## **Adult Social Care Charging Proposals**

## **Consultation Document**

#### Introduction

The consultation details the proposals and considers any actions the Council can make to minimise any potential impact to updating The Royal Borough of Kingston's, (The Council's), charging policy for Adults Social Care services, to bring it in line with current legislation and delivery of care provision. Sections 14 and 17 of the Care Act 2014 gives councils and local authorities a single legal framework for charging users for adult social care provision and support. Having a consultation means that we can reflect service users' views in any final recommendations that are presented to councillors before changes, if any, are made.

### Why am I being consulted?

Before making any changes, the Council wants to know your views on how this could affect you and the people you know, so we can further understand the impact any potential changes could have on people who use the service.

#### About the council's financial assessment

Unlike the National Health Service (NHS), social care is not free at the point of use. There is legislation that outlines how councils can charge for care and support. These are the Care Act 2014, and the statutory guidance which tells councils how to carry out the instructions in the Act. The legislation sets out some things that councils must do (duties), and some things a council can do (powers). Use of the powers allows for some local discretion. The four proposals included in this consultation come under the category of powers.

Based on figures for April 2023 there were 883 people in Kingston upon Thames who had been subject to a financial assessment for care received in the community. In the financial year 2022/23 the council collected £2.14 million in client income from those receiving support in the community. Not everyone assessed actually makes a financial charge, because the charges are based on minimum income guarantees and a calculation of what each individual can afford to contribute. The minimum income guarantee is the amount set by the Department of Work and Pensions (DWP) that a person requires to meet their basic living needs.

A breakdown of charging outcomes for non residential care services as at June 2023 is detailed below:

Assessment Outcome	Percentage of users
Free of Charge	16%
Exempt from charging *	7%
Contribution payers	59%
Full cost payers	18%

<sup>\*</sup>includes users with no recourse to public funds or who are receiving care services in accordance with Section 117 of the Mental Health Act 1983

## What are the changes?

Please note we have included some scenarios throughout the document to help show how the proposals may affect service users

Proposal One: Standardise the approach to claims for night care costs for older people getting attendance allowance.

#### **Explanation:**

This proposal will impact people in receipt of social care who are also receiving the higher rate of Attendance Allowance (AA) or Disability Living Allowance (DLA).

Service users receiving these benefits and who do not currently receive funded 24-hour care receive an automatic allowance to help to pay for any night care they receive. The allowance (also known as a disregard) is the difference in value between the higher and lower rate of these two benefits. This value of the disregard is £33.65 per week.

The Care Act Guidance removed any automatic allowances for night care and allowed Councils to have discretion about applying night care costs as a Disability Related Expenditure (DRE) instead. This proposal ensures everyone eligible is able to claim night care costs as a Disability Related Expenditure (DRE). This is the approach that is followed for all users who receive Personal Independence Payment.

Younger people getting Personal Independence Payment do not get this allowance and claim night care as a Disability Related Expense (DRE), which is then included in their charge calculation. This means those on Personal Independence Payment are treated differently to those getting Attendance Allowance and Disability Living Allowance. This proposal ensures consistency of approach by guaranteeing everyone eligible is able to claim night care costs as a DRE.

#### Who is in scope:

We have identified-those service users who receive a disregard on their disability benefit because they receive the higher rate of Attendance Allowance or Disability Living Allowance. If this proposal is accepted every service user will have to claim night care as a DRE and be given advice and support if required. The difference between higher rate and lower rate Attendance Allowance / Disability Living Allowance is £33.65 per week. Both users of working age and of pensionable age getting the night care allowance will be affected by this proposal.

Service users will be encouraged to claim night care costs as a DRE as part of this change and will be given advice and support when doing so.

If the Council decides to introduce a charge, everyone affected will be notified in writing, and given information on how to pay and the amount they will be expected to pay.

#### Who is not in scope:

Users who are not in receipt of higher rate of Attendance Allowance/ Disability Allowance will not be affected by this proposal. Those on Personal Independence Payments are already able to claim night care as a DRE. In addition users paying full cost or who are not in receipt of Disability Benefit are excluded from this proposal

#### Scenario 1 - Standardising the approach to claims for night care costs

Mrs. B is of pension age and is in receipt of Pension Credit of £113.38 per week, state pension of £164.07 per week and higher rate Attendance Allowance of £101.75 per week. Mrs B's total income is £379.20 per week. She has allowances and expenditure of £259.46 per week which includes a Night Care Disregard of £33.65 and Disability Related Expenditure of £3.23 per week. Currently Mrs B pays £119.74 per week towards her care costs.

