DIGITAL TELECARE
Scottish Local Government

TEC Technology Enabled Care

TELECARE SERVICE CONTINUITY AND COVID-19

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Telecare Service Continuity and COVID 19

The following are contingencies you may want to consider locally. They are subject to local risk assessment and decision making and will need to be considered in the context of wider planning and arrangements in your organisation and area.

They should be considered alongside information issued by the Scottish Social Services Council, Health Protection Scotland and NHS inform.

Proactive communication with service users and their named contacts to keep them abreast of changes in service provision and/or to provide important information

1. The information provided will depend on local contingencies but may include:

- Informing service users they may experience some changes to the usual service they receive, such as taking a longer time to answer alerts or providing a face to face response, and being asked additional questions by call handlers.
- Their named contacts, if they are well and not self-isolating, being asked to provide a response in non-emergency situations and in the absence of an alternative responder being available.
- Advising against digital phone line upgrades or transferring to different telephone or broadband suppliers at this time, as it may disrupt their telecare service. If they do have an upgrade or transfer, asking them to notify the Telecare Service so they can check equipment is still working. Please refer to the section in the supplement, entitled *Digital Phone Line Upgrades*.
- Information on how to reduce sedentary behaviour while self-isolating or social distancing.

Proactive and regular communication with all staff delivering the Telecare Service

2. Putting systems in place for frequent communication with all Telecare staff. Skype, Teleconferencing, MS Teams or other digital solutions can be used. This will provide an opportunity:

- to keep staff up to date on arrangements,
- for staff to escalate or share issues or concerns, and
- to check on staff wellbeing.

Meeting the increased demand on Telecare Services: installation, monitoring and response

3. Liaising with other teams/services to explore the possibility of training staff to provide further ‘back up’ in the event of staff shortfalls within the installation, monitoring and response services.

For example, Argyll and Bute are developing guidance on the process for a basic install.

4. If insufficient staff are available to cover all calls requiring a responder, consider what critical care needs to be provided, what can be delayed and what can be provided by family members, friends and other agencies. This could include liaising with care at home services to explore
the possibility of providing the response to non-emergency situations, such as requests for personal care. This could free-up responders to attend emergencies, such as falls, no voice calls and ambulance call outs.

   Where the family, friends or neighbours provide unpaid care, it may be appropriate to signpost them to the current guidance on NHS inform regarding what they can do to protect their own health and that of those they look after during the COVID-19 outbreak.

5. Contacting named contacts to inform them that, if they are well and not self-isolating, they may/will be asked to provide a response in non-emergency situations and in the absence of an alternative responder being available. Given that some named contacts may not be in a position to respond, explore possible alternative local responders, such as community and/or voluntary groups.

6. Prioritising requests for community alarm and telecare installations by applying a locally agreed approach or criteria.

7. Considering de-prioritising routine review and maintenance visits to free up staff for more urgent activities.

   Careful consideration of how to manage faults is required. If staff are not available to attend on-site, a contingency is required, such as regular pro-active, outgoing calls to the service user.

8. Deploying staff usually involved in direct care or support but who are either self-isolating without symptoms or are in the high-risk group, to deliver other aspects of the service. This may include pro-active, outbound calling, identifying the most vulnerable service users, contacting service users and their named contacts with information, and updating service user information.

9. Automation can potentially be used to reduce the number of calls ARC staff need to handle. These arrangements have been implemented by some Partnerships in Scotland already, but their use is not universal and so some Partnerships may still benefit from using this approach. Please refer to the section in the supplement, entitled *Automation*.

10. Some Alarm Receiving Centres may have the technical capability to enable Call Handlers to work from home. Please refer to the section in the supplement, entitled *Remote Working*.

11. Some Alarm Receiving Centres may have the technical capability to re-direct calls to another Alarm Receiving Centre to assist with managing demand and capacity. Please refer to the section in the supplement, entitled *Shared Service Delivery*.

Working pro-actively with other services and teams to manage risk

12. Pooling resources with other teams/services supporting people at home to maximise capacity and minimise unnecessary contact with people who are self-isolating or social distancing.

