BEDFORD BOROUGH COUNCIL　　　　　　　　　　　　　　　　　**DECISION NO. ___1752__**

RECORD OF EXECUTIVE DECISION TAKEN BY AN EXECUTIVE MEMBER

This form **MUST** be used to record any decision taken by the Elected Mayor or an individual Executive Member (Portfolio Holder).

The form must be completed and passed to the Chief Officer Legal and Democratic Services no later than NOON on the second working day after the day on which the decision is taken. No action may be taken to implement the decision(s) recorded on this form until 7 days have passed and the Chief Officer Legal and Democratic Services has confirmed the decision has not been called in.

1.　　Description of decision

I.　　To approve the method of charging for the Telecare service as set out in section 5 of the attached report;

II.　　That the charges for 2024/25 shown in section 5 take effect from 1 October 2024 or as soon as practicable thereafter.

III.　　That the charges will subsequently be reviewed each year as part of the Council's annual review of fees and charges.

2.　　Date of decision

5 July 2024

3.　　Reasons for decision

I.　　To ensure that service users to whom the charge is applied, pay a fair and reasonable amount for the service they receive, and that the resulting income contributes to making the Telecare Service financially sustainable.

II.　　To enable consideration to be given to responses received through the consultation in determining the charges that will apply for telecare services;

4.　　Alternatives considered and rejected

i.　　Continuing not to charge for the service was rejected because it would leave the service financially unsustainable.

ii.　　Layering additional charges on top of the core charge, dependant on service level and applying additional one-off charges for the installation of the service or for the deployment of emergency responders or for equipment/connection variants was rejected as they were not considered 'reasonable' approaches.

5.　　How decision is to be funded

Ongoing costs arising from the decision will be funded from the income derived from the application of charges.

6. Conflicts of interest

Name of all Executive members who were consulted AND declared a conflict of interest.	Nature of interest	Did Standards Committee give a dispensation for that conflict of interest? (If yes, give details and date of dispensation)	Did the Chief Executive give a dispensation for that conflict of interest? (If yes, give details and the date of the dispensation).

The Mayor has been consulted on this decision

Signed .... Date ... 5 July 2024......... Name of Decision Taker: Cllr Robert Rigby

This is a public document. A copy of it must be given to the Chief Officer Legal and Democratic Services as soon as it is completed.

Date decision published: **8th July 2024**..

Date decision can be implemented if not called in: **16th July 2024**...

(Decision to be made exempt from call in.........NO........)

Bedford Borough Council   **The Portfolio Holder for Valuing Families : Adult Services**

05 July 2024

Report by Director Adult Services

Subject: Introduction of Charges for Telecare

1.   **EXECUTIVE SUMMARY**

1.1   The aim is to establish a financially sustainable Telecare service for residents. The proposal under consideration is to change the charging policy by implementing a fee that would be applied to Telecare service users who <u>do not</u> have Care Act eligible needs. Telecare is currently provided at no charge to the Borough's residents who are over the age of 65, or people who are under 65 and have disabilities.

1.2   This report provides details (section 5) of the challenges facing the sustainability of the Telecare service, the options considered when developing our proposals to meet those challenges, the rationale for the recommended approach, and the results of the subsequent consultation process undertaken.

2.   **RECOMMENDATION(S)**

2.1   *The Portfolio Holder for Valuing Families: Adults Services is requested to consider the outcome of the consultation and the equality analysis, and to:*

   i.   *Consider the proposed introduction of charges for Telecare services outlined in the sections below, together with the response received to the consultation detailed in section 8 and approve the proposed method and rate as set out in section 5 below;*

   ii.   *Agree that the charges for 2024/25 shown at section 5 to take effect from October 2024 or as soon as practicable thereafter.*

   iii.   *Agree that the charges should be reviewed each year as part of the Council's annual review of fees and charges.*

3. **REASONS FOR RECOMMENDATION(S)**

3.1 To ensure that service users to whom the charge is applied, pay a fair and reasonable amount for the service they receive, and that the resulting income contributes to making the Telecare Service financially sustainable.

3.2 To enable consideration to be given to responses received through the consultation in determining the charges that will apply for Telecare Services;

4. **THE CURRENT POSITION**

4.1 As part of the 2024/25 budget setting process, it was agreed to review the potential to charge for Adults Social Care Telecare services.

Telecare is the provision of one or more detector devices (e.g. fall detectors, temperature sensors, motion detectors, pendant/wrist alarms etc) in a client's home, which are linked to a control device. When one of the control devices is triggered, then it sends an alert via the telephone system to a central alarm monitoring centre. Staff in the monitoring centre respond to all alarm calls using predetermined instructions, alerting family or friends, or providing a default mobile emergency response themselves (though they may decide to call an ambulance for the service user under certain circumstances).

4.2 The Telecare service contributes towards maintaining the independence and safety of people who need support, such as older people, people with learning disabilities, people with cognitive impairment, people with physical or sensory disabilities, people with long term chronic conditions and those with mental health issues. It can also provide reassurance for relatives and carers. Innovations in technology can also enable Telecare sensors to activate a control unit automatically without requiring the user to press a button or independently summon assistance. This can contribute to meeting the needs of service users who do not speak English or those that suffer from cognitive impairment or confusion.

4.3 When considering the implementation of a charge for Telecare services we profiled the demand for the service, and the cost of that demand. At present Bedford Borough Council provides (at no cost to the service user) Telecare equipment, alarm monitoring and the associated mobile response service to over 3,200 people, both as a preventative service offering, and to meet an identified need that satisfies Care Act eligibility criteria. The current average length of Telecare service per user provided by BBC is 3.5 years. (Grand Union data provided in Mar '24).

4.4 70% of BBC Telecare service users have no other form of commissioned support/have not had a financial assessment, in line with Telecare's status as a preventative service (LAS Adult Services case management system data Jan- Dec 2023). 82% of service users are over 65 and 61% are female.

4.5 During last year (Jan-Dec 2023) the level of demand rose moderately (by 12%) but was relatively stable. However, Grand Unions' charges rose as the year progressed. The quarterly GU invoice amount Oct-Dec'23 had increased by 37% by the end of 2023 compared to Jan-Mar '23 (Grand Union data).
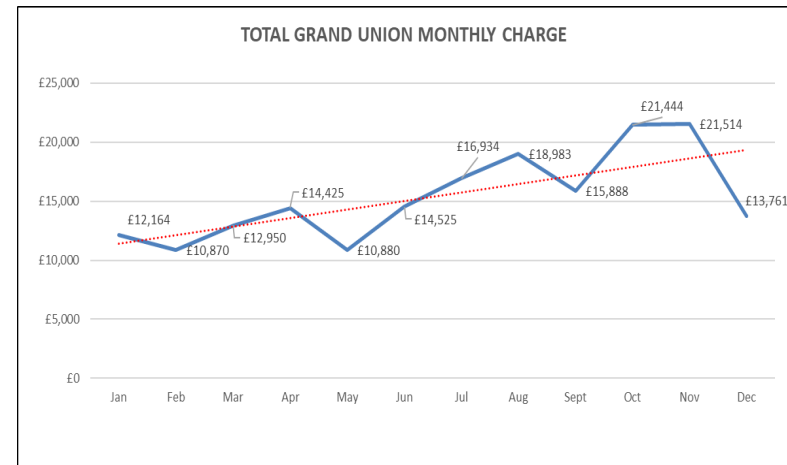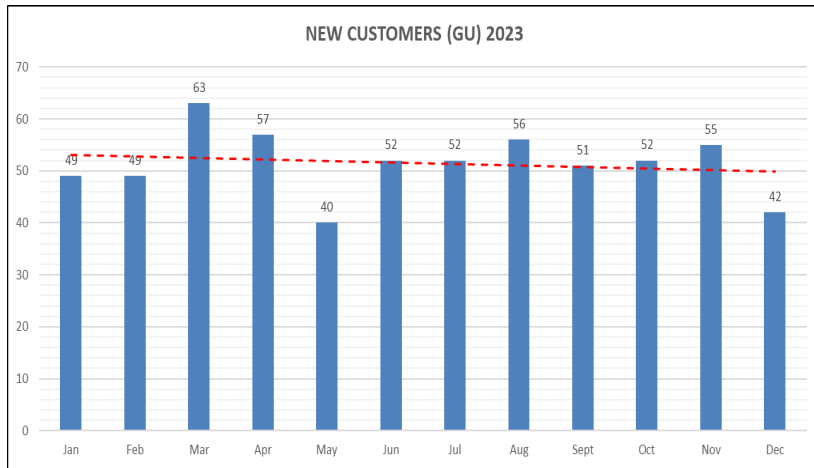
4.6 Following a review of the costs associated with meeting demand, Grand Union invoicing data revealed that the cost of removing analogue Telecare units and then replacing/installing digital units, as faults occurred and deploying digital units to new service users was impacting on the level of spend on the service.

- Install charge: £27.34. Annual cost: £19,466 (Jan - Dec '23)

- Collection (deinstallation): £37.52. Annual cost: £12,382 (Jan - Dec '23)

- Response to technical fault: £33.45. Annual cost: £48,971 (Jan - Dec '23). This cost is set to rise -TSA has stated that at least 11.5% of technical faults are now due to analogue kit no longer functioning properly due to digitisation. [TSA 10 Facts about Analogue to Digital: How it will affect Telecare] There was a 44% rise in technical fault responses by the end of '23 compared to Jan-Mar '23.

- The cost of a Chubb Care Unity digital unit, plus a pendant: £199 (excl vat) compared to £113 for the old analogue units-a 43% increase in unit cost]. (Grand Union figs)

(3)

4.7 Therefore, digitisation has, and will increasingly, impact on provider unit charges to BBC, as the provider and Adult Services incrementally makes the 'Digital Shift' required by the national telephony upgrade programme.

4.8 The budget for providing Telecare equipment and funding BBC's contractor Grand Union to provide monitoring, response and maintenance services has been set at an average of £297,740 over the last 4 financial years (19/20 - 22/23). The out-turn of financial yr. 2023/24 for the Telecare Services budget (£301,000) was an overspend of 48% (BBC Finance).

4.9 Within the context of the Council's financial position it is difficult to see additional budget being allocated to sustain the Telecare Service and therefore the already well established (among local authorities) option to introduce a charge must be considered.