If the proposal to remove the Night Care Disregard is introduced, Mrs B's income will remain at £379.20 per week but her allowances and expenditure will reduce to £225.81 per week because her allowances would no longer include the Night Care Disregard. Therefore, she will now have to pay £153.39 per week towards her care costs.

	Before the removal of night care allowance	After removal of Night Care Allowance
Income		
State Pension	£164.07	£164.07
Pension Credit	£113.38	£113.38
Attendance Allowance	£101.75	£101.75
Total Income	£379.20	£379.20
Allowances		
Allowances for Living Costs	£214.35	£214.35
(Minimum Income Guarantee)		
Disability Related Expenditure	£3.23	£3.23
Night Care Disregard	£33.65	
Water rates	£8.23	£8.23
Total Allowances	£259.46	£225.81
Net Income	£119.74	£153.39

Charge (weekly amount due	£119.74	£153.39
from Mrs B)		

However Mrs B still has the option to claim for additional Disability Related costs for inclusion in his charge calculation. So for example if Mrs B successfully claimed an additional amount of £30.00 of DREs her care costs would reduce from £153.39 per week to £123.39 per week.

#### Proposal Two: Introducing an Interim Funding fee

#### **Explanation:**

This proposal is likely to apply to a very small group of people in residential care.

Interim Funding is offered when the Council agrees to pay the cost for a resident, who lacks mental capacity, to cover their care home costs for a temporary period until a longer term funding arrangement is put in place.

The funding will be applied if power of attorney or deputyship has been requested but not yet authorised. A one-off charge will be raised to cover the costs for arranging the residential care placement. Interest will be charged during the period in which interim funding is applicable.

The Interest charges will be the same as is applied for Deferred Payment Agreements (DPA) for the setup charge used for non residential care (currently £313 excl VAT). The charge will be reviewed annually when the Council sets its budget, fees and charges.

#### Who is in scope:

This would apply to new service users who do not have access to their funds due to mental incapacity and are waiting for a Lasting Power of Attorney or Deputy to be appoint by the Court of Protection will be impacted this proposal should they ask the Council for assistance in arranging their care provision on a temporary basis .

#### Who is not in scope:

Existing service users or new service users who are able to manage their finances or have a third party already appointed to do so will not be impacted by this proposal.

Proposal Three: Setting the maximum amount of Disability Related Expenditure at the level of disability benefit claimed.

## **Explanation:**

This proposal involves setting a maximum amount that can be claimed for DRE. The maximum will be the equivalent of the disability benefit claimed by the service user.

The current charging policy recognises that people with a disability have more day to day expenditure than people without a disability. These additional costs are termed Disability Related Expenditure (DRE) and are allowed for in the financial assessment in accordance with the Care Act statutory guidance.

The Care Act Guidance on charging for Social Care is issued by the Government to help councils set the charge policy. It states: "Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority".

Disability-related benefits for the above purpose are:

- Attendance Allowance (AA)
- Disability Living Allowance Care Component
- Personal Independence Payment (Personal Independence Payment ) Care Component

There is currently a small group of users who claim a higher amount of disability costs than the DWP benefit they receive. For example, someone may receive £68.10 personal independence Payment from DWP and claim £80.00 DRE from the Council.

The proposal is for the maximum DRE allowance to be set at the full amount received from any of the disability benefits listed above. For example, if a service user receives £68.10 per week in Personal Independence Payment, the maximum DRE they will be able to claim for is £68.10.

The maximum amount will be adjusted annually in April to reflect annual changes in disability benefit rates.

If the Council decides to introduce the maximum amount claim, those who have DREs that exceed the total of disability benefit, will need to have their financial charge reassessed. As part of the reassessment the council will assist anyone to claim the higher of disability benefits where the lower rate is being paid. On completion of a financial assessment the service user or financial representative will be informed in writing of the amount they will need to pay and how they can make these payments.

