



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

CABINET

Thursday, 10 February 2022

Report of the Executive Director - Adult Care

Assistive Technology Service
(Cabinet Member for Adult Care and Health)

1. Divisions Affected

County-wide

2. Key Decision

2.1 No

3. Purpose

To seek Cabinet approval to carry out a ten week consultation exercise on the future provision of the Assistive Technology (AT) service for all community alarm only clients.

4. Information and Analysis

4.1 Background

The AT service (previously called community alarm and telecare service) has been in place since 2003, when the responsibility of the Supporting People programme transferred to the Council. As part of this transfer of funding responsibility, the Council was required at that time to maintain the funding arrangements for nearly 5000 people who were supported by the provision of community alarm and telecare.

The AT service currently offers an analogue range of equipment with a traditional approach to support people to live independently for longer such as activity monitoring, community alarm and telecare.

- 4.1.1 Activity Monitoring: The system is used by social care professionals to monitor activity when working with people who may have difficulty communicating their needs to other people including their family or social care professionals. The system can be used to assist the identification of a baseline for the activities of daily living, support the tracking of progress and the effectiveness of interventions for the person. The report generated from the activity monitoring system provides evidence and support to social care professionals when carrying out Care Act 2014 eligibility assessments for people. The activity monitoring system is only available to social care professionals and a telephone line is not required for installation.
- 4.1.2 Community Alarm: An analogue based system with a pendant or wristband that connects to a telephone line through a base unit. If help is needed, the person can get help by pressing the button on the pendant.
- 4.1.3 Telecare: It can be used throughout the home to support people with identified social care needs and their carers. It is usually supported by a base unit connected to a telephone line and automatically raises an alert when help is required. Examples of some of telecare equipment are bed/chair occupancy sensors, falls detector, property exit sensors and smoke /carbon monoxide detectors.

Both the community alarm and telecare equipment operate 24 hours a day, seven days a week and are either installed in individual homes that use the person's telephone line or connected to hard wired systems in sheltered accommodations. The community alarm and telecare equipment can either be connected to a monitoring centre or standalone equipment (e.g. pager) to alert others if assistance is needed.

The AT service is provided across the eight Derbyshire districts by a range of providers providing different elements of the pathways which creates multiple handovers, inbuilt inefficiencies and increases costs. The current providers include District and Borough Councils and Housing Associations. The Council currently coordinates the provision in Derbyshire Dales, Erewash and North East Derbyshire following the decision of these District and Borough Councils to no longer offer these services. The installation, maintenance, review, decommissioning and

recycling of community alarm and telecare equipment is currently provided by the Handy Van service. There is a contract with Tunstall Healthcare for the provision of the community alarm and telecare equipment.

The current service model has not been competitively procured since the Council took over the responsibility for funding these services in 2003. Therefore, the current service model has not been subject to a value for money assessment as part of a commissioning exercise. Since November 2018, the service was re-focused to provide a person centred, outcome focused approach, which reflects the underpinning principles and requirements of the Care Act 2014.

In September 2018, Cabinet approval was sought to extend the contracts for a period of two years whilst service transformation and consultation activity took place. In November 2018, the consultation exercise was carried out (from 19 November 2018 to 25 January 2019) with the legacy clients who were users of the service in their own home via Adult Social Care funding.(Cabinet Report [8-11-2018 Consultation on eligibility criteria for community alarms and telecare services \(derbyshire.gov.uk\)](#)).