13. Liaising with other local services to plan how some risks can be mitigated and to identify opportunities to support each other.

14. Exploring the possibility of using pro-active, outbound calls to telecare service-users, instead of care at home visits, where this is safe and appropriate. For example, for some medication reminders and wellness checks. Please refer to the section in the supplement, entitled *Proactive Telecare*.

15. Asking services that assess and/or refer for Telecare to identify the person's COVID-19 status, including diagnosis, symptoms or no symptoms but self-isolating, and make this clear when passing on the information. Further information about symptoms can be found on NHS inform, including a COVID-19 symptom checker.

Ensuring service continuity for the most vulnerable service-users

16. Exploring the possibility of pro-active wellbeing calls[1] to check-in with vulnerable service users, such as people without named contacts or next of kin living nearby. The calls could be made by response staff who are either self-isolating at home and do not have symptoms, or are in the high-risk group, or by other services and providers, such as third sector partners. Please refer to the section in the supplement, entitled *Proactive Telecare*.

    Stratifying service users' risk may be helpful. For example, high risk – no contacts, no package of care, dependent on Telecare Service to respond or high fire risk. National statistics suggests only 35% of Telecare clients receive Home Care.

17. Working with other services, teams and named contacts to ensure service users with door contacts receive a timely response if it appears a service user has left their home.

Infection prevention and control

18. Consider locating call handlers across two sites - the Alarm Receiving Centre and the Disaster Recovery Site - to minimise the impact should a staff member develop symptoms.

19. Asking Call Handlers in Alarm Receiving Centres to ask basic screening questions to identify if the service user or anyone in their household has a diagnosis of COVID-19 or symptoms of COVID-19. The screening questions need to be agreed locally and based on current national guidance such as information on NHS inform.

[1] Pro-active calling involves dialling out on a regular basis to telecare users, perhaps on a prioritised basis – some may require daily calls, others perhaps weekly.

20. When arranging priority installations, ask service users basic screening questions to identify their COVID-19 status (see (19) above) so the Telecare Service is fully aware and can take precautions according to national and local guidance.

21. Providing additional guidance to staff delivering direct care and support, and reminding them of the importance for both personal safety and spread of infection to service-users. This includes clarifying the underlying health conditions that would classify a staff member as high risk.

    For information on action to take if a member of staff is concerned they have COVID-19, refer to the Scottish Social Services Council's website, Key measures for infection prevention and control. A guide for social care workers providing care in an individual's home.

    For information on delivering direct care and support in a service-user's home, refer to the Scottish Social Services Council's website, Key measures for infection prevention and control. A guide for social care workers providing care in an individual's home, and information on infection control from Health Protection Scotland, Advice for Social or Community Care and Residential Settings Staff.

22. Providing additional guidance on processes for decontamination of equipment, including the storage of equipment prior to decontamination, and disposing of equipment, for example decontaminating and bagging items prior to disposal.

General

23. Disaster Recovery procedures for Alarm Receiving Centres and Lone Working policies may need to be reviewed to ensure they are up-to-date and appropriate for the current situation.

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SUPPLEMENT TO TELECARE SERVICE CONTINUITY AND COVID-19

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1. Summary of Potential Changes to Assist with Telecare Service Delivery

1.1 Potential Quick Wins:

- Use of proactive, outbound calls to users to replace the need for some homecare visits;
- Use of proactive calls[2] to users to provide reassurance/ wellness checks, and to provide health advice;
- Potential to use call takers unable to travel to the ARC to make proactive reassurance / wellbeing calls to users;
- Advise users to delay / cancel any planned phone line upgrades or transfers to a different telephone or broadband supplier.

1.2 Changes That Potentially Need Technology Upgrades or Operational Updates:

- Use of remote working technology for call takers;
- Sharing of call taking between Partnerships;
- Potential to use automation to reduce call taker workload.