#### Who is in scope:

Service users who claim disability related expenditure at a higher rate than disability benefit received will be impacted by this change

#### Who is not in scope:

Service users who claim DREs at a rate lower than the amount of disability benefit paid will not be affected by this change

#### Scenario 2 - Introduction of a DRE maximum amount

Mr A is of pension age and has a total income of £440.82 per week including Attendance Allowance of £101.75 per week. Mr A has weekly allowances of £337.17 per week including Disability Related

expenditure of £118.82 per week. If the proposal is put in place Mr A's income will remain at £440.82 per week but his allowances and expenditure will reduce to £316.10 per week from £333.17 to reflect that he claims £17.07 per week more in DREs than the higher rate of Attendance Allowance

	Before maximum	After Maximum
Income		
State Pension	£224.40	£224.40
Private Pension	£114.67	£114.67
Attendance Allowance	£101.75	£101.75
Total Income	£440.82	£440.82
Allowances		
Allowances for Living Costs	£214.35	£214.35
(Minimum Income Guarantee)		
Disability Related Expenditure	£118.82	£101.75
Total Allowances	£333.17	£316.10
Net Income	£107.65	£124.72
Charge (weekly amount due to	£107.65	£124.72
be paid by Mr A )		

#### Scenario 3 - Introduction of a DRE maximum amount

3) Mr R. is of working age and receives Employment and Support Allowance totalling £180.75 per week and the higher rate Personal Independence Payment of £101.75 per week for his care needs. His total income is £282.50

An amount of £171.75 is then deducted from Mr R's income to meet his weekly living costs. He has £120.00 of Disability Related expenditure and as a result Mr R does not pay towards the cost of his care as the total of his allowances is £9.75 more than his weekly income.

Introducing a DRE maximum would mean his DRE allowance would reduce from £120 to £101.75 - a reduction of £18.25. Mr R's allowances would be required to pay £9.00 per week for his care costs whereas previously he was free of charge.

Income	Before maximum	After maximum
ESA	£180.75	£180.75
PIP (Enhanced rate)	£101.75	£101.75
Total Income	£282.50	£282.50
Allowances		
Allowance for Living Costs (Minimum Income Guarantee)	171.75	171.75
Disability related Expenditure	120.00	101.75
Total Allowances	291.75	<b>£273</b> .50

Net Income *	-£9.25	£9.00
Charge (weekly amount due to be paid by Mr R)	£0.00	£9.00

This scenario does not include a potential award of enhanced disability premium on £19.55 per week

## Proposal Four – Introducing a charge for Assistive technology (including Telecare).

#### **Explanation:**

The Council is proposing to introduce a charge for assistive technology

Residents who pay a contribution towards the cost of any existing care package would not be required to pay this charge. Anyone who has assistive technology but no other services or who pays the full cost of their existing care package will pay a flat 4 weekly charge of £10.50 towards the cost.

This charge will be reviewed annually to reflect the update cost of the assistive technology paid by the Council

## Who is in scope:

Current users of assistive technology who do not get an existing care package or who are paying the full cost of their care will be affected by this change.

#### Who is not in scope:

- Service users who have been assessed to pay a contribution towards the cost of their care;
- New and existing service users currently in our assistive technology pilot will continue to receive technology free of charge for the duration of the pilot and this will be subject to change depending on the outcome of the consultation.
- Service users where we may install assistive technology for an interim period to inform a package of care
- Service users who require assistive technology to ensure safety / reduce risk when being discharged from hospital under Discharge to Assess (ongoing needs assessed within 4 weeks)

#### **Key features of the charging proposal:**

- The charge would be the same no matter how many pieces of equipment are installed in a household
- The charge would be the same no matter how little or often an alarm system is triggered
- If more than one person in the same household uses the service, there will be only one charge
- The charge will be reviewed annually when the Council sets its budget, fees and charges.