5. **DETAILS**

5.1 The Care and Support (Preventing Needs for Care and Support) Regulations 2014 allow local authorities to make a charge for the provision of certain preventative services, facilities, or resources including Telecare. There must be a 'reasonable' expectation that people can afford to pay the level of fee set. A business case (attached in appendices) containing an appraisal of different options for amending the Telecare element of the Adult Services Charging Policy was completed.

5.2 In order to develop a 'reasonable' charging model for BBC, we looked at benchmarking results (from 32 local authorities who charge for Telecare) and observed that all charge a standard weekly rate, however, there were then two variant models. Model one was to further tier the cost by service level, adding extra services such as wellbeing calls for an additional level of charge. In model two, the local authorities in question added specific fixed charges e.g. for installation, or for the emergency response being delivered by the provider as opposed to family or friends. An alternate third model, identified through further research, was one based on a single fixed rate charge applied dependant on whether the individual was on a long-term pathway (with Care Act Eligible Needs), on a Reablement Pathway, or on a Preventative Pathway in relation to their care and support.

5.3 The design principles for a BBC Telecare charging model and the criteria used to appraise these three models, was their ability to meet the following objectives for BBC:
- We have a charging policy that we are confident would operate legally within the constraints and principles of Care Act legislation.
- Our approach would be 'reasonable' in relation to setting the comparative level of charge and to whom we apply the charge.
- Our model would be fair and consistent in that it would not disproportionately impact/disadvantage any specific group from the perspective of equality.
- The policy and operating approach would offer flexibility and choice to service users in relation to the level of service they receive.
- Our chosen charging model would not be inherently complex to implement or operate and therefore negatively impact on resources.

5.4   The 'do-nothing' option would be to retain the existing Telecare charging policy and the service remains free of charge to service users. In this scenario, the Council would need to find an alternate method of closing the growing Telecare funding gap.

5.5   Each of the three options were scored (1-3) against their ability to meet each of the appraisal criteria. The recommended option/approach is the third model underpinned by the following elements relating to 'what' is charged:
- Telecare would be charged at a flat rate of £3.75 per week (+ VAT where applicable), payable on a four-weekly basis. The proposed charge (£4.50 including VAT) is lower than the average (£5.67 per week inc VAT) of the 32 authorities we benchmarked. Unlike other benchmarked authorities, we are also not proposing to add on charges for installation, additional equipment requirements, or for emergency responses from our provider.
- The charge would be the same, no matter how many sensors are required to be installed in a household to meet identified preventative needs or how many times the emergency (provider mobile unit) response service has to respond to an alert.
- If more than one person in the same household uses the Telecare service, there would only be a single charge per household.
- The charge would cover the following aspects of the service:
  - Assessment of the equipment and sensors required by the provider
  - Installation of the equipment and sensors
  - Any maintenance visits undertaken
  - Monitoring at the Alarm Monitoring Centre and any emergency response
  - The Council will provide and retain ownership of the equipment and will fund the removal of the equipment and sensors when no longer required
  - The charge will be reviewed annually when the Council sets its budget and fees and charges

5.6   In relation to 'who' we charge, current and future service users who do not have assessed Care Act Eligible needs will be charged the weekly fee. Those that have been assessed as having Care Act Eligible needs would continue to be provided with Telecare services at no charge. They would not be financially reassessed for further contribution relating to the cost of Telecare services because assessment has already been completed regarding affordable contributions to their overall care costs. If a person is receiving reablement care and Telecare is part of the reablement care plan, there would be no charge for the Telecare for the duration of the reablement care period, up to a maximum of six weeks.

5.7   The financial process to recover the charge would be administered by our current Telecare service provider Grand Union. Grand Union will make a payment to BBC equivalent to the income collected, deducting a charge to BBC for the recovery service on a monthly basis.

5.8   We undertook a consultation on our Telecare charging proposals, which included writing to all of our 3,200 current service users enclosing a consultation survey and freepost reply envelope and offering an online consultation survey to stakeholders and the wider public. We received over 750 responses and the consultation results are included in Section 8 below.

6.   ALTERNATIVES CONSIDERED AND REJECTED

6.1   As stated in section 5.5, all the benchmarked models had a core charge per week for Telecare, the two alternate models observed and considered were:
    One: Layering additional charges on top of the core charge, dependant on service level e.g. offering proactive wellbeing calls
    Two: Apply additional one-off charges for the installation of the service, or applied for the deployment of emergency responders or for equipment/connection variants
Some local authorities applied either or both of these variants to all their services users including those who had Care Act eligible needs, adding the Telecare charge to the other commissioned services for the purpose of financial assessment.

6.2   However, the third model looked at the cohort of individuals that the charge would be applied to.

This charging model option is an adaption of the three 'Pathways' model implemented by Cumbria CC-[now Westmorland and Furness Council following Local Government Reorganisation in 2023]. The Pathways are the:

• *Preventative Pathway-* For people who do not have assessed Care Act 2014 eligible needs.

  o   They will be provided with Telecare services, which includes any range of sensors required to meet their 'preventative' needs.

  o   The Council fund the equipment and installation costs, which therefore remain without charge to the service user (regardless of the number of sensors or form of equipment provided).

  o   The service user pays a fixed (non-means tested) weekly cost for the monitoring, response, and maintenance service.

• *Long-Term Pathway-*For people who have assessed eligible needs under the Care Act 2014.

  o   They are provided with Telecare services at no charge, which again may include a range of sensors as part of their Care and Support Plan.

  o   These service users are already potentially contributing to the cost of their care (if they are financially capable of doing so), and this cohort includes individuals with different forms of disability and elderly individuals with higher levels of need.

• *Reablement Pathway-* For people who do not have assessed Care Act eligible needs, but the assessment worker has identified the need for Telecare as part of a Reablement Care Plan.

- Adult Social Care discuss the provision of Telecare with the service user, including informing them about possible payment of the weekly monitoring and maintenance charge, if they wish to retain the equipment after the Reablement episode has ended.
- They are provided with Telecare services, which may include a range of sensors to assist with managing risk in the community as part of their Reablement Plan for the duration of their Reablement Care up to six weeks.

6.3   The alternative models 1 & 2 were rejected because the third model had the following benefits:

- Service user:
  - Service users with Care Act eligible level of need or in need of reablement will not be charged.
  - The level of weekly charge proposed at £4.50 (inc VAT), is lower than the benchmarked average (£5.67 inc VAT) of other local authorities and our nearest neighbouring authorities (Luton; Central Beds; and Milton Keynes-average £6.40 inc VAT).
  - The charge is not tiered according to the number of responses made by the mobile responder, so that service users will not be deterred from pressing an alarm due to additional costs.
  - Unlike many other local authorities there will be no upfront installation charge or other additional tiered charges.
  - The charge will be the same no matter how many pieces of equipment are installed in the household.
  - The charge would be the same no matter how often the alarm system is triggered.
  - If more than one person in the same household uses the service, there would be only one charge. If one has assessed eligible needs there is no charge.

- Organsaitional:
  - Recover a significant portion of the actual cost of providing the service.
  - Avoid a portion of future costs.
  - Standardise the approach to charging; reducing the level of variation across Bedfordshire.
  - Reduce the cost of wasted deployments experienced when the service is viewed as a free entitlement but not valued, and not really benefiting some of the recipients.
  - It avoids the need for means testing and impacting on stretched financial assessment resources and the requirement for system changes (however, qualification for VAT relief will be considered when the provider looks to collect the charge).
  - Having our delivery partner collect the charge avoids additional demands/resource requirements being made upon stretched financial admin resources.

6.4   The estimated financial case for the recommended Telecare charging model is detailed in the table below:

Estimated Financial Case	
Calc Item	**Amount**
Number of current service users	3211
% with no Care Act assessed needs/other commissioned services	70%
Number of chargeable current service users	2248
Number of service users who retain service after introduction of charges	60%
Remaining '**non** Care Act assessed/prevention' chargeable service users	1349
Flat rate charge per week (not including VAT)	**£3.75**
Weekly benefit	£5,057
Weeks	52
Annual benefit from non assessed service users	**£262,981**
Less cost of recovering charge including a 3% bad debt provision	£93,078
Net contribution from non Care Act assessed/preventative Telecare service users	**£169,903**
Cost avoidance benefit from BBC not paying GU for equipment & install, monitoring and response and maintenance for 40% of the non Care Act assessed/ preventative cohort who drop the service	**£100,767**
Total financial contribution FYE	**£270,670**

- The estimated Full Year Effect contribution from charges for Telecare is £169,903. We have used an assumption that up to 40% of current services users may decline the service (average benchmarked with 3 local authorities). That would additionally lead to reduced spend for BBC, and therefore an avoidable cost of £100,767.
- The total potential contribution towards sustaining the Telecare service is estimated at £270,670 against spend of £446,185 (23'24).

7. KEY IMPLICATIONS

7.1 Legal Issues	
	7.1.1 The provision of community equipment is considered within the Care Act, 2014 and accompanying Care and Support (Preventing Needs for Care and Support) Regulations, 2014. Regulations allow local authorities to make a charge for the provision of certain preventative services, facilities, or resources. Local authorities do not have a duty to charge for these services. Instead, they have a power to do so. Local authorities can therefore charge for services if they wish, but only if they can evidence that the charge is a 'reasonable' one.
	7.1.2 The Care Act, 2014 guidance additionally states, councils are not permitted to charge more than the cost incurred in meeting the assessed preventative need of a person, nor can it recover its own administration fees relating to arranging care and support.
	7.1.3 Most local authorities charge a weekly flat rate (recovered monthly), some have an additional one-off charge for the equipment installation service and other's charge for any responses that require the provider to attend as opposed to family and friends.
	7.1.4 Our approach to tackle these legal issues has been to provide comparative (benchmarked) evidence that the charge BBC introduces is 'reasonable' in terms of the level of fee, and not to charge those who have Care Act eligible level of needs and potentially already contributing what they can to the cost of their care.
7.2 Policy Issues	7.2.1 The introduction of charges for Telecare will be an amendment to the current Adult Services Charging Policy for non-residential services.

7.3 Resource Issues	7.3.1 Introducing this charging policy could potentially contribute up to £169,903 per yr in income against a cost of £446,185 ('23/'24) and additionally £100,767 per yr in cost avoidance (due to an expected (c40%) reduction in demand (see section 5) to support a financially sustainable service offer.
	7.3.2 The proposals have been structured to avoid a requirement for additional internal resources:
	   • The process for the recovery of the charge is being added to the specification of services that will be provided by the current Telecare service provider (and will potentially form part of the tender specification used to reprocure the service in 2025).
	   • The proposals will not require the reassessment of 3,200 existing services users or the means testing of future services users.