In June 2019, the Council made a decision to continue funding the service for the legacy clients and approved the new eligibility criteria for new clients from 1 November 2019 (Cabinet Report [2019-06-06 6h Consultation Community Alarms and Telecare \(derbyshire.gov.uk\)](#)). The new criteria limited eligibility to only those who were aged 18 and over, assessed under the Care Act 2014 as having eligible needs and warranting the use of the AT service. Eligibility for support is now also subject to a co-funding assessment which may mean some individuals will have to pay for their own support. [Paying for non-residential care - Derbyshire County Council](#)

The Council commenced a transformational programme called Better Lives in November 2019. The programme was established to redesign existing services to ensure that the Council is putting people at the heart of everything we do, to embed strengths based approaches to delivering care and support and to make sure the right solutions are available in the right place, at the right time. It is about maximising and regaining independence and reducing and delaying the need for intervention, focussing on resilience, social connection and health and wellbeing. The Better Lives programme focusses on improving the wellbeing of local people by supporting them to live independently for as long as possible, ensuring they remain a part of their local community. AT is

integral to supporting an individual's independent living in the community.

During this period, inter authority arrangements were put in place with the District and Borough council providers, and service level agreements for the other providers to allow flexibility in how these services are managed until March 2021. However, due to the COVID-19 pandemic, it was not possible to commence the procurement process, and the contracts were extended to March 2022 following approval by senior management team in November 2020.

A further 12 - 24 month contract extension to March 2024 (12months + 6months + 6months with 3-month termination clause) has been approved to allow time to carry out the consultation and depending on the outcome of the consultation, implement the proposals and to allow a full and open procurement exercise to be undertaken.

The continued provision of services to legacy community alarm only clients costs the Council over £0.400m per annum for the monitoring charges alone. This expenditure excludes equipment, installation, maintenance and decommissioning costs. Whilst the cost of service provision for legacy clients is a diminishing expenditure, the rate of reduction is slow and practically these responsibilities will remain with the Council for another 10 years or more.

The Council is proposing changes to the community alarm provision of the AT service to ensure that the eligibility criteria is fair and equitable across Derbyshire. This is because there are currently two groups of clients, the legacy (individuals who have received the service prior to 1 November 2019) and the Care Act eligible clients. It is proposed that an assessment will be carried out for all community alarm only clients including both legacy and Care Act eligible community alarm only clients to ensure that the provision of the service is based on either Section 2 or Section 18 of the Care Act (see Section 2.1 of Appendix 1 of this cabinet paper for details of Section 2 and Section 18 of the Care Act).

The ongoing monitoring charges associated with the community alarm element of the AT service for all clients assessed as having eligible needs under the Section 18 Care Act 2014 will be assessed under the appropriate charging regulations and the individual's personal budget will reflect this.

4.2 Eligibility for Current Service Provision

Following the consultation exercise undertaken by the Council in November 2018, a new eligibility criteria was implemented for new

referrals, whereby the provision of community alarm and telecare services is provided only to those assessed as eligible under the Care Act 2014, under the provisions of either Section 2 (prevention) or Section 18 (assessed need). In addition, these services have since been provided to children who have been assessed as eligible for this service by Children Services.

4.3 Analysis of Current Users

Initial analysis of individuals in receipt of the AT service as a whole including children in March 2021 suggests 50.1% of people had a primary support need of physical support, 0.7% for carer support, 1.2% for memory and cognition support, 2% for learning disability, 2.5% for mental health support, 2.4% each for sensory support, 2.6% for social support, 0.3% for children, followed by 36.8% with non- primary support reason users.

82.5% were aged 65 and over, 17.1% aged 18-64 years old and 0.3% for children. This indicates that the adult care social care technology offer is currently focused on supporting older people.

Further analysis shows that 95% of individuals in receipt of the community alarm only service are legacy clients whose eligibility is based on them being in receipt of housing benefit and/or pension credit while the remaining 5% are assessed as Care Act eligible. The data clearly highlights that a large proportion of the users of the service are legacy clients rather than those who have an assessed need under the Care Act.

However, this analysis needs to be treated with some caution as there are different counting and reporting methods across the range of service provision. There has been ongoing data cleansing exercise to reduce data quality issues and throughout the proposed consultation, further work will take place to analyse updated information and to provide a more accurate picture for the Equality Impact Analysis.