If the Council decides to introduce a charge, everyone affected will be notified in writing, and given information on how to pay and the amount they will be expected to pay

#### Scenario 4 - Introduction of an Assistive Technology Charge

- a) Mrs T is an existing service user but has been assessed as needing assistive technology. She is required to pay the full cost of her personal care (£63 per week for 7 hours of care) As a result the amount she will have to pay the council will increase by £2.50 per week to £65.50.
- b) Mr W pays a contribution of £25.00 towards the cost of his home care service. He has been assessed as needing assistive technology but as he is paying a contribution towards the cost of his care he will not have to pay the £2.50 charge. His continuation of £25.00 per week will not therefore increase
- c) Ms V is assessed as needing assistive technology but her needs assessment confirms that she does not require any other service. Ms V will therefore be required to pay £2.50 cost towards the cost as a flat rate charge

### What are we not proposing to change at this stage?

There are some things that we are not proposing to change.

- 1. Everyone who is eligible for a care package will continue to be offered a financial assessment, to confirm how much some can afford to contribute towards the cost of their care
- 2. People who receive any level of Attendance Allowance, Personal Independence Payments (Daily Living Component) or Disability Living Allowance (Care Component) will continue to be able to claim disability related expenditure (DRE), albeit the maximum amount they can claim will be set at the rate of disability benefit they receive. Those affected by this Proposal will be offered a Financial Inclusion check to ensure income maximisation is achieved with budgeting and money management advice provided when relevant.
- 3. The mobility allowances for Disability Living Allowance and Personal Independence Payments will continue to be excluded from our financial assessment.
- 4. In addition, people will also keep the government set minimum income level required to meet the costs of day-to-day living such as heating, gas, laundry etc. This is currently £214.35 per week for pensionable age and up to £171.75 for those of working age (dependent on age and personal circumstances).
- 5. A person with more than £23,250 in savings (including investments/bonds) will continue to pay the full cost of their care.
- 6. Under our current charging policy, informal carers are not charged for services the council provides to them directly, as a carer, to help with their own eligible support needs.
- 7. By law you cannot be charged for certain types of care and support. These are:
  - Intermediate care, including re-ablement or, (this must be provided to you free of charge for up to six weeks).
  - Community equipment, for example aids and minor adaptations. These must be provided free of charge whether provided to meet or prevent/delay needs. This would be a minor adaptation costing £1,000 or less.
  - Care and support provided to people with Creutzfeldt Jacob Disease.
  - After-care services/support provided under section 117 of the Mental Health Act 1983.

- Any service or part of service which the NHS is under a duty to provide. This includes continuing healthcare and the NHS contribution to registered nursing care.
- Assessment of needs and care planning.

#### What support and advice is available

Royal Borough of Kingston Council

Website: <a href="https://www.kingstonletstalk.co.uk/ascchargingconsultation">www.kingstonletstalk.co.uk/ascchargingconsultation</a>

Phone number: 020 8547 5000

Email: adultsocialcare.chargingconsultation@kingston.gov.uk

- Citizens Advice Kingston upon Thames

Website: www.citizensadvicekingston.org.uk

Phone number: 0203 166 0953

Anyone affected by the proposals can request a review of their financial assessment. Along with this, a financial inclusion check is being offered to help those review their household finances to ensure that they are accessing all financial help available and to help support them to manage their finances in the best possible way.

## How can I take part in the consultation?

The consultation will run from Monday 3rd July to Monday 25th September 2023. We want to ensure that as many people as possible provide their feedback and therefore there are several ways you can take part:

- Short web survey which is available at the following address: www.kingstonletstalk.co.uk/ascchargingconsultation
- Face to face at meetings that have been arranged at the following venues
  - Surbiton Library, Surbiton: Monday 17th July 14:00 16:00
  - Session for individuals and families of those with Learning Disabilities at Surbiton Library, Surbiton: Wednesday 19th July 14:30 - 16:30
  - o Christ Church, New Malden: Tuesday 22nd August 13:30 15:30
  - Hook Centre, Chessington: Tuesday 29th August 13:30 15:30
  - Richard Mayo Centre, Kingston: Tuesday 5th September 18:00 20:00
- If you need the documents in an alternative format please email adultsocialcare.chargingconsultation@kingston.gov.uk or call 020 8547 5000.
- By talking to you on the phone we can explain the details of these proposals. However we will not be able to give you details of how this will affect your financial charge. This will be available from November 2023 if the proposals are agreed

#### What happens next?

The consultation is open until Monday 25th September 2023.

After the closing date, all your feedback and suggestions will be brought together anonymously and used to shape recommendations for change. The recommendations for change, along with the consultation feedback, will be presented at Committee in the Autumn 2023.