7.4 Environmental Implications	7.4.1 There are no environmental implications identified as arising from the recommendations in this report.

7.5 Equalities Impact	7.5.1 In preparing this report, due consideration has been given to the Borough Council's statutory Equality Duty as set out in Section 149(1) of the Equality Act 2010, to have due regard to the need to;
	
	(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
	
	(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not;
	
	(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
	
	7.5.2 An equality impact assessment has been undertaken (see appendix B).
	
	7.5.3 In considering the outcome of the equality impact assessment the following is proposed:
	   • Older People and those with Disabilities that have Care Act eligible needs and who are already contributing to the cost of their care will not be charged. Those who do not have assessed eligible needs but have a Disability or long-term health condition will be advised about Disability related benefits which help address such costs and about declaring themselves VAT exempt.
	   • Service users receiving Telecare as part of a reablement package of care will not be charged for up to 6 weeks, in line with the period of reablement care.
	   • Individuals who do not have eligible needs, but who are still deemed to be at risk, and choose not to continue with the Council's Telecare services will be supported as detailed in section 7.8.

7.7 Impact on Families	7.7.1 Telecare can provide reassurance to families that their family member's safety is being monitored. If the charge is introduced for those without Care Act eligible needs some families may have to consider meeting the cost of the charge on behalf of their family member or looking at other free/low-cost alternatives such as:
	
	    o *Howz,* a service with no charge which allows family members and friends to remotely monitor their loved one's environment and behaviour through data generated by a smart meter, offering reassurance and peace of mind.
	
	    o The *Ask My Buddy* App, also without charge and leverages the *Amazon Alexa Voice and Google Home Voice* platforms to connect a user to their personal alert network using only their voice.
	
	    o Older people who use mobile phones can also access Apps such as *Life 360* or *MySOSFamiliy* which protect and connect people with advanced tools that go beyond a basic GPS phone tracker and provide a low cost means of informal support.

7.8 Community Safety and Resilience	7.8.1 The introduction of charging for Telecare will lead to individuals ceasing to utilise the service. This could present a risk to some people who make this choice. We cannot fully anticipate the impact of this and, if this were to occur, officers would engage with the person to assess what risk this would pose and take agreed actions to minimise the risk. There will be ongoing monitoring of the service to identify service user exits and the reasons and liaison by the BBC Telecare Team with the service provider to ensure that service users identified as being potentially "at risk" are engaged. 7.8.2 The implementation of a charge could create a future disincentive to use the service. The proposed charge has taken into account current market forces in terms of the comparative reasonableness of the price level being proposed. Service users could opt to procure Telecare privately, but as BBC will continue to subsidise the service, finding a lower cost option will be challenging. 7.8.3 We will look to ensure that individuals (and/or their carers/relatives) receive the relevant information and advice, including clear and easy to understand information for current and potential customers regarding service details and costs, potential benefits of the service, information on benefit entitlements which could assist with the cost of the service, signposting to alternative organisations and free/low-cost apps that provide a similar service (see 7.7.1).

7.9 Impact on Health and Wellbeing	7.9.1 Telecare can provide individuals with a sense of safety, confidence, and therefore peace of mind. It also provides a way for them to summon assistance in the event of a fall or other medical emergency, when their physical health is at risk. If people choose to cease the service due to the introduction of a charge, then losing those benefits could impact directly on their health and sense of wellbeing. As outlined in 7.7 and 7.8, we will look to mitigate that risk, by engaging with individuals and supporting them with making appropriate decisions or making them aware of alternate solutions which can deliver some of the benefits outlined (7.7.1).

8. SUMMARY OF CONSULTATIONS AND OUTCOME

8.1 The following Council units or Officers and/or other organisations have been consulted in preparing this report:

Cabinet

BBC Telecare Team

Mark Harris (Chief Officer for Adults Operational Services)
Lynne Davison (Lead Officer for Transformation)
Lee Phanco (Interim Monitoring Officer and Chief Officer for Assessment & Business Support)
Chris Parkins (Finance Business Partner Adult Services & Corporate Services)

Grand Union Housing Ltd -Telecare Service Provider

8.2   The following consultation approach was undertaken:

- A letter was sent to over 3,200 Telecare users directly affected by the consultation proposal enclosing: an information document; survey questionnaire; and a freepost reply envelope.
- Principle stakeholders and the broader public had the opportunity to give their views by completing the survey on the Council's website
- The consultation was accessible from the home page of the Council's website, the Telecare page and the Consultation page with an Easy Read version available on request.
- There was a 5-week consultation period from May 3rd to June 7th 2024.

8.3   Response to the Consultation:

- There was a total of 750 responses: 704 paper responses (from service users & their families) & 46 online.
- 60% strongly disagree/disagree with the introduction of a charge of £4.50/week. 18% agree or strongly agree, 21% neither disagree nor agree.
- The majority agreed with the service continuing to be provided without charge to service users who have Care Act Eligible needs, and to those who are receiving a period of reablement care.
- Full analysis of the Telecare Charging Consultation results is available in the Telecare Charging Business Case for Change.

9.   <u>CONTACTS AND REFERENCES</u>

Report Contact Officer	*Kate Walker*
File Reference	
Previous Relevant Minutes	*N/A*
Background Papers	*Telecare Charging Business Case for Change July 2024;* *Telecare Charging EIA July 2024.*
Appendices	

Telecare Charging Policy (Adult Social Care)

Business Case for Change Report

(July 2024)

Contents

Executive Summary

- Telecare refers to monitoring systems that can use a range of electronic devices such as personal alarm buttons worn on the body, or a variety of format of sensor around the house to identify to an Alarm Receiving Centre that some form of response or intervention could be required, as there has been an indication that the service user may require support. It is therefore an unobtrusive way of monitoring individuals to help service users live with greater safety and independence in their own home.

- The data that Telecare sensors in the service users house provides, can also build up a behavioural profile of their regular patterns of movement and their routine use of domestic appliances, that can be used to inform assessment and support planning, with potential anomalies indicating risk, or deterioration, that could initiate a review of their level of need.

- The Council currently supplies a Telecare service without charge to over 3,200 people who have an identified preventative, or Care Act eligible need. Data (form our Adult Services case recording system -L.A.S) shows that 70% of current Telecare service users have a preventative need and no other form of commissioned support.

- As part of the 2024/25 budget setting process, it was agreed to review the potential to charge for Adults Social Care Telecare services. The combined budget for equipment (owned by the Council) and the contract with Grand Union (who also provide the installation, monitoring, and emergency response services) was £301k (2023/24). It has remained close to this level over the last four financial years.

- Expenditure on the <u>current</u> Telecare model was overspent by £145,185 for financial yr 2023/24, in part due to the need to replace analogue devices with digital ones ahead of the shift to the new digital telephone network (a nationally driven programme) , which was planned to be completed by the end of 2025, though this will now extend to January 2027. The digital Telecare units provided to BBC are 43% more expensive than the analogue ones they are replacing (data from Grand Union our Telecare Provider)

- Telecare referral volumes (see section 2) rose by 12% from Jan to Dec 2022 but were at a relatively constant level through 2023 (Jan-Dec). However, the quarterly Grand Union invoice amount Oct-Dec 2023 had <u>increased by 37%</u> by the end of 2023 compared to Jan-Mar 2023 due to the marginal rise in demand but, also to the cost of digitisation, as above.

- Telecare is an important element in the Council's ability to manage future care costs by using technology to support individuals to live independently for longer and reduce or delay demand on more expensive homecare support options . The Council is currently looking to develop a strategy based on a more sophisticated and flexible Technology Enabled Care service. It is therefore vital that the service ensures the Telecare services' current financial viability and future sustainability.

- Care and Support Regulations (Preventing Needs for Care and Support), 2014 allow local authorities to make a charge for the provision of certain preventative services, facilities, or resources. Local authorities do not have a duty to charge for non-residential services. Instead, they have a power to do so under s.17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA). Local authorities can therefore charge for non-residential services if they wish, but only if the charge is a 'reasonable' one; to the extent that they are satisfied that it is 'reasonably practicable' for people to pay it (Care Act, 2014).

- To establish what constitutes a 'reasonable' charging policy we considered the cohort of individuals that we could charge, and a benchmarking exercise was carried out with other Local authorities across the region and nationally looking at the amount that they charged. The 32 that were benchmarked all charged for Telecare in the form a flat rate weekly fee. The average amount of charge was £5.67 VAT inc. (the benchmarking data, refreshed in Feb '24 is attached in Appendices). However, some augmented that charge by tiering the service level offered (e.g. offering additional proactive wellbeing checks on the service user for a higher fee) or by adding fixed charges for elements of the service, such as installing the Telecare equipment, or related to the type of equipment deployed.

- The Council's current Telecare provider, Grand Union (GU) also offers a commercial service directly to the public across Bedfordshire and Northamptonshire, Life 24, setting the price point for a basic alarm, required number of sensors, and monitoring service at £9.40 per week, tiered to £17.72 per week inc VAT (dependant on the number of additional wellbeing checks requested).

- Three variants of Telecare charging approaches currently adopted by other local authorities were therefore appraised against BBC's objectives while considering a potential revision to the current policy (see section 4). Two options focussed on 'what' was charged and a third additionally looked at 'who' was charged, in relation to the service users' level of need.

- Following the options appraisal, it is proposed to adopt a method of charging whereby service users with a preventative need would be charged a flat weekly fee for the Telecare service of £4.50 inc VAT (£3.75 net) significantly lower than the average of the 32 benchmarked Local Authorities.

- Service users who have been assessed as having Care Act eligible needs, and those accessing Telecare services during a period of reablement, would continue to receive those services without being charged.

- It was felt that this model offers a lower cost and more straight-forward approach to charging when compared to the other options considered, that involve tiered charges for additional services and added fixed costs for core elements of the service.

- It also avoids the need for means testing and therefore simplifies the implementation and removes the added call on financial assessment systems and resources which that would involve.

- As stated, a charge of £4.50 per week (inc VAT) is at the lower end of the benchmarked scale and not charging those with eligible needs reduces the impact on those who are potentially more vulnerable. Individuals who have Care Act eligible needs will have been financially assessed, and will already be potentially contributing what they can, to the cost of their care. DWP's latest figures for 2023 state that the average Pensioner Income per week is £387, so this represents 1.2%. (DWP on Gov.Uk).