4.4 Drivers for Change

4.4.1 Financial Challenges

Adult Social Care is tasked with making further budget savings which requires undertaking review of current services, eligibility criteria and service redesign to ensure good quality services and value for money. Other local authorities have already revised their AT offer and currently only provide telecare and bespoke AT packages for Care Act eligible clients with an ongoing support package. In light of reducing budgets Derbyshire now needs to consider similar proposals.

4.4.2 Welfare Reform

Another driver for proposing changes to the eligibility criteria for legacy clients is the Welfare Reform agenda and Universal Credit. By 2023, the Government has stated that it intends that there will be no legacy benefit claimants and Universal Credit will be fully adopted. Therefore, options regarding future eligibility criteria for legacy clients, needs to be considered in light of ongoing changes to the benefits system.

4.4.3 Impact of COVID-19

Local authority finances are under significant pressure in the context of the COVID-19 pandemic, with central government asking local authorities to deliver many additional services while the cost of many existing services increasing. Opportunities to implement savings programmes have been disrupted and various locally generated income streams have fallen.

These challenges follow a decade in which local authority funding has reduced while demand for key services has risen. As a result, the ability of local authorities to maintain financial and service sustainability this year and over the medium-term is being tested.

4.4.4 Digital Switchover

There is a need to review the existing analogue service in operation across Derbyshire because this will be affected by the proposed switch-off of the public switched telephone network (PSTN) in 2025. Current AT equipment is analogue based and would need to be replaced with digital equipment. The notification of each area in Derbyshire being switched over is called a 'stop sell date' and Open Reach are releasing these dates across the country. Different parts of the County have different 'stop sell dates and will therefore begin switching over at different times.

According to the Technology Enabled Care Services Association (TSA) Commissioner / Buyer Guidance published in November 2021, **“Organisations must no longer procure social alarms that can only establish connections to Alarm Receiving Centres using analogue tone-based communication. It is mandated that those organisations that have an ongoing requirement to communicate in analogue protocols (e.g. ARC infrastructure has not been upgraded) must procure ‘hybrid’ social alarms that communicate in both analogue and digital protocols (and can be switched remotely without the need for an on-site reprogramming)”**. As a result of this, additional investment would be required to replace current analogue equipment with digital equipment.

4.4.5 New opportunities through technology

As part of the Enterprising Council approach, the Council Plan sets out clear ambitions to be an efficient and high performing Council delivering value for money services. As a result, the Council is exploring creative ways to deliver better services for less and ensuring that the operating model is fit for purpose. The approach will also see the Council modernise and take advantage of new technology and better ways of doing things for both residents and employees. There are opportunities to explore how the authority develops its AT offer to support people by including the service as part of the person's Care Act eligible support package.

There is a wide range of other technologies that allow people with impaired mobility, with disabilities (physical or learning), and sensory impairments to live as independently as possible on a day to day basis.

This might include:

- 4.4.5.1 Technology to help with activities such as switching on lights, controlling the temperature in the home, cooking and preparing meals, medication and appointment reminders, and technology to support social activities and interaction
- 4.4.5.2 Consumer technology such as smart home hubs (e.g. Hive) and voice activated virtual personal assistants (e.g. Alexa, Google Home) may be offered to eligible people where there are demonstrable benefits (a pilot was carried out in June 2019 in Derbyshire). Wearables like smart watches, GPS trackers, fitness and activity trackers may also be part of this offer.
- 4.4.5.3 Whilst there are many generic devices available, there are also increasingly technologies targeted at people with particular conditions such as dementia or long-term health conditions and communication devices to support people who have communication difficulties which might form part of their support package
- 4.4.5.4 Remote monitoring and virtual solutions for social interaction and to connect with professionals virtually (e.g. video / virtual calls for social purposes through tablets or screens)
- 4.4.5.5 Applications (apps) for mobile devices that promote independence, health and well-being may also be provided by the service to target particular needs such as Brain in Hand which the Council is currently piloting with 30 licences.

