Appendix 3   Community Alarm and Telecare Services – New Service Model

1. Eligibility:

**Community Alarms**: Tighten eligibility for subsidised community alarm services but retain preventative focus using the following broad definition. More specific qualifying criteria would need to be developed to underpin the following descriptions:

Adults who lives in County Durham in their own home and who are any of these:  (*NB Excludes Residential and Nursing Care*)

- frail older people,
- people with physical disabilities or sensory support needs,
- people with mental health needs,
- people who have long term illnesses,
- people who are at high risk of falls,
- People with learning disabilities / difficulties,
- Informal Carers who are looking after an ill or disabled adult/child.

**Telecare**: Retain requirement for Critical/Substantial care needs (no change). (*NB Excludes Residential and Nursing Care*)

2. Service Packages:

The following packages would be eligible for subsidy:

A:  **Community Alarm Package**

- Provision of a community alarm unit, plus pendant / wearable trigger for all eligible members of the household.
- 24/7 monitoring and emergency response in the case of illness or falls or home emergency (eg floods)
- Initial assessment and summary support plan focussed on outcomes for service users.
- Initial home safety assessment – with referral to other agencies as necessary
- Minimum 3 monthly visits to test all equipment and update support plan.
- Referrals to other agencies as required by support plan.
- More regular visits and calls if support plan identifies social isolation.
• Collection of emergency prescriptions or shopping on an ad-hoc basis.

B: Telecare / Telehealth Package

If linked to a community alarm then all services as above plus:

• Assessment and prescription of unlimited Telecare/Telehealth items at initial visit and test and review at 3 monthly visits (or more frequently as necessary).

If stand-alone system: Assessment and prescription of unlimited Telecare/Telehealth items at initial visit and equipment test and review at 3 monthly visits.

3. Outcomes: (Details to be agreed as part of specification)

• Service user is supported to live independently in their own home
• Informal Carer is supported in their caring role.
• Service user reports improved levels of safety, security, confidence or independence.
• Falls service reduces impact on statutory services.
• Telecare service supports effective and efficient care and support packages.
• Health and care staff are supported in assessing need for Telecare / Telehealth and evaluating outcomes of these interventions.

4. Structure and Staffing Roles

• Management Structure is sufficiently robust to support community alarm, Telecare and Telehealth staff across the County.
• Staff are provided with support, supervision and training needs assessment.
• A staff competency framework is introduced to ensure all staff meet competency objectives for their roles within 12 months.
• Where national occupational standards or competency frameworks exist or are introduced, then Provider will work with Commissioners to ensure staff work towards these standards within an agreed period of time.
• Response staff must be based in geographical locations which ensure that minimum TSA standard response times are achievable at all times, ensuring that rural areas are appropriately covered.
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- All supervisory staff, mobile wardens and support staff to be competent in assessing, fitting, fault-finding and basic maintenance (eg replacing batteries, changing parameters) on an agreed basic range of Telecare items - range of items to be reviewed at least annually
- All Telecare /Telehealth specialist staff to be competent in assessing, prescribing, fitting, fault-finding and basic maintenance (eg replacing batteries, changing parameters) on an agreed basic and specialist range of Telecare items - range of items to be reviewed at least annually
- Telecare and Telehealth specialist staff to work across the County, work flexible hours Monday-Friday, and work within a specialist Telecare Response Team in order to ensure timely responses, good communication and a learning environment. These staff to be full equipped for peripatetic working in a technical role ie vehicles, mobile phones, lap-tops or other technical equipment as necessary. Full job descriptions/person specifications to be agreed with commissioners
- Senior Telecare Coordinator/Innovator to manage specialist Telecare/health staff, have lead role in developing this area of service and enabling piloting of new devices.
- All staff to have clear guidance on service standards, communication standards and response times.

5. Charging

- **Community Alarm Package**
  Service users who meet defined eligibility criteria (section 1 above) will be eligible for a subsidised service if they meet any current Supporting People passporting criteria (currently based on means tested benefits) – if there are vacancies within the contract.
  The *indicative unit cost* applied to this service will be **£4.49** per household per week. All service users will be required to make a small weekly contribution to the cost of the service. Contribution levels to be agreed between AWH and Care Connect.

- **Telecare Package – linked to community alarm:**
  Service users who meet the criteria for Telecare will be subject to the standard financial assessment process for care.
  Unit cost applied to this service will be **£6.50** per household/person (to include community alarm charges). No additional contribution will be applied.

- **Telecare / Telehealth packages – stand-alone, or short-term when used for assessment (eg Just Checking)**
  No charge to customer.

6. **Funding** (see Appendix 4)

All funding will be sourced from Supporting People (except where short term funding packages are agreed eg s256 Health funding)
Total maximum funding available £3,373,279. It is proposed that this funding is paid as a Block Gross contract with minimum staffing and capacity levels agreed for both Telecare and Community Alarms. The provider will be expected to raise additional income via a small, agreed, contribution from all service users to ensure sufficient capacity to avoid waiting lists.

Telecare customers will need to have first priority for available spaces because their assessed care need must be met.

**7. Choice and Control**

Service Users, whether SP subsidised, self-payers or personal budget holders will be able to self-purchase additional visits and calls or Telecare devices according to a menu of services built on the current offer available from current provider eg additional reassurance calls, additional visits; additional pendants; smoke detector monitoring; Telecare items.

**8. Service Standards**

Have published agreed, explicit service standards for customers and referrers. Including:

- 2 and 7 day installation times/targets.
- Enquiries response times.
- Calls answering and mobile warden response times in line with TSA standards.
- Complaints standards and response times.
- Dignity standards.

Performance against these standards to be agreed with AWH Commissioning and published quarterly/annually.

**9. Performance Information**

Full quarterly performance monitoring to be provided to include the following as a minimum (further PIs to be agreed):

- Numbers of community alarm users
- Numbers of community alarm users receiving enhanced visits/calls
- Numbers of Telecare users
- Numbers and types of Telecare devices in use
- Breakdown of current service users' age / sex / ethnicity / primary disability / tenure /geographical spread
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Numbers of emergency calls received
Numbers of Emergency calls responses by Mobile Wardens
Numbers of Falls attended by Mobile Wardens
Numbers of falls where ambulance response required
Other available information on number and types of calls