- Introducing this charging policy could potentially contribute up to £169,903 per yr against a cost of £446,185. That expenditure could be further reduced by an estimated £100,767 per yr in cost avoidance (due to an expected c40% reduction in demand-see section 5).

- A consultation was carried out on the proposals, involving writing to all current service users and soliciting feedback from a range of stakeholders and residents. 750 responses were received, the majority (704) from existing service users and their families. The majority of respondents (60%) disagreed/strongly disagreed with the principle of charging for Telecare or viewed the proposed amount as expensive though may not have been aware the charge included VAT (included in section 10 and the Appendices). There was support for the proposals to continue to exclude those with eligible needs and those in receipt of reablement care.

- This Business Case for Change Report supports a request to the Portfolio Holder for Valuing Families : Adult Services to approve the implementation of the Telecare Charging option recommended in this report.

1 Introduction and Purpose

1.0 Preventative services, like other forms of care and support, are not always provided without charge to the service user, and charging for some services is vital to ensure service affordability. The Care and Support (Preventing Needs for Care and Support) Regulations 2014 allow local authorities to make a charge for the provision of certain preventative services, facilities, or resources. A local authority can set the level of charge for a discretionary service, provided the income from charges does not exceed the cost of providing the service and it is <u>'reasonable'</u> to expect that the service user can afford to pay the level of fee set. It is therefore a policy consideration for the council as to whether it wishes to recover a proportion of its cost in providing Telecare services.

1.1 Local authorities have adopted different approaches to charging for Telecare services; from a standard flat weekly charge, regardless of the technology installed, to tiered charging usually related to the level and form of monitoring and response that is in place. Bedford BC currently supplies a service to all its Telecare service users, without charge.

1.2 Telecare is an important means by which people can be supported to live independently in their own homes reducing or delaying the need for traditional care support. Work is underway to develop our traditional analogue Telecare service into a digital technology enabled care (T.E.C) offer that will become more preventive, proactive, and can potentially be fully integrated with remote health monitoring to form a 'predictive care' service offer. However, a necessary step in implementing this change is to have a sustainable funding platform for Telecare.

1.3 As the demand level for Adult Social Care rises and related budget pressures increase, the existing Telecare charging policy is proving unsustainable, especially as the service subsumes the cost of the 'Digital Switch' from current obsolescent analogue technologies to the comparatively higher ongoing cost of deploying digital equipment in the future (see section 2.2) as necessitated by the national programme (with BT and Virgin switching off the analogue telephone network in the next 2-3 years). User charging is a way to address the shortfall in the budget and provide the investment required to deliver a future TEC enabled social care strategy.

1.4 A revision to the Bedford BC (BBC) charging policy may impact on people's choice to adopt or retain the service, and a consultation has been carried out with those affected, including people who use the service, staff, carers, and wider stakeholders. Along with the results of the consultation, in assessing the impact of these proposals, the Council will also have regard to its statutory duties under the Care Act, 2014 and equalities legislation.

1.5 If the decision is made to introduce a charge for the service, everyone affected will be notified in writing, given information on the revised service offer and how to pay and the amount they will be expected to pay. They will also be offered the option to cancel their service if they do not wish to pay the charge, but we will assess the risk posed to those who intend to 'opt out' and offer information and advice on alternative options.

1.6 **The purpose of this document is therefore to: outline the strategic and financial case for changing BBC's Telecare charging policy; present an appraisal of options for a new policy; and, having considered the results of the consultation, seek agreement to implement the recommended option.**

2 Strategic Context & Case for Change

2.1 Current Telecare Service Demand Profile

2.1.1   At present Bedford Borough Council provides Telecare equipment, alarm monitoring and the associated mobile response service to over 3,200 people, both as a preventative service offering, and to meet an identified need that satisfies Care Act eligibility criteria. The current average length of Telecare service per user provided by BBC is approx. 3.5 years. (GU data Mar '24)

REFERRAL DATA ITEM	DATA
Ave Mthly Referral Volume	82
Ave No Further Action	19%
Priority High Referrals	15%
Priority Significant Referrals	46%
Priority Low Referrals	39%
Over 65	82%
Gender Female	61%

(BBC Telecare Team Referral Monitoring Data: Jan-Dec '23)
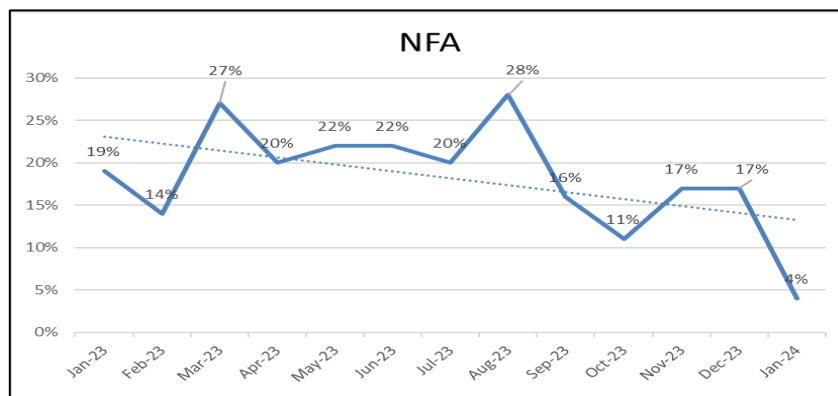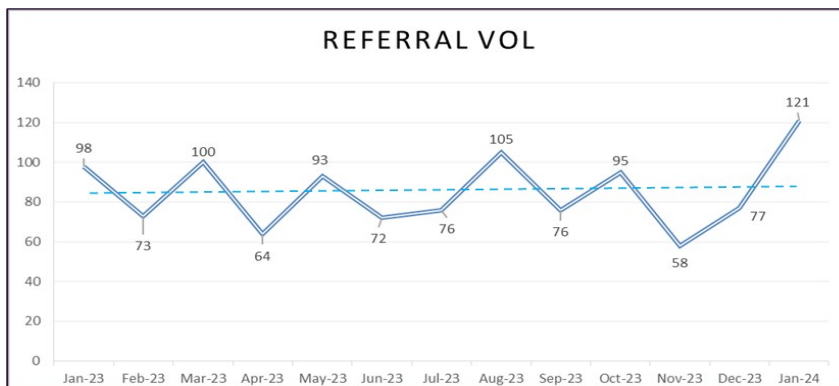
(BBC Telecare Team Referral Monitoring Data: Jan-Feb '23)

2.1.2   The categorisation of Telecare service referrals by Primary Service Reason: 76% Physical Support (Personal Care, Access & Mobility), 7% Carer/Social Support, 5% Mental Health; 5% Sensory Support; 4% Memory & Cognition; 3% Learning Disability. (LAS Jan-Dec '23)

2.1.3   70% of BBC Telecare service users have no other form of commissioned support/have not had a financial assessment, in line with Telecare's status as a

2.1.4   The overall number of Telecare service users at the end of Dec '22 was just under 2,800 (GU data), so demand has risen by approx. 12% through Jan '23 to Feb '24.

2.1.5   Telecare referral volumes were at a relatively constant level through 2023 (Jan-Dec) but began rising again at the start of

2.1.6   However, the percentage of referrals with No Further Action as the outcome showed a downward trend, with an increasing proportion of referrals therefore, progressing to Telecare service take up towards the end of '23 start of '24.

2.2 Current Service Budget & Rising Cost of Meeting Demand

2.2.1   The budget for providing Telecare equipment and funding BBC's contractor Grand Union to provide monitoring, response and maintenance services has been set at an average of £297,740 over the last 4 financial years (19/20 - 22/23).

	Budget (23/24)	Better Care Fund Contribution	Total General Fund
Equipment	£151K	£126K	£175K
Grand Union Contract	£150K		
Total	£301K	**Spend Outturn 2023/24: £446,185**	

(BBC Finance Data)

NEW CUSTOMERS (GU) 2023
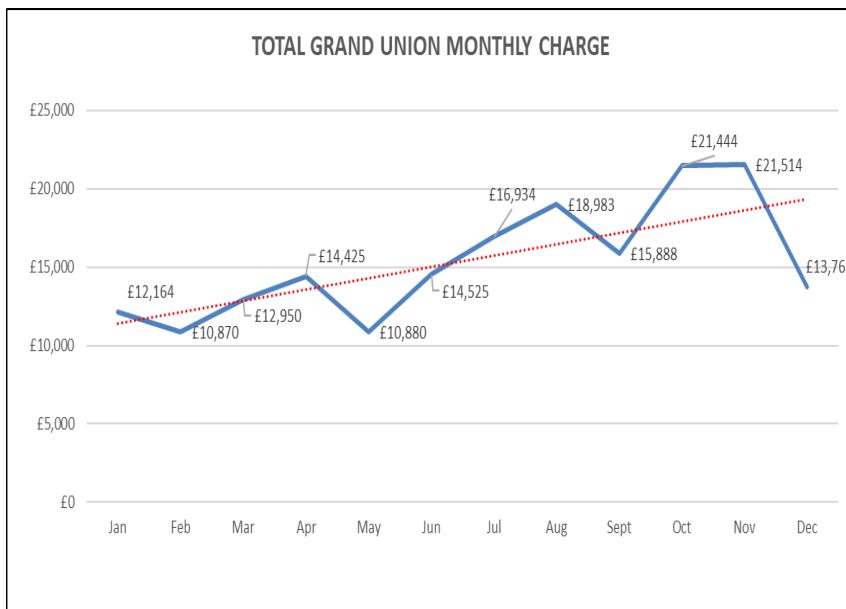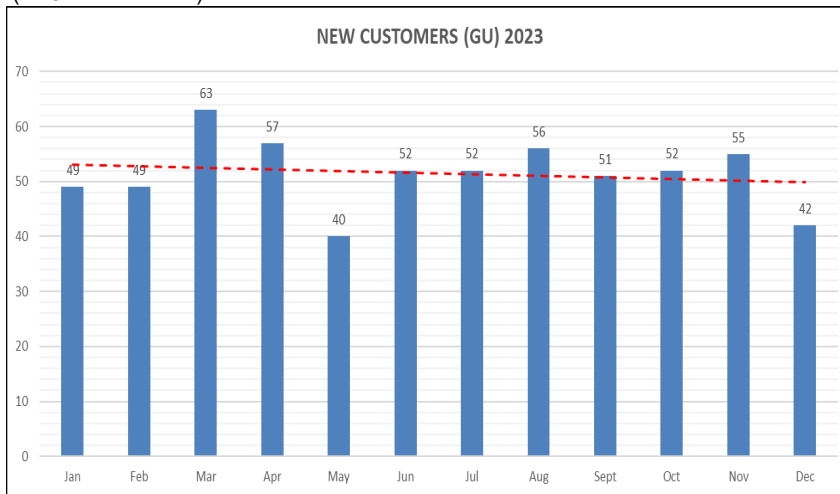
Grand Union Invoice Data: Jan -Dec '23

2.2.2   The current budget for providing Telecare is just over £301k, however there is a forecast overspend of £145,185.

2.2.3   It should be noted that the budget figure does not include specific funding to enable upgrades to digital equipment.(see 2.2.11)

2.2.4   In line with BBC Telecare Team data, Grand Union have also reported that the number of new GU customers who accepted the installation of the service each month, remained at a raised, but relatively constant level throughout 2023 (ave 155/Quarter).