The technologies above are increasingly connected and integrated to each other and to dashboards to support remote monitoring. There is an opportunity proactively to use data generated from technology to support independence and improve outcomes, provided we do this in a way which complies with the GDPR. Also, some new technological

solutions do not require a third party to manage a service via a calls monitoring centre. It is now possible to purchase pieces of technology which do not require external agency involvement and can be operated privately between individuals and their friends, carers or neighbours.

4.4.6 Current service utilisation

Data analysis suggests that utilisation of current services by provider varies across the County with underutilisation between 24 – 84%. A summary on a district-by-district basis can be found in Appendix 2. Therefore, there is an opportunity to look at how the current funding invested in these services, provides value for money and whether the service approach is equitable and focused on the Council fulfilling its statutory duties.

5. Consultation

- 5.1 Adult Social Care is seeking to consult for ten weeks with individuals who are in receipt of community alarm only as their package of care funded by Adult Social Care, their representatives and current contracted AT service providers. The proposals outlined below will form the basis of the consultation.

It is proposed that:

- 5.1.1 Individuals who are community alarm only clients will be subject to an assessment to identify whether they would be eligible either under Section 2 or Section 18 Care Act 2014. Individuals who are currently in receipt of the service by virtue of their entitlement to housing benefit and / or pension credit (legacy clients) will no longer be automatically eligible for a DCC funded community alarm element of the AT service. Any individual identified as not eligible for ongoing support would be offered a transition period to identify alternative arrangements, should they wish to pursue this.
- 5.1.2 The community alarm provision of the AT service will continue to be provided free of charge (to include provision of the equipment and monitoring charge) as part of the short term service (see details of short term service in appendix 4) offer and the client will be subject to an assessment of need at the end of the short term service.
- 5.1.3 Those clients assessed as eligible under Section 2 will be provided with the equipment free of charge and it is proposed that they either pay the ongoing monitoring charges (which is currently an average cost between £2.50 - £5.00 per week) directly to the provider or the Council recharges the client for this activity.
- 5.1.4 The ongoing monitoring charges associated with the community alarm element of the AT service for those clients assessed as having eligible needs under the Section 18 Care Act 2014 will be assessed under the

appropriate charging regulations and the individual's personal budget will reflect this.

- 5.1.5 Any self-funding clients will continue to have the ability to obtain a community alarm from available local providers at their own cost.
- 5.1.6 Should a self-funding client become eligible under Section 18 Care Act 2014, they would then be provided with a personal budget, if considered an appropriate way to meet their eligible needs.

It is proposed that the consultation would run from 21 February until 1 May 2022. Consultation activity will include an online questionnaire, paper version and letters to the community alarm only clients their representatives and current contracted AT service providers. The consultation will be promoted at existing stakeholder groups and networks. There will also be an option for telephone conversations with the Stakeholder Engagement and Consultation Team and online virtual meetings.

Following the consultation, results will be analysed and a further report tabled to Cabinet for consideration outlining the key themes, issues and findings which need to be considered to inform the future of the community alarm element of the AT service provision. Irrespective of the consultation outcome, individuals in receipt of the service will be made aware of further changes to service provision as the current contracted arrangements need to be re-procured on a competitive basis and a new service model developed and implemented.

6. Alternative Option Considered

- 6.1 The alternative to consulting on future arrangement would be to do nothing. The Council could continue with current arrangements i.e. providing the AT service which includes community alarm, telecare and activity monitoring as a single service or as a wider support package.

However, this is costly due to continuous increased cost of service provision for legacy clients and digital switchover and it is difficult to identify how savings could be delivered. Thereby making it financially unsustainable to keep the AT service in its current operational model (see AT costs in section 1.1 of appendix 1). In addition, the current regime also includes service provision for clients with two different eligibility criteria which provides for differing outcomes which are not fair and equitable across the County for those in receipt of the service.

