

The Live at Home Electronic Homecare Monitoring Requirement

Frequently Asked Questions

1. Will there be a penalty for care providers who are unable to establish a connection between their EHM systems & the ECC digital database prior to February 2022?

No, there will not be a penalty. There is a six month configuration window from August 2021 – 13th February 2022 during which time providers will be able to ensure that the connection is established and that they are satisfying the EHM requirement within the Live at Home framework (LAH). In the event that an API is not in place the Service Provider is required to submit reports to ECC to evidence performance against Key Performance Indicators set out in Schedule 2.

2. Who is responsible for integrating providers' EHM systems to the Essex database?

Essex County Council and the EHM system suppliers are responsible for establishing the connection between each other, however care providers must give approval to EHM system providers for them to integrate with the ECC system as well as completing the steps to ensure accurate transfer of Live at Home data.

3. Will providers who use mobile phones in conjunction with EHM systems still able to use the app on CarePlanner to log in and out of sessions?

Yes, as long as this device is able to evidence that the carer is with the client and this data feeds correctly back to CarePlanner, this should be possible.

4. What should a provider do regarding the EHM requirement if carers do not have smartphones?

Providers should speak to their system suppliers and explain that some carers do not have smartphones. Most system suppliers will have alternative methods by which a carer can 'log-in' and out of care visits.

5. CM2000 have communicated to providers that phones greater than 5 years old will no longer support the CM2000 app. How should providers using CM2000 overcome this hurdle to ensure that providers are still able to 'log-in' and 'log-out' of care visits?

Any care provider that is concerned about the existing functionality of their EHM solution (including device age and/or functionality) should discuss this with their system supplier and reach a mutually acceptable agreement. If agreement cannot be made then the care provider should seek alternative compliant means of operating an EHM solution. Essex CC can assist with the clarification of requirements to both the care provider and the system supplier, however ultimately it is the care provider's responsibility to meet the terms of the Live at Home contract

6. Are shifts longer than 8 hours monitored by the ECC database?

Yes, all shift patterns are included with the exclusion of 24-Hour Live-In care, unless that is delivered in 8-hour shift patterns.

7. How will care providers enter missing visit data (including reason codes) within the 48-hour deadline during times when care provider administrative resources are reduced (e.g., weekends)?

The LAH contract stipulates that visit data is still reconciled / completed within 48 hours regardless of date or time of day – care providers should advise the Council with any ongoing problems meeting this deadline.

8. What will Essex County Council need from care providers to ensure that the link between EHM system suppliers & the Council digital database can be established?

The configuration between care providers' EHM systems and the Council database will be orchestrated by the Council and the EHM system suppliers themselves. However, care providers must ensure that their approval for such a link is given to the EHM system supplier and that they take the pre-requisite steps to ensure accurate LAH data transfer.

9. Will the Essex EHM database automatically reconcile?

Yes, it will automatically feed data through the API.

10. Regarding data transfer, the requirement is that visit data transfer must be in real time, so in areas of poor mobile coverage (e.g., rural areas), could this mean that real time is not achieved?

When a carer moves back into an area of coverage the EHM device should immediately submit the visit data that was recorded whilst out of coverage and this will ensure rurality is not an issue.

11. If traffic causes a late arrival, what action will the Council take?

The Council understands and appreciates that routine business issues such as late arrivals occur and would only be concerned with this data in a contract management context, regarding KPIs for example. The Council would only review individual calls should there be a complaint or safeguarding issue relating to that specific instance.

12. Will the Essex EHM database be linked to invoicing?

No, there are no plans to do so at present.

13. Will providers still be required to invoice manually, or will the reconciliation process within the EHM requirement generate invoiced automatically?

Providers will continue to invoice manually as per current procedures.

14. Access group has acquired CM2000 - will providers using CM2000 still be able to integrate with the Council's digital solution?

Yes.

15. Will One Plan be able to integrate with the Council's digital solution?

There should not be any issues integrating the ECC system with One Plan.

16. Will the following systems be able to integrate with the Council's digital solution: Quikplan, Staff Plan, CareForIt?

Yes, the Council plans to set up an interface with all of these systems.

17. Do ECC have a list of EHM systems that they already have an integration with the ECC database?

Yes, an interface has been set up with CarePlanner and an interface is currently in development with Access Group. Discussions are taking place with Quickplan, Pass (Everylife), CM2000 and StaffPlan.

18. When a carer processes a missed, late, or short visit, they will input a reason code as to why this occurred. In the case of late or missed visits, will ECC be actively monitoring justifications and, if so, how actively?

The Council will not be actively monitoring individual cases of live data but will instead be taking an oversight approach. The Council would however review call data relating to specific visits where it is relevant to a specific complaint or safeguarding issue.

19. How can providers get involved in assisting Essex County Council in the Proof of Concept phase?

Providers should reach out to Tim Mulrey (Tim.Mulrey@essex.gov.uk) and inform him of their desire to assist the Proof of Concept stage. Tim will then liaise with EHM providers to ensure a proof of concept connection can be established.

20. Is data transfer automatic? What triggers it?

The API provides a method of automatically transferring Adult, care worker, planned and actual visit data from the Service Provider's EHM System. Where an API has already been set up between the Council and specific EHM Systems, the Service Provider is required to connect to that API. If there is no existing API in place, then the Service Provider must notify the Council immediately and the Council will approach the EHM Systems suppliers on the Service Provider's behalf to arrange for that API to be set up.

21. For actual visits that are shorter than the commissioned time, is a reason code required to explain why the visit was shortened?

No, a reason code is only required where a visit has been cancelled or missed (i.e. delivered outside of the time window set out in the KPIs).

22. If one visit is late or takes longer, this can be an issue in terms of meeting the KPIs.

The expectation is that a provider would need to ensure sufficient cover and / or have alternative arrangements in place to ensure all scheduled visits within a round are completed on time.

Glossary

Term	Description
EHM	Electronic Rostering and/or Monitoring System
ECC Database	The space within Essex Council's network where the Live at Home EHM data will be stored
System Supplier	The supplier of the Electronic Rostering and/or Monitoring system to the Care Provider
Application Protocol Interface (API)	The automatic link between the EHM system and the ECC Database