2.2.5   However, the quarterly GU invoice amount Oct-Dec'23 had increased by 37% by the end of 2023 compared to Jan-Mar '23.

2.2.6   Ave monthly invoice: £15,362. Total annual invoiced amount (calendar yr 2023): £184,338.

2.2.7   Grand Union have commented that the cost rise is driven by the implementation of the 'digital shift' with a 44% rise in technical fault responses by the end of '23 compared to Jan-Mar '23

ALARM INSTALLATIONS 2023

Legend: Installation 2 Sensors | Installations up to 4 Sensors | Installations up to 6 Sensors | Installations over 6 Sensors
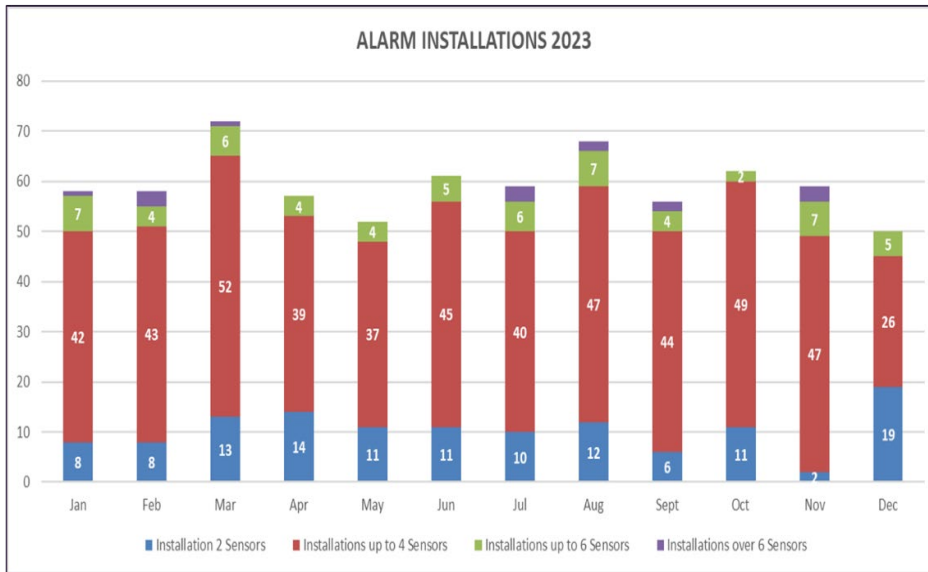
2.2.8 GU responded to *1,464 technical faults last year a proportion due to the digital shift.

2.2.9 72% of installations in 2023 involved 3-4 sensors. 10% of installations involved 5+ sensors. Only 18% of installations involved 2 sensors. The majority of deployments funded by the Council were therefore, not 'basic' 1-2 sensor installations.

2.2.10 Digitisation has, and will increasingly impact on Grand Union unit charges to BBC, as collection & installation costs rise due to swapping out analogue devices and installing digital ones (GU invoice data for 2023 calendar yr):

- *Response to technical fault: £33.45. Annual cost: £48,971 (Jan – Dec '23). This cost is set to rise -TSA has stated that at least 11.5% of technical faults are now due to analogue kit no longer functioning properly due to digitisation. [TSA 10 Facts about Analogue to Digital: How it will affect Telecare]

- Install charge: £27.34. Annual cost: £19,466 (Jan - Dec '23)

- Collection (deinstallation): £37.52. Annual cost: £12,382 (Jan - Dec '23)

- In relation to the cost of providing Telecare equipment, the cost charged to the council for a Chubb Care Unity digital unit, plus a pendant is £199 (excl vat) compared to £113 for the old analogue units-a 43% increase in unit cost.

2.2.11 The cost of meeting Telecare demand is rising, and the current budget level is therefore insufficient to sustain the service.

2.3 Service Opportunities and Challenges

2.3.1 Telecare services are important in supporting service users to be independent and safe at home, whilst increasing their level of choice and control.

2.3.2 The impending upgrade of our national telecoms' infrastructure is an opportunity to develop our Telecare offer into a Technology Enabled Care (T.E.C) strategy. In the future, we will see big improvements in the availability of unobtrusive environmental and behavioural sensors, and trackable and wearable technology will become more common.

2.3.4 With new digital tools, it will become easier to work together with family members, carers and our health colleagues. We will be able to bring our knowledge together, do a better job of predicting falls and illnesses etc, and give health and social care professionals a more rounded picture of the person they are supporting.

2.3.5 However, the required mandatory digital upgrades and the resulting increased service user unit costs that involves (due to digital equipment costing more than analogue)

means that the council is struggling to afford even the current Telecare service model, and therefore funding the development of an improved future TEC offer, will require a fundamental change to our approach.

2.3.6   The revised charging policy proposed in this document, would help to reduce this ongoing and increasing budget pressure and help enable the future development of an improved offer to service users..

2.4 Benchmarking Charging Policies with Other Local Authorities

2.4.1   To explore the available options for deploying a Telecare charging approach and establish what would represent a 'reasonable' charge for Telecare, we reviewed what other Local Authorities are doing with their Telecare charging regimes.

2.4.2   A desktop benchmarking exercise found the average charge across the 32 authorities (benchmarking data refreshed Feb' 24) we looked at was £5.67 per week (inc VAT) for a standard monitoring and mobile response service. (Benchmarking exercise results data is attached in the Appendices).

2.4.3   The responses to the benchmark survey also revealed:

- o   38% have a weekly charge that is tiered dependant on:

    - If the mobile responder (provider) is the only response option available;

    - Additional proactive contacts (provider-initiated wellbeing checks) are included in the service;

    - Number of/type of sensors that are deployed;

    - Connection type-GSM-and mobile location tracking ability included;

- o   34% charge a one-off fee for equip installation [£10 - £52].

2.5 Benchmarking Alternate Offers for Service Users Who Refuse to Pay for Telecare

2.5.1   If the council decides to implement a charging policy, there will also be the ability to signpost to alternative, reduced cost digital technologies, which are now widely available for those people who do not wish to pay for a council commissioned Telecare service, for example:

- o   *Howz* is a service with no charge which allows family members and friends to remotely monitor their loved one's environment and behaviour through data generated by a smart meter, offering reassurance and peace of mind.

- o   The *Ask My Buddy* App is also without charge and leverages the *Amazon Alexa Voice and Google Home Voice* platforms to connect a user to their personal alert network using only their voice.

- o   Older people who use mobile phones can also access Apps such as *Life 360* or MySOSFamiliy which protect and connect people with advanced tools that go beyond a basic GPS phone tracker and provide a low cost means of informal support.

3 Legislative Requirements & Policy Considerations

3.1 The provision of community equipment is considered within the Care Act, 2014 and accompanying Care and Support (Preventing Needs for Care and Support) Regulations, 2014.

3.2 Regulations allow local authorities to make a charge for the provision of certain preventative services, facilities, or resources. Local authorities do not have a duty to charge for these services. Instead, they have a power to do so. Local authorities can therefore charge for services if they wish, but only if the charge can be evidenced as a 'reasonable' one; to the extent that they are satisfied it is 'reasonably practicable' for people to pay it.

3.3 The Care Act, 2014 guidance additionally states, councils are not permitted to charge more than the cost incurred in meeting the assessed preventative need of a person, nor can it recover its own administration fees relating to arranging care and support.

3.4 Our benchmarking data relating to local authorities charging for Telecare showed that most state a standard weekly rate (recovered monthly), then some have additional one-off charges for the equipment installation service or for any emergency responses where the provider attends as opposed to family and friends. Others offer additional levels of service (proactive wellbeing checks) at extra cost.

3.5 The Local Government Ombudsmen have investigated wider charging systems (not necessarily Telecare) on a number of occasions, setting out through decisions, what they consider a reasonable system to be, especially in terms of formulating, consulting on, and providing information about the system and about how decisions can be challenged.

3.6 A recent example below, highlights the response to an existing Telecare service user complaining to the Ombudsman about the introduction of charges for Telecare by their Local Authority.

- Ombudsman Decision 11th May 2023:

  - *"Ms B has Telecare services from the Council and complains about the Council's decision to start charging for Telecare services. Ms B worries that with all costs rising, she might not continue with the service. The Telecare service was without charge to the service user, but the Council decided to charge for the service from Apr '23.*
  - *The Council followed the correct process to make its decision. It put a report to a Cabinet of elected Councillors, who made the decision considering the results of consultation, relevant law, and the benefits and risks of introducing a (reasonable) charge for the service.*
  - *The Council's decision impacts Ms B financially, but the Ombudsman cannot say that the impact is because of a fault of the Council. The Council followed the correct process and made the decision knowing some people would be impacted financially.*
  - *The Ombudsman cannot say the Council's decision is wrong, even though Ms B disagrees with it.* **Decision:** *The Ombudsman will not investigate Ms B's complaint because there is not enough evidence of fault to warrant investigation".* [www.lgo.org.uk/decisions]

3.7 The Local Authority Ombudsman, therefore, saw no fault in the introduction of reasonable charges for Telecare, or the application of the revised policy to <u>existing</u> Telecare service users.

3.8 The Ombudsman's conclusion that there was no complaint to answer, was founded on the fact that the local authority in question followed the appropriate due process for coming to a decision to use their discretionary statutory 'power' to introduce

charges involving presenting a case to an elected Cabinet/Executive Representative (Portfolio Holder), that included the results of consultation, the legal constraints, the equality impact assessment and the associated benefits and risks.