7. Implications

- 7.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

8. Background Papers

- 8.1 [8-11-2018 Consultation on eligibility criteria for community alarms and telecare services \(derbyshire.gov.uk\)](#)
- 8.2 [2019-06-06 6h Consultation Community Alarms and Telecare \(derbyshire.gov.uk\)](#)
- 8.3 [Paying for non-residential care - Derbyshire County Council](#)

9. Appendices

- 9.1 Appendix 1 - Implications.
- 9.2 Appendix 2 - Analysis of current users of the Assistive Technology service
- 9.3 Appendix 3 – Users of AT service not subject to the consultation proposals
- 9.4 Appendix 4 - Short term service

10. Recommendation(s)

That Cabinet:

- a) Notes the proposals to be consulted upon
- b) Approves a ten-week consultation exercise on the proposed changes to the provision of the AT service for all community alarm only clients. The consultation will include details of the proposed eligibility criteria and funding arrangements.
- c) Is informed following the outcome of the consultation exercise by way of an updating report.

11. Reasons for Recommendation(s)

- 11.1 If any significant changes are proposed to the provision of services, the Council is required to undertake a period of consultation for the people affected to better understand their views before any decision is made.
- 11.2 The proposal to consult is required to ensure that the future provision of the entire AT service effectively meets the needs of those clients who are assessed as having Care Act eligible needs following assessment which necessitates this service provision.
- 11.3 To ensure that the eligibility criteria for future provision of the community alarm element of the AT service is fair and equitable and any change to the current charging arrangements relevant to the provision of the service is transparent and meets the Council's statutory responsibilities.

12. Is it necessary to waive the call in period?

a. No

Report Author: Olu Ogunbuyide

Contact details: Olu.Ogunbuyide@derbyshire.gov.uk

Implications**Financial**

- 1.1 Regard has been made to financial implications, the current contractual commitment (monitoring costs) for 2021-22 is summarised in the table below. The cost below excludes installation, maintenance, decommissioning and recycling costs which is £0.305m.

Contract provider	Funding 2021-22 (£m)
Futures Housing Group (Amber Valley)	0.126
Yorkshire Housing Group (M&D)	0.003
Chesterfield Borough Council	0.128
Bolsover District Council	0.144
High Peak Borough Council	0.064
South Derbyshire District Council	0.065
Tunstall Response Ltd - Derbyshire Dales, Erewash, North East Derbyshire	0.070
Equipment	0.180
Total	0.780

The current total cost of the Assistive Technology service is £1.08m and the AT service will continue to be financed from existing budgets.

However, due to the digital switchover (see section 4.4.4 of this cabinet report) the Council is required to provide additional investment between £0.5m - £1.1m to replace current analogue equipment with digital equipment. This is required to be carried out imminently in preparation for the digital switchover by 2025 where BT Openreach have already started providing digital lines in some areas in Derbyshire.

In the Budget report considered by Council in February 2021, the increased use of AT was identified as an area for potential savings through the re-shaping of the service. The report outlined a potential savings of £0.3m and the proposals for consultation outlined in this paper may help contribute towards these identified savings targets. The delivery of the identified savings is dependent on the outcome of the proposed consultation and the Cabinet's response to the outcome.

Legal

2.1 Section 2 of the Care Act 2014 requires local authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- contribute towards preventing or delaying the development by adults in its area of needs for care and support.
- contribute towards preventing or delaying the development by carers in its area of needs for support.
- reduce the needs for care and support of adults in its area.
- reduce the needs for support of carers in its area.

The Care and Support Statutory Guidance is clear that the care and support system must work to actively promote well-being and independence and does not wait to respond when people are in crisis by early interventions which prevents need or delays deterioration wherever possible. The importance of preventative services is highlighted further within Section 1(3)(c) Care Act 2014, which requires local authorities to have regard to the importance of preventing or delaying the development of needs for care and support.

Adults who are in receipt of the preventative services will not necessarily require a wider package of care and may receive this support in isolation.