If a decision is made to make changes to the adults' social care charging policy, individual letters will be sent to everyone who is directly affected by the changes.

A feedback report will also be developed that will give an overview of the feedback and advise how your views have informed an Equalities Impact Assessment and decision-making process.

<u>here</u>

### Appendix: 1

#### Department of Work and Pensions (DWP) Disability Benefits

The DWP, which is the UK's largest public service, is responsible for administering all welfare benefits including working age benefits, disability benefits and state pension.

Proposal one will impact people in receipt of social care who are also receiving the higher rate of the following disability benefits:

- Attendance allowance (AA);
- Disability Living Allowance (DLA)

The council does not administer disability related benefits. Applications, eligibility and payment of these benefits are managed by the Department for Work and Pensions (DWP). The DWP benefits are included in the council's financial assessment when considering a person's individual circumstances.

#### **Disability Living Allowance**

People can no longer apply for Disability Living Allowance (DLA) if they are 16 or over, but can now apply for Personal Independence Payment (Personal Independence Payment ) instead. Disability Living Allowance is made up of two parts, the 'care component' and the 'mobility component'. To get Disability Living Allowance a person must be eligible for at least one of the components. A person may get the care component of Disability Living Allowance if they:

- Need help with things like washing, dressing, eating, using the toilet or communicating their needs
- Need supervision to avoid putting themselves or others in danger
- Need someone with them when they are on dialysis
- Can't prepare a cooked main meal.

The weekly rates for the Disability Living Allowance care components are broken into high, middle and low bands, reflecting different levels of need.

#### Disability Living Allowance Rates Care Component Rates are as follows

Rate	Weekly	Level of help needed
Lower	£26.90	Help for some of the day
		or with preparing cooked
		meals
Middle	£68.10	Frequent help or constant
		supervision during the day
Higher	£101.75	Help or supervision
		throughout both day and
		night, or they are
		terminally ill

A person might get the mobility component of Disability Living Allowance if, when using their normal aid, they:

- Can't walk
- Can only walk a short distance without severe discomfort
- Could become very ill if they try to walk
- Have certified sight impairments, or are 100% blind and at least 80% deaf and need someone with them when outdoors
- Severely mentally impaired with severe behavioural problems and get the highest rate of care for DLA. The weekly rates for the Disability Living Allowance mobility components are broken into high and low bands, reflecting different levels of need.

#### Disability Living Allowance Rates Mobility Component Rates are as follows

Rate	Weekly	Level of help needed
Lower	£26.90	Guidance or supervision outdoors
Higher	£71.00	Recipient have any other, more severe, walking difficulty

#### **Personal Independence Payments**

A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.

The government have defined substantial and long term as:

- Substantial is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed
- Long term means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection.

There are special rules about recurring or fluctuating conditions, terminal illness and fluctuating conditions.

The weekly allowances for Personal Independence Payments are as follows:

Daily living part standard £68.10

Daily living part enhanced £101.75

Mobility part\* £26.90

Mobility part\* £71.00

<sup>\*</sup>Mobility allowances are excluded from the council's financial assessment.

#### **Attendance Allowance**

A person can get Attendance Allowance if they are 65 or over and the following apply:

- They have a physical disability (including sensory disability, for example blindness), a mental disability (including learning difficulties), or both
- Their disability is severe enough for them to need help caring for themselves or someone to supervise them, for their own or someone else's safety
- They have needed that help for at least six months (unless they are terminally ill)
- If somebody is terminally ill and not expected to live for more than six months there are special rules.

A person wouldn't usually get Attendance Allowance if they live in a care home and their care is paid for by their local authority. A person who pays for all their care home costs themselves can apply for Attendance Allowance.

