online form.
2.Referral	Basic service (Level 1 or 2) can be installed without assessment,	• Regardless of the point of entry

TCL Cycle	Description	LBH approach to delivery
	charges apply to residents under 80 years old in accordance with LBH charging policy.	all referrals for basic service are processed through to the TCL team who check the documentation, organise the installation and set up the charging where relevant. • Circa 112 new referrals per month.
3.Assessment	Enhanced service level 3 or 4 requires a social care assessment to ensure additional sensors are meeting the needs of the individual, clients at this level are likely to be known to social care and the provision of TCL equipment will have a direct impact on their package of support.	• Assessments are carried out by social work teams who make a referral to the TCL team for installation.
4.Installation	Home visit to install relevant equipment	• Appointments are booked for the in house installation team. The contract for equipment is currently with Tunstall, the value of this contract is circa £420k per annum.
5.Monitoring	24 hour /365 days a year support provided to all residents with TCL installed. This team will respond to alerts for support and maintenance issues such as low battery alerts. This function also carries out periodic system checks to equipment to ensure its working as expected. The team managed in excess of 110,000 per annum.	• Following a recent review this function is being transitioned from an in house service to Anchorcall. More details about this change are detailed in Section 3 of this report.
6.Maintenance	Includes resolving faults, upgrades to equipment, replacing old equipment and testing.	• In house service provided by the installation team.
7.Response	Residents can either provide their own responder in case of emergency, a nominated key	• Provided by in house teams - Senior/Reablement Carers attend between 8am and 10pm,

TCL Cycle	Description	LBH approach to delivery
	holder who is able to enter the property in an emergency. Alternatively the resident can request the LBH response service.	with the dedicated Responder Service operating out of the Civic Centre throughout the night.
8.Review	Review of clients needs is completed by social work teams for those in receipt of social care support, residents not known to social care have their equipment monitored and reviewed from a maintenance perspective. Any issues identified by the monitoring team based on usage patterns will be referred to social care.	• Provided in house by social work teams for clients in receipt of social care, by the monitoring team if they are only known to TCL service. As part of normal periodic social care reviews.
9.Service Performance Monitoring and KPI's	Good practice in telecare is set by the Telecare Services Association (TSA) which sets out a code of practice and KPI's.	The service utilises the Jontec system for client management and monitoring. Additional information will be held on the social care system IAS for clients known to social care.

3. Developments to the operating model.

Following a transformation review of the Older People's Housing Service (OPHS) and the Out of Hours call handling service, a recommendation was put forward to cabinet on the 28th September 2017. Cabinet approved the recommendation and awarding of the contract to AnchorCall is underway with a go-live date of 27th November.

Anchorcall is a subsidiary of Anchor Trust and it is provides Telecare Monitoring Service for all Anchor Trust properties & tenants. Anchorcall has been established for over 25 years and has been a member of the regulated industry's body: Telecare Services Association (TSA) since 1994. TSA is the industry's regulated body for technology enabled care (TEC) services, representing over 350 organisations including health and social care commissioners, digital health businesses, telecare and telehealth providers, housing associations, emergency services, academics, charities and government bodies.

The Council will still retain in -house all front facing functions of the telecare service in particular the processing of referrals, product support for both staff & users, scheduling of new installations, booking maintenance/repair calls of the TeleCare equipment and being the first responders where applicable for alarm alerts.

Preliminary discussions begun with Anchor Call on the 17th October and a project team was been set-up. The project formally commenced as of 23rd October and workshops around processes, data migrations, systems set-up etc have also commenced.

4. Impact of TeleCareLine on Residents - Safer Walking Programme

A key priority for the council was to provide solutions that could support individuals living at home with dementia to be effectively supported to lead an active lifestyle yet be easily located should they become confused or lost away from home. For many carers of individuals with dementia, the fear of them getting lost causes tension at home, as they take steps to keep them in doors to avoid the risk of them getting lost. Continuing with daily routines such as visiting the shops or going for a walk are important parts of an individuals day to day life and if these can be safely maintained it supports both peace of mind for the carer and helps support the risk for the vulnerable person. This issue led to the implementation of the **Safer Walking Program.**

Background

LBH invested in the Everon Vega watch which is a purpose built system to aid safer walking for those with Dementia or other cognitive disorders. The Vega allows wearers to walk freely and if appropriate, in a predetermined safe zone, but raises an automatic alarm should the wearer walk outside of this zone. Vega also features a radio frequency home base that will recognise when the Vega wearer is at home. The watch also has an emergency button which allows the wearer to call for help if they became distressed outside the home. This will put them in contact with the response centre as the Vega has a two-way speech capability, allowing them to speak to the person if appropriate until help arrives.

This equipment is not suitable for everyone who has been identified as having a history of going out and becoming disorientated and “lost”, there are limitations to the support it can provide specifically:

- This technology is not designed to keep the person locked up in doors but to help manage the associated risks of walking freely,
- The purpose of Safer walking technology is to increase a person’s independence and allow the individual to walk more freely which in turn provides physical and psychological benefits
- The person's current routines/patterns in respect of going out and about are understood so that a judgement on the level of risk can be made; and the device effectively set up to support the individual?
- The person has sufficient insight to consent to and engage with the device
- There is sufficient support from carers/family to ensure effective battery management and that the individual is wearing/carrying the device
- Monitoring must be provided by family/carers known to the individual who can make a judgement on how best to respond to individual circumstances, where this support is not available GPS technology may not be suitable for the individual.
- It is unlikely this technology will be suitable for an individual living alone without a local support network.

The safer walking program started mid May 2013 and at 25th October 2017

- 101 clients have been supported using the GPS technology
- 26 remain active
    - 20 older people living with Dementia
    - 6 Adults with learning disability

- The average length of time a service user used the Vega watch before returning it = 383 days
- Agreement was reached in all cases from the Service user to wear the watch
- All service users have close support from family, and agreed in principle to use the watch.

Impact on of the Safer Walking Programme

In the majority of the cases, the GPS technology primarily provided peace of mind to the service users family / carer. This enabled the service user to continue to access the community without hindrance in the knowledge that if they did not return home, the family member is able to locate the service user and take any necessary action to support their safe return home. The case studies in **Appendix 2** provide more detail of the impact of this service.

5. **Priority areas for further development of telecare support**

In recent years, there have been significant developments in how technology can be used to support individuals with a wide range of needs to maintain or increase their independence. The range of reliable technology solutions in this space is continually growing and consideration is being given to how the Council can make the most of these new opportunities.

From social care perspective there are a number of priority areas where initial research is underway to consider how technology can play a role in order to:

- managing the risks associated with epilepsy both inside and outside the home
- improve communication and reduce social isolation
- locate individuals who are thought to be lost - new GPS technology that may be able to be used when a watch is not appropriate.