3.9 Our conclusion on legality would therefore be that:

o we must ensure that we select a charging policy option that adheres to the constraints stipulated by the Care Act 2014 and accompanying Care and Support (Preventing Needs for Care and Support) Regulations, 2014;

o we need to provide comparative (benchmarked) evidence that the charge BBC introduces is 'reasonable' in terms of the level of fee <u>and</u> the cohort of service users we opt to charge;

o we must show that we have followed the Local Authority Ombudsmen's guidance on what constitutes an acceptable process to come to a decision about our Telecare charging policy.

4 Charging Policy Options Appraisal & Proposed Cost Recovery Model

4.1 Charging Options

4.1.1 In order to develop a charging model for BBC, we have looked at the benchmarking results discussed in section 2.4 and observed that all charge a standard weekly rate, but they then adjust or apply that rate in different ways.

4.1.2 We will describe and then evaluate these three main variants of approaches deployed by different local authorities.

4.1.3 The criteria by which we appraised these three models, was their ability to meet the following objectives for BBC:

o We have a charging policy that we are confident would **operate legally within the constraints and principles of Care Act legislation.**

o Our approach would be judged as **reasonable** in relation to setting the **comparative level of charge.**

o Our model would be **fair and consistent** in that it would not disproportionately impact/disadvantage any specific group from the perspective of equality.

o The policy and operating approach would **offer flexibility and choice** to service users in relation to the level of service they receive.

o The implementation of our chosen charging model would **not be inherently complex to implement or operate** and therefore negatively impact on our already stretched resources.

4.1.4 The '**do-nothing' option** would be to retain the existing Telecare charging policy and the service remains without charge to service users. We don't make a change. This option will in reality be the default, if none of the three approaches appraised can meet our objectives. However, the 'do nothing' option also leaves the Telecare service in an unsustainable financial position in the future .

4.2 Charging Model Option 1 - Fixed Weekly Charge Adjusted by Level of Service

4.2.1   This model offers some choice in the level of service each service user receives and reflects the different costs incurred in their delivery (costs in the table below ('23/'24) are examples set by Lancashire CC who has implemented this model):

Level	Description	Cost
One	On-site staff or a nominated family member /friend responds to an alert or emergency call	£4.00 per week
Two	A mobile responder responds to an alert or emergency call	£5.50 per week
Three	This service has all the benefits of service level 2, plus the additional option of having up to 3 wellbeing visits or calls per week	£9.00 per week

4.2.2   Level three provides regular checks and monitoring to ensure that service users are managing and living a good quality of life.

4.2.3   The mobile responders would visit, or call. Telecare service team assesses how many visits or calls each person needs each week and create a well-being check plan that is personalised for each service user's situation.

4.2.4   The well-being check service is flexible and can adapt in line with changing needs. There are no extra charges for weekends or bank holidays.

4.3 Charging Model Option 2 – Fixed Weekly Charge Adjusted by One-Off Charges.

4.3.1   This model recovers installation costs and involves and an additional tier for the weekly charge linked to the type of service connection provided, on this occasion linked to providing a mobile connection that is not vulnerable to power/internet connection failures and enables mobile tracking functionality (costs are examples set by Luton BC '23/'24):

Chargeable Item Description	Cost
Installation of the equipment	£21.60 one off
Connection type landline	£3.55 per week
Connection type GSM/mobile with GPS	£4.61 per week
Emergency Alarm Response Call Out Charge	£26.10 per response

4.4   Charging Model Option 3 – Fixed Weekly Charge Adjusted by the Level of Need

4.4.1   This charging model option is an adaption of the three 'Pathways' model implemented by Cumbria CC-[now Westmorland and Furness Council following Local Government Reorganisation in 2023]. The Pathways are the:

4.4.2   *Preventative Pathway-* For people who <u>do not</u> have assessed Care Act 2014 eligible needs:

o   They will be provided with Telecare services, which include any range of sensors required to meet their 'preventative' needs.

o   The Council fund the equipment and installation costs, which therefore remain without charge to the service user (regardless of the number of sensors or form of equipment provided).

o   The service user pays a fixed (non-means tested) weekly cost for the monitoring, response, and maintenance service.

o   When required, Adult Social Care fund the provider to deinstall and recycle/redeploy the equipment at no charge to the service user.

4.4.3   *Long-Term Pathway-*For people who <u>have</u> assessed eligible needs under the Care Act 2014:

o   They are provided with Telecare services without charge, which again may include a range of sensors as part of their Care and Support Plan.

o   These service users are already contributing to the cost of their care (if they are financially capable of doing so), and this cohort includes individuals with different forms of disability and older people individuals with higher levels of need.

4.4.4   *Reablement Pathway-* For people who do not have assessed Care Act eligible needs, but the assessment worker has identified the need for Telecare as part of a Reablement Care Plan:

o   Adult Social Care discuss the provision of Telecare with the service user, including informing them about possible payment of the weekly monitoring and maintenance charge, if they wish to retain the equipment after the Reablement episode has ended.

o   They are provided with Telecare services, which may include a range of sensors to assist with managing risk in the community as part of their Reablement Plan.

o   The Council fund equipment, installation, monitoring, and maintenance costs, which will be at no charge to the service user during the period of Reablement.

o   At the end of the period of the service user's Reablement Care:

▪   If service users are then assessed to have eligible needs, they can be transferred to the Long-Term Pathway.

▪   If service users do not have assessed eligible needs but have a preventative need for Telecare <u>and they wish to retain the service</u>, they can be transferred to the Preventative Pathway and would be required to pay the weekly charge.

▪   If service user does not wish to pay for the service or choose to have the equipment removed, Adult Social Care arrange and fund the deinstallation and the equipment can be recycled/redeployed.

4.5 Options Appraisal

4.5.1 The table below contains the results of an appraisal and scoring of each option that has been described above, against their ability to meet our revised Telecare Charging Policy objectives.

Objectives of Revised Charging Policy Approach	Model Option 1 – Tiered Charge – Dependant on Service Level	Score 1-3	Model Option 2 – -Tired Charge with Set Up Cost Recovery	Score 1-3	Model Option 3 – Fixed Weekly Charge – Dependant on Pathway	Score 1-3
1. Complies with Care Act	• Doesn't charge for equipment or for set up costs for equipment. • Charges for emergency visits, means more vulnerable individuals with no family/friends pay more. • Not free during reablement ?	2	• Two levels of charge for connection type appears to be recovering an equipment overhead cost against a preventative intervention.	2	• Doesn't charge for equipment or for set up costs for equipment. • Charge set to recover less than the cost to BBC of providing monitoring and response. • Consistent with prevention & reablement Care Act regulations.	3
2. Reasonable	• Level of charge will be the same no matter how many pieces of equipment are installed • Monitoring and response charge will remain the same no matter how little or often an alert is raised, or the mobile responder is deployed	3	• Recovery of cost for emergency response and level of charge for key safe installation do not appear reasonable. • Upfront cost is high and may deter/reduce take up.	2	• Equipment and set up is free. • Low weekly charge relative to total cost. • Charge is same regardless of type of or number of sensors or connection. • Low weekly cost relative to benchmarking and private provision. • Monitoring/response charge will remain flat regardless of number of responses.	3
3. Fair & Consistent	• Future service users, regardless of their eligible social care need or financial assessment pay a non-means tested weekly fee but, current service users are means tested for ability to pay. • Those without family/informal carers pay more for response.	1	• Again, those without family's are charged more for responses • Increased charge for GSM connection may disproportionately impact either OPS (dementia) or LD service users.	1	• Free to those with eligible needs/disability • Council subsidises cost for those without Care Act eligible needs. • Charge is same regardless of type of or number of sensors required. • Free to all for 6 weeks with Reablement. • Option to cancel if service user does not see value or benefit in long term-BBC funds deinstallation.	3
4. Flexibility & Choice	• Well-being check service will be flexible and can adapt in line with changing needs-similar to GU's Life 24 model. • Flexibility at a price?	2	• Options for response service and for connection type and other levels of sensor- but choice has added cost.	2	• Less flexible as no differentiation of service offer-one charge – one offer. • Those on reablement pathway can try before they buy.	1
5. Complexity to Implement & Operate	• Three tiers of service each with a different level of charge. • Means tested for existing service users-impact for financial assessment team & modifications to LAS.	2	• Different levels of charge and of connection costs will add complexity	1	• Simple flat rate charge without tiers and or set up costs and not means tested. • Charge can be recovered by the provider so not a burden on resources or requiring complex system integration or set up.	3
Score (max = 15)	**Total**	**10**	**Total**	**8**	**Total**	**13**

4.6 Result of Options Appraisal

4.6.1 The result of the options appraisal was the identification of **Model Option 3 as the recommended option**-the implementation of a revised Telecare charging policy based on a flat weekly rate applied in line with the level of need of the service user. No tiering of charge by service level or additional one-off fees for installation etc.

4.6.2 The key advantages of Option 3:

- A charge of £4.50 (inc VAT) per week for those with no Care Act eligible needs is at the lowest end of the benchmarked scale and is evidence of a reasonable approach. There are also no additional costs.

- Not charging those with eligible needs reduces the impact on those who are more vulnerable such as the frail elderly and those with disabilities, who have already been financially assessed for their capability to contribute to the cost of their care.

- It does not disadvantage those who have more complex preventative needs (charging for more sensors) or those who have no family and friends and are dependant of the provider for emergency response (there are authorities that charge extra if the provider must respond) .

- It avoids the need for means testing and therefore simplifies the implementation and removes the added call on financial assessment resources that would involve.

o As we are proposing to have our Telecare provider Grand Union collect the charge, this will also prevent that process further stretching internal resources. Payment from the service user will be by DD or by cheque.