2. Proactive Telecare

Proactive telecare, i.e. making outbound calls to users, can potentially be used by Partnerships to assist in care delivery by:

- **Replacing the need for some homecare visits**: Proactive telecare can potentially be used to replace some kinds of homecare visits. This would involve calls being made to users instead of someone physically visiting their home. Only certain types of homecare visits and users would be suitable for this service, however, for those that are suitable it could provide a less resource intensive way of providing care. Homecare visits that may be suitable for this kind of approach include wellness checks, reassurance visits, and meal/medication reminders/checks.
- **Providing reassurance / wellness checks:** Proactive telecare could also be used to provide reassurance or wellness checks to users who need additional support/monitoring (and who do not have homecare). These checks could be provided either by staff calling telecare users or by automating calls. This latter feature is offered by some ARC solutions but is not currently used by many Partnerships and so may not be practical to implement.
- **Providing health and wellness advice:** Proactive telecare can be used to provide users (telecare and /or homecare users) health and wellness advice. This could include advice about updates to health advice, isolation arrangements, staying active, staying hydrated, etc.

The above uses of proactive telecare all have an impact on the resource require to deliver telecare services, however, they have potential to reduce the need for resources elsewhere in care system. Partnerships will need to evaluate the impact and benefits for their service before implementing this approach.

[2] Pro-active calling involves dialling out on a regular basis to telecare users, perhaps on a prioritised basis – some may require daily calls, others perhaps weekly.

3. Remote Working

Remote working for call takers may assist in keeping services operating if staff are unable to work from offices as normal.
It is technically possible for call takers to access the ARC solution and receive calls when working remotely, including from home, however at present not many Partnerships' ARC solutions are able to work in this way.

Where a Partnership's ARC systems can support remote working then this could help ensure call taker resource is available, including potentially using call takers for relatively short periods to assist with call peaks.

Where a Partnership's ARC system cannot currently support remote working then it may be possible to implement this functionality. Your telecare system provider and IT teams will be able to advise what needs to be put in place to support this, however, it is recognised that this may not be practical to implement during a period of high demand and limited resource. Given this, it may be possible to utilise staff that have to work from home to make the proactive calls detailed in the previous section. This does not require ARC system access - just the ability to make calls to users and to log the results.

4. Shared Service Delivery

Partnerships may be able to collaborate to share call taking between organisations. This may assist Partnerships in coping with call takers becoming unavailable to work.

To use this approach telecare calls would need to be redirected to another Partnership's ARC. This relies on another Partnership having the capacity to assist with call taking. This is likely to be an issue for most Partnerships during daytime shifts, but the arrangements could be used to share overnight shifts, when call volumes are relatively low.

The means of implementing this technically will be dependent on a Partnership's current solution but is likely to require either the use of 'smart divert' or the reprogramming of alarm devices. Partnerships will also need to share user data, which is likely to be easiest where both are using the same ARC platform.

5. Automation

Automation can potentially be used to reduce the number of calls ARC staff need to handle. These arrangements have been implemented by some Partnerships in Scotland already, but their use is not universal and so some Partnerships may still benefit from using this approach.

ARC solutions can automatically answer some kinds of administrative and maintenance calls and log them without the need for any call taker intervention. These types of call include; battery notifications; phone line fail/restores; power fail/restores; warden on/off site notifications.

Using automation to answer these calls potentially frees call taker time to respond to other types of call, where human intervention is required.

Your telecare system provider will be able to advise what needs to be put in place to support automation, however, it is recognised that this may not be practical to implement during a period of high demand and limited resource.

6. Digital Phone Line Upgrades

Telecoms companies are upgrading home telephone lines to digital connections. It is not currently known how the upgrade programme will be affected by the COVID-19 pandemic, however, assuming some upgrades continue this poses a potential risk to telecare users. If a telecare user's phone line is upgraded to digital, then there is a risk that:

- There will be issues with the reliability of telecare service, as analogue telecare signalling is not designed to be carried over a digital phone line;
- The phone line upgrade will result in the telecare Partnership having to visit the user's home to reconnect or relocate the telecare equipment. This is because the telephone engineer may not reconnect the telecare device following the upgrade, and telephone extensions may no longer be usable.
  Telecare Partnerships should communicate with users to ensure that they are aware of these risks and recommend that users delay or cancel phone line upgrades, if possible. There is guidance within the Digital Telecare Playbook on communication with users about this issue.