Whilst Section 2 of the Care Act 2014 permits a local authority making a charge for the above, the Care and Support (Preventing Needs for Care and Support Regulations explicitly prohibit making a charge for a service which consists of the provision of community equipment (aid and minor adaptations). Community equipment is defined within the Regulations as as an aid, or a minor adaptation to property, for the purpose of assisting with nursing at home or aiding daily living and, for the purposes of these Regulations, an adaptation is minor if the cost of making the adaptation is £1,000 or less.

In addition to the duty under Section 2 of the Care Act 2014, the local authority is also under a duty to meet an adult's eligible needs. The eligibility criteria is set out within the Care and Support (Eligibility Criteria) Regulations 2015. An adult's needs meet the eligibility criteria if:

- the needs arise from or are related to a physical or mental impairment or illness.
- as a result of the adult's needs, they are unable to achieve two or more of the outcomes (outcomes defined below); and

- as a consequence, there is, or is likely to be, a significant impact on the adult's well-being.

The outcomes referred to above are:

- managing and maintaining nutrition
- maintaining personal hygiene
- managing toilet needs
- being appropriately clothed
- being able to make use of the adult's home safely
- maintaining a habitable home environment
- developing and maintaining family or other personal relationships
- accessing and engaging in work, training, education or volunteering
- making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
- carrying out any caring responsibilities the adult has for a child.

Where an adult is assessed as having eligible needs, the local authority must consider what can be done to meet those needs; this may include the provision of AT.

Whilst Section 14 Care Act 2014 permits a local authority to charge for meeting needs under Section 18 Care Act 2014, the Care and Support (Charging and Assessment of Resources) Regulations 2014 explicitly prohibit making a charge for a service which consists of the provision of community equipment (aid and minor adaptations). Community equipment is defined within the Regulations as as an aid, or a minor adaptation to property, for the purpose of assisting with nursing at home or aiding daily living and, for the purposes of these Regulations, an adaptation is minor if the cost of making the adaptation is £1,000 or less.

The proposal is to consult in relation to changes being made to the community alarm element of the AT service by altering the eligibility criteria for legacy clients to ensure a consistent approach. There is no statutory duty to consult, however, the proposals do trigger a duty to consult by virtue of common law. The clients currently in receipt of the community alarm service have a legitimate expectation of being consulted as the proposals will directly impact their current service provision. The clients, their representatives and the current contracted AT service providers also have a legitimate expectation to be consulted due to an established practice of consultation, as demonstrated by the consultation exercise completed in November 2018.

Human Resources

- 3.1 There are no human resources considerations associated with this report.

Information Technology

- 4.1 There are no information technology considerations associated with this report.

Equalities Impact

- 5.1 An Equality Impact Analysis will be undertaken to assess the proposals on the protected characteristic groups. The Equality Analysis will include an assessment of the response to the consultation and engagement and will include a range of recommendations and potential mitigations.

Corporate objectives and priorities for change

- 6.1 Enterprising Council: Transforming the organisation, working as one council, ensuring we are prepared for the future and able to respond to the challenges and opportunities that lie ahead.

As part of the Enterprising Council approach Adult Social Care intend to broaden and expand its use of a range of assistive technology over the next five years. This is a fast paced and constantly evolving area of work due to technological and digital advancements. Nationally evidence suggests technology can have a positive impact for an individual whilst potentially reducing demand and the cost of care. This was also evidenced during the COVID-19 pandemic, as organisations deployed different digital technological aids, equipment, apps etc to help meet the needs of the people by providing care and support, promote independence and reduce isolation. Technology also acts as an enabler providing a range of interventions for people with a long-term health condition of disability.

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)

- 7.1 In preparing this report the relevance of the following factors has been considered: Social Value, Human Rights, equality of opportunity, health, environmental, transport, property, social value and crime and disorder considerations

Appendix 2

Analysis of current users of the AT service (March 2021).

The summary below provides an overview of current AT service provision.