4.6.3 The key disadvantage of Option 3 is it provides no choice or flexibility in the Telecare service offer.

4.6.4 The key proposals regarding this charging option for the Telecare service would therefore be as follows:

- o The digital Telecare equipment will be installed without charge; regardless of pathway or how many pieces of equipment are installed in a household;
- o BBC will coordinate and oversee the provision of the associated monitoring, response, and maintenance service, but will charge a flat, non-means tested weekly rate if the service user has no assessed Care Act eligible needs.
- o Service users with Care Act eligible needs will continue to receive the service without charge.
- o The service will be without charge, if used in conjunction with reablement care.
- o The charge criteria will be applied to existing, as well as new services users.
- o The monitoring and response charge will remain the same regardless of how little, or often, an alert is raised, or the provider mobile responder is deployed.
- o All Telecare equipment will remain the property of the Council.
- o People who cancel the service will pay nothing for the deinstallation.
- o The charge will be payable per household (regardless of how many service users are in a household) on a four-weekly basis.
- o If there is someone with eligible needs in the household, there will be no charge to the household regardless of the status of other service users in the household.
- o The charge will be reviewed annually when the Council sets its budget, fees and charges including consideration of inflationary impacts.;

4.7 Proposed Charge Recovery Model

4.7.1 Grand Union will administer the Telecare charge recovery process on behalf of BBC, with the cohort of our service users subject to the revised charging policy paying Grand Union directly.

4.7.2 Grand Union will then make a payment to BBC equivalent to the income collected, deducting a charge to BBC for the recovery service on a monthly basis.

4.7.3 Grand Union already have a cost recovery process in place for both their Life 24 commercial offering (with 3 tier price plan) and for collecting rent payments.

4.7.4 Grand Union have proposed a cost of recovering the Telecare charge of £83,611 per annum. This cost will be reviewed when the contract is retendered in one years' time following the set-up of the service.

5 Financial Case

5.1 Cost Recovery Calculation

5.1.1 The data (LAS Adult Services case management) shows that 70% of current Telecare service users have no other form of commissioned support. They do not have assessed eligible needs.

5.1.2 We might experience up to a circa 40% drop in demand as individual's find alternative support or decide they don't actually have an ongoing need for Telecare etc (experience of B'ham, Trafford, & Lancs local authorities).

5.1.3 The GU ongoing cost Telecare charge recovery will be £83,611 per yr.

5.1.4 There is a 3% bad debt assumption based on Adult Social Care contribution recovery rates i.e. we won't collect all the charges made.

5.1.5 Based on a weekly service charge of £3.75 (excl VAT) per service user in that cohort, the **estimated cost recovery is c£169,903.**

5.1.6 **Cost avoidance** from BBC not paying GU for monitoring, response and maintenance costs for 40% of the non-Care Act assessed current cohort who drop the service and for spend on digital equipment for 40% of new service users is **c £100,767.**

5.1.7 **Total potential contribution towards sustaining the Telecare service is estimated at £270,670 against spend of £446,185 (23'24).**

5.1.8 Estimated FYE Contribution Calculation Table:

Estimated Financial Case	
Calc Item	**Amount**
Number of current service users	3211
% with no Care Act assessed needs/other commissioned services	70%
Number of chargeable current service users	2248
Number of service users who retain service after introduction of charges	60%
Remaining '**non** Care Act assessed/prevention' chargeable service users	1349
Flat rate charge per week (not including VAT)	**£3.75**
Weekly benefit	£5,057
Weeks	52
Annual benefit from non assessed service users	**£262,981**
Less cost of recovering charge including a 3% bad debt provision	£93,078
Net contribution from non Care Act assessed/preventative Telecare service users	**£169,903**
Cost avoidance benefit from BBC not paying GU for equipment & install, monitoring and response and maintenance for 40% of the non Care Act assessed/ preventative cohort who drop the service	**£100,767**
Total financial contribution FYE	**£270,670**

5.1.9 Cost of Change:

- o The cost of making the system changes to enable the service user's accounts to be created will be a one-off charge from Grand Union of £21,525.

5.2 Benefits - service user

5.2.1   Service users with Care Act eligible needs will not be charged.

5.2.2   The level of weekly charge proposed at £3.75 (£4.50 incl VAT), is lower than the benchmarked average (£5.67 incl VAT) of 32 other local authorities and of our nearest neighbours (Luton £4.70; Milton Keynes £7.06; and Central Beds £7.40-all inclusive of VAT)

5.2.3   Telecare will continue to be offered without charge to all service users for up to 6 weeks as part of a reablement package of care.

5.2.4   The charge is not tiered according to the number of responses made by the mobile responder, so that service users will not be deterred from pressing an alarm due to additional costs.

5.2.5   Unlike many other local authorities there will be no upfront installation charge or other additional tiered charges.

5.2.6   The charge will be the same no matter how many pieces of equipment are installed in the household.

5.2.7   The charge would be the same no matter how often the alarm system is triggered.

5.2.8   If more than one person in the same household uses the service, there would be only one charge.

5.2.9   The charge will help financially sustain the service in the future.

5.3 Benefits - organisational

5.3.1   Recovers a significant portion of the actual cost of providing the service.

5.3.2   Avoid a portion of future costs.

5.3.3   Standardise our approach to charging; reducing the level of variation across Bedfordshire while BBC still provides a comparatively low-cost service to their service users.

5.3.4   It avoids the need for means testing and impacting on stretched financial assessment resources and the requirement for system changes (however, qualification for VAT relief will be considered when the provider looks to collect the charge).

5.3.5   Having our delivery partner collect the charge avoids additional demands or resource requirements on our financial admin.

6 Consultation Approach

6.1   The consultation served two purposes: to provide information to stakeholders about the charging proposal but also to gain valuable feedback which could inform the recommissioning of the Telecare service and ensure that we are aware of risks we need to mitigate.

6.2   Our approach to consultation included 3 key elements:

1 A letter was sent to over 3,200 Telecare users directly affected by the consultation proposal to include: an information document; survey questionnaire; and a freepost reply envelope. **5**-week consultation period from May 3rd to June 7th 2024.

2 Principle stakeholders and the broader public had the opportunity to give their views by completing the survey on the Council's website

3   The consultation was accessible from the home page of the Council's website with an Easy Read version available

6.3   The consultation ran for a period of 5 weeks from May 7th until June 7th and provided comments and feedback on the proposals outlined below:

6.3.1   Individuals who have preventative needs and currently access the service will no longer receive a service without charge but pay a weekly non means tested rate of £3.75, (£4.50 inc VAT).

6.3.2   The charge will apply to both existing and new users of Telecare services.

6.3.3   Those with Care Act eligible needs will not be charged.

6.3.4   Telecare is provided without charge (to include provision of equipment and monitoring charge) as part of a six-week reablement offer. Preventative service users who choose to retain the service after the end of the reablement period would be required to pay the weekly rate.

6.3.5   The charge would be the same no matter how many pieces of equipment are installed in the household.

6.3.6   The charge would be the same no matter how often the alarm system is triggered.

6.3.7   If more than one person in the same household uses the service, there would be only one charge.

6.3.8   The charge would be collected on a four-weekly basis.

6.3.9   The charge would be reviewed annually when the Council sets its budget.

6.3.10   All Telecare equipment remains the property of the Council.

7 Equality

7.1   Telecare services are currently available to all adults aged 18 or over, with a preventative need or an assessed and eligible Care Act, 2014 need.

7.2   An Equality Analysis has been undertaken to assess the impact of the charging proposal on the protected characteristic groups and the key findings are summarised below:

- *Age:* The service is used predominantly by older people aged 65 and over. Bedford's population of 65+ individuals has grown by 25.5% in a decade. English Nat Ave 20.1%
- *Disability:* A number of people who currently use the service consider themselves to have a disability or long-term health condition. However, they will be more likely to be in the cohort that have been Care Act assessed and will therefore not be subject to a charge or in receipt of Disability Living Allowance or Attendance Allowance paid to help address such costs. Service users who declare themselves to have a disability or long-term chronic illness will be VAT exempt, reducing the charge by 20% to £3.75/week.
- *Gender:* A higher proportion of females use the service than males (62%), this may be due to longer life expectancy for females.
- *Marital status:* The majority of our Telecare service users live alone and therefore potentially have a more limited network of support around them. The Telecare equipment may play a key role in enabling an individual to seek help and assistance if they fall ill, have an accident or have concerns about their personal safety or wellbeing. However, unlike some authorities, we are not proposing a tiered charge that would be adjusted by the service user paying an additional fee if the responder is the provider rather than family or informal carers.
- *Socio-economic:* Affordability and ability to pay for the service will be a key theme that will be reflected throughout the consultation, especially in the qualitative analysis. Introducing a charge will result in some individuals choosing to no longer receive the Telecare service. If individuals chose to end the service due to the fact, they believe they are unable to afford it, it may have an adverse impact on the health and social care system with more individuals accessing care services following a fall or being unable to manage independently at home without the support a community alarm and as a result being admitted to hospital or a residential care placement. We have proposed some mitigations to that risk in the following section.
- *Rurality:* A proportion of service users live in more rural areas of Bedford and therefore may have a heightened level of risk due to relative isolation.
- *Carers:* Telecare provides a way for carers to gain respite, as it provides reassurance that their family member is monitored while they are not with them. If the service is cancelled due to perceived affordability, the benefit of respite may be lost negatively affecting carers wellbeing.

7.3   The outcomes and learning from the Equality Analysis have been considered as part of the charging options and recommended approach outlined in this report. A full copy of the Equality Analysis is included in the Appendices.

8 Risks

8.1 The introduction of charging for Telecare will lead to individuals ceasing to utilise the service. This could present risk to some people who make this choice. We cannot fully anticipate the impact of this and, if this were to occur, officers would engage with the person to assess what risk this would pose and take agreed actions to minimise the risk.

8.2 The implementation of a charge could create a future disincentive to use the service, with new service users potentially choosing alternative, possibly lower cost, systems/ apps.

8.3 We propose to mitigate any adverse impacts in the following ways:

- o Monitoring of the service to identify service user exits and the reasons.

- o Ongoing liaison with the service provider to ensure that service users identified as being potentially "at risk" and subsequent risk assessments of any choosing to exit the service.

- o Careful consideration of options for any service users identified as being potentially "at risk," but choosing to discontinue with the service, to ensure they (and/or their carers/relatives) receive relevant information and advice, including about benefit entitlement details and low-cost alternative technologies (see section 2.5).

- o The proposed charge has considered current market forces and local authority benchmarking in terms of the comparative reasonableness of the price level being proposed.

- o Providing clear and easy to understand information for current and potential service users regarding:
  - ▪ The levels of service and costs.
  - ▪ Potential benefits of the service.
  - ▪ Information on benefit entitlements which could assist with the cost of the service.
  - ▪ Signposting to alternative organisations and low cost/free apps that provide a similar service.

9   Results of Consultation

9.1   Who Responded to the Consultation:

AGE

LONG TERM HEALTH CONDITIONS
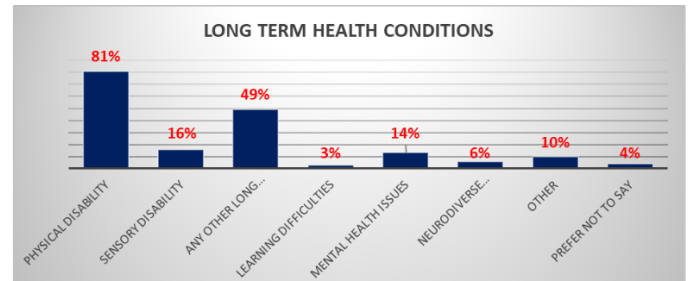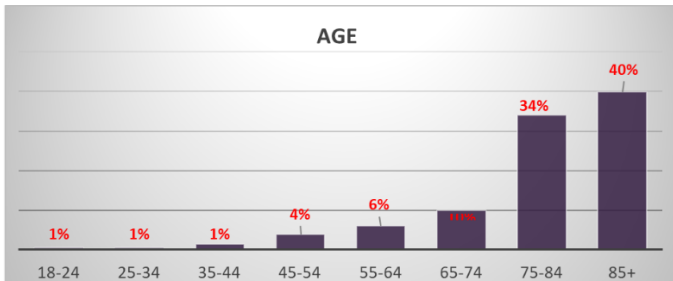
There were a total of 704 paper responses (from service users & their families) & 46 online. 65% were female and the majority (74%) were over 75, and predominantly of white British ethnicity (83%). 69% identified themselves as having a disability of some form (mostly physical) or/and a long-term health condition. A quarter care for a family member and 60% are in receipt of benefits with Council Tax Reduction, the most common benefit received. Over half of responses were from people living in MK41,and MK42.

BENEFITS

RESPONDERS POSTCODE
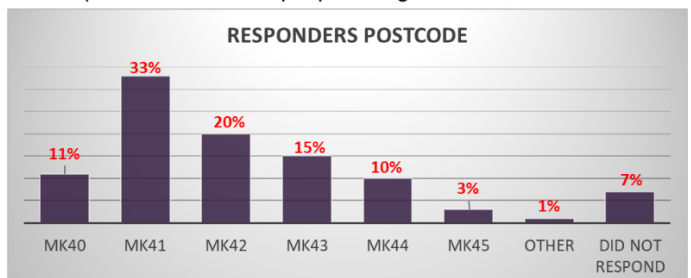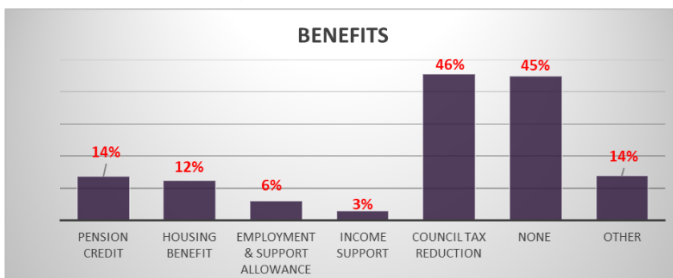
9.2   The Responses to the Consultation

Breakdown:

- 60% strongly disagree/disagree with the introduction of a charge of £4.50/week.
- 18% agree or strongly agree
- 68% stated that if implemented, monthly payment was preferable, however over a fifth would not specify a period-as they disagreed with the principle of charging

Key themes of the comments [account for 88% of all comments] for those against the proposal were:

- Should be free- any charge is not affordable for the elderly or disabled living on pensions and benefits and already facing the cost-of-living crisis.
- It's too expensive, too big of a sudden jump from free to £4.50/ £x.xx per week or month would be more affordable.
- Penalises the vulnerable & creates risk- I/other vulnerable people will drop the service, or not take it up to begin with, if this charge is introduced and will not be safe.
- For those preferring monthly payment their most common comment was that it aligns with other billing cycles/ income payments/avoids larger lump sum payments building up

INTRODUCE WEEKLY CHARGE?

PAYMENT PERIOD

EXCLUDE CARE ACT ELLIGIBLE?

- STRONGLY DISAGREE: 11%
- DISAGREE: 7%
- NEITHER AGREE NOR DISAGREE: 30%
- AGREE: 31%
- STRONGLY AGREE: 21%
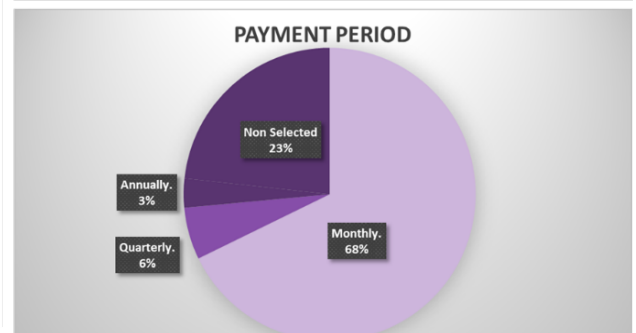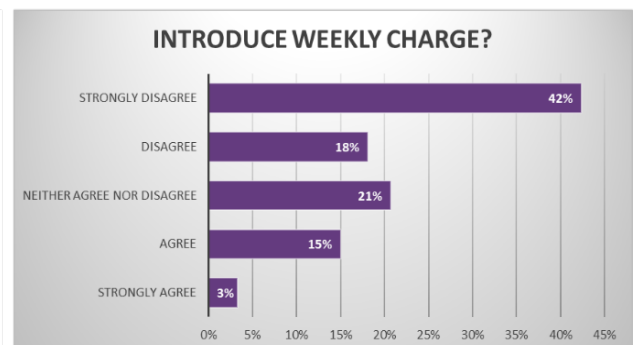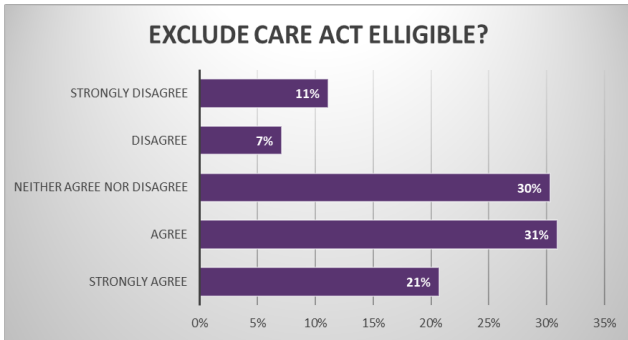
Breakdown: 52% of those responding agreed that those with eligible needs should not be charged. 18% disagreed.

Key themes from comments:
- Penalises those, or whose family, choose to pay for their care or provide the care and not to be assessed for a care package.
- Fair as they already contribute to the cost of their care.
- Agree, but should remain free to all service users-those who need it most, are least likely to be able to afford to pay for it and are vulnerable.

Breakdown: 75% of respondents agreed that Telecare should be free during reablement. Only 7% disagreed.

Key themes from comments:
- Agree, as after discharge from hospital is a particularly challenging time.
- Should remain permanently free to all.
- Disagree -length of reablement is wrong-too long/short to be meaningful as an intervention and people need to be told that a charge will apply after 6 weeks and be assessed.
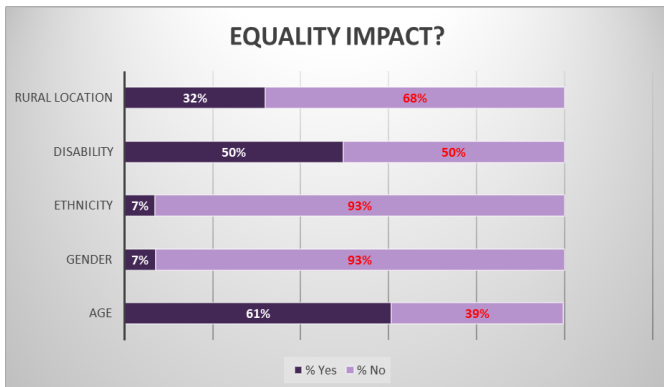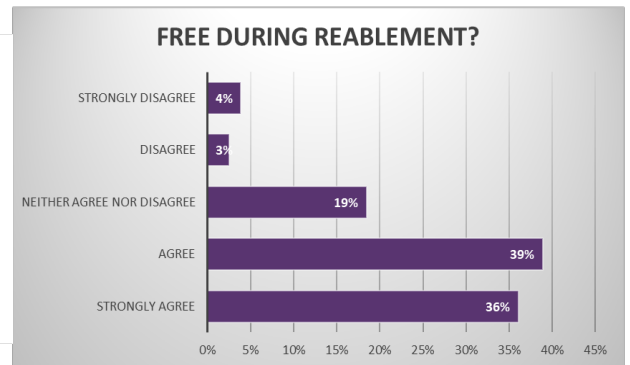
FREE DURING REABLEMENT?

- STRONGLY DISAGREE: 4%
- DISAGREE: 3%
- NEITHER AGREE NOR DISAGREE: 19%
- AGREE: 39%
- STRONGLY AGREE: 36%

EQUALITY IMPACT?

- RURAL LOCATION: 32% Yes / 68% No
- DISABILITY: 50% Yes / 50% No
- ETHNICITY: 7% Yes / 93% No
- GENDER: 7% Yes / 93% No
- AGE: 61% Yes / 39% No

■ % Yes ■ % No

- The elderly, those with disabilities, and those living in rural locations were viewed as the groups most likely to be impacted by the proposals.
- Gender and ethnicity were not seen as characteristics that would lead to an equality impact.
- However, a key theme in respondents' comments identified low income and relative poverty as another factor of inequality of impact.

- Respondents saw the confidence in feeling safe and the reassurance for family and friends as the two key benefits that Telecare delivers.
- The third most important perceived benefit was supporting service users to remain living independently at home.
- A key associated theme in their comments was that Telecare prevents demand for care being displaced to other services/the NHS.

RELATIVE IMPORTANCE OF TELECARE BENEFITS?

- MAKES SERVICE USERS FEEL LESS ISOLATED: 57%, 12%, 14%, 14%
- REDUCES THE RISK THAT SOMEONE CAN'T LIVE AT HOME: 64%, 11%, 10%, 13%
- PROVIDES REASSURANCE TO FAMILY/FRIENDS: 71%, 11%, 6%, 10%
- MAKES SERVICE USERS FEEL SAFER AT HOME: 82%, 8%, 1%, 6%

■ Extremely Important ■ Very Important ■ Moderately