### Attendance Allowance rates are as follows:

Rate	Weekly	Level of help needed
Lower	£68.10	Frequent help or constant supervision during the day, or supervision at night
Higher	£101.75	Help or supervision throughout both day and night, or recipient is terminally ill

# Appendix 2 Glossary of Terms - Charging Consultation 2023

Adult Social Care (ASC)	A Service within the Peoples Department. It supports all adults from 18 years old to access support and care services.
Advocate	Help given to people to enable them to express their opinions, for example, about what care services they require or rights to which they may be entitled. An advocate can be a professional, a friend or relative authorised to speak or act on behalf of a person.
Appointee	Someone who is appointed by the Department of Work and Pensions to manage the welfare benefits of a person who is unable to do so themselves.
Assessment of Need	Used to identify an individual's social care and support requirements through use of set criteria.
Attendance Allowance (AA)	A non means tested and non-contributory benefit paid as a contribution towards the extra costs associated with disability, in cases where a person becomes disabled or benefit is claimed after the age of 65.
Сар	The maximum amount someone will be able to claim in expenditure allowances as part of their financial assessment
The Care Act	The Care Act was introduced in 2014 and sets out when the local authority has a responsibility to meet someone's care and support needs.
Care Home	A residential home that provides accommodation with nursing and personal care.
Care package	A collective name for the service(s) a person can expect to receive following an Assessment of Need.
Care plans	Written agreements setting out how care will be provided within the resources available for eligible customers.
Carer	A person providing care who is not employed to do so by an agency or organisation. A carer is often a relative or friend looking after someone at home who is frail or ill; the carer can be of any age.
Charge	The amount paid by a service user when they are required to pay the full cost of their care.

Charging Policy	The Charging Policy is a set of rules agreed by the Council to calculate how much someone is required to pay towards the cost of their care.
Commissioning	The process of specifying, securing and monitoring services to meet people's needs. This can be done at an individual, group and strategic level. This applies to all services, whether they are provided by a local authority, NHS, other public agencies or by the private or voluntary sectors.
Consultation	A process of discussing something with someone in order to get their advice or opinion about it
Contribution	The amount someone is required to pay for their care service when they are not able to pay the full cost.
Department of Work and Pensions (DWP)	A Government Department responsible for the payments of welfare benefits, pensions and child maintenance to eligible claimants.
Direct payments	A payment made in the place of regular social care provision to an individual who has been assessed as needing support. The money included in a direct payment only applies to social care. A Direct Payment can be paid as a regular ongoing payment or as a one off payment, or a combination of both. The payments give recipients the means of controlling their own care and support at home, allowing more choice and flexibility. As Direct Payments are paid to meet regular social care provision it is chargeable in accordance with the Councils Charging Policy.
Disability Living Allowance (DLA)	A benefit that helps with extra living costs if someone has a long-term physical or mental health condition or disability. DLA is slowly being phased out by the government and being replaced by Personal Independence Payments (PIP).
Disability Related Expenditure (DREs)	Money spent by someone to meet the additional cost of their disability. DRES can be deducted from someone's charge calculation as part of their financial assessment. This will lead to reduction in the final contribution the service user is required to pay.
Financial Assessment	An assessment of an individual's finances to identify how much they will be expected to contribute to the cost of their care and support services.

Learning Disabilities	Disabilities that reduce a person's ability to understand new or complex information, learn new skills and cope independently.
Means Tested Benefits	These are benefits which are based on the amount of income and capital someone receives. Means-tested benefits are available to people who can demonstrate that their income and capital are below a certain level. Means-tested benefits include Pension Credit and Universal Credit
Mitigation	An action that reduces the impact, seriousness, or painfulness of something.
NHS National Health Service	An organisation that arranges health care in the United Kingdom.
Pension credit	Pension credit is a benefit that provides extra money to help with living costs for someone over State Pension age and on a low income. It can also help with housing costs such as ground rent or service charges.
Personal Independence Payments (PIP)	Personal Independence Payment (PIP) is a benefit can help with extra living costs if you have both:
	<ul> <li>a long-term physical or mental health condition or disability</li> <li>difficulty doing certain everyday tasks or getting around because of your condition</li> </ul>
	PIP is not means tested and can be claimed if you're working, have savings or are getting most other benefits. PIP has replaced Disability Living Allowance for existing and new claimants.
Providers	Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non-statutory sectors.
Service users	Anyone who uses, requests, applies for or benefits from health or local authority services
Assistive Technology	Assistive technology is a range of devices that can be used to support people to stay as safe and independent within their own

	home for as long as possible. It can be manually activated or have built in sensors that automatically detect a fall and raise an alert and can be combined with a 24/7 monitoring centre
Universal Credit	This is a payment to help with someone's living costs. It's paid monthly and is paid to those on a low income, out of work or cannot work.