Area	Provider	Capped Client	Current Clients	Monitoring Centre	Comm Alarm Ownership	Telecare Owner	Self-funding Market
Amber Valley	Futures Housing Group	1650	759 (46% utilisation)	Third Party (Astraline)	DCC Adult Social Care	DCC	Futures Housing Group
Bolsover	Bolsover District Council	1300	900 (69% utilisation)	Bolsover District Council	Bolsover District Council	DCC	Bolsover District Council
Chesterfield	Chesterfield Borough Council	1650	771 (47% utilisation)	Chesterfield Borough Council	Chesterfield Borough Council	DCC	Chesterfield Borough Council
Derbyshire Dales	DCC Adult Social Care	650	162 (25% utilisation)	Third Party (Tunstall)	DCC Adult Social Care	DCC	DCC Adult Social Care
Erewash	DCC Adult Social Care	1500	352 (23% utilisation)	Third Party (Tunstall)	DCC Adult Social Care	DCC	DCC Adult Social Care
High Peak	High Peak Borough Council	650	545 (84% utilisation)	Third Party (Tunstall)	High Peak Borough Council	DCC	High Peak Borough Council
North East Derbyshire	DCC Adult Social Care	1500	417 (28% utilisation)	Third Party (Tunstall)	DCC Adult Social Care	DCC	DCC Adult Social Care
South Derbyshire	South Derbyshire District Council	900	441 (49% utilisation)	Third Party (Tunstall)	South Derbyshire District Council	DCC	South Derbyshire District Council

AT service provision, infrastructure and operational arrangements by district

Clients access AT service via a geographical place based offer, the service is provided by four district or borough local authorities, a housing association, in three areas is co-ordinated directly by Adult Social Care. There is also one housing scheme in Derbyshire with DCC funded community alarm provision for eight clients, the scheme has a total budget allocation of £3,499 per annum and the contract is due to expire at the end of March 2022.

Users of AT service not subject to the consultation proposals

There are a number of scenarios where individuals may be in receipt of services either commissioned by the Council or as private arrangements. None of these service types below will be impacted by the proposals for consultation detailed in this report.

- Any AT client in receipt of a service other than community alarm only.
- Community alarm only clients in receipt of other services funded by the Council.
- Individuals in receipt of standalone equipment which is not connected to a monitoring service, such as pager units that allow individuals to alert a nearby carer wearing a pager that they require help and assistance.
- Clients in Extra Care settings that are operated by DCC or a registered social landlord and Adult Social Care Direct Care establishments, such as the Community Care Centres, which utilise AT services other than community alarm only to provide support in both the communal spaces and individual rooms.
- Children's Services clients who access the services to support young carers and young people with a physical or learning disability; this service is recharged to Children's Services.
- Private clients who are not known to Adult Social Care who self-fund community alarm and telecare services operated by the same providers as those utilised by DCC.
- Individuals who may have put independent arrangements in place themselves or through their landlord for community alarm and/or telecare support within their property or with a national provider.

The Short Term Service

The Service is used to:

- Support a person to gain or re-gain their independence with independent living tasks in their own home
- Support a person to improve their level of independence through maximising their own strengths and/or through identifying the best approach to supporting them
- Support a period of assessment
- Respond to an urgently presenting need in the community whilst further assessment can be carried out by adult social care or others

The Short Term Service should be used in the following circumstances:

- To facilitate a discharge from hospital
- To prevent a hospital admission
- As a new home care response to support a new assessment of the person's need for care and support or increase independence
- As a new or additional home care response where there is a significant change in need for a person already in receipt of services

Eligibility for the Short Term Service:

As a preventative service the Short Term Service is available to those who would benefit. They do not need to be eligible under the National Eligibility Criteria.

Prior to a referral to the Short Term Service, consideration must be given as to what else could help the person meet their needs and achieve their goals. Where appropriate, the person may be signposted to alternative services rather than being offered support from the Short Term Service.

The service is free at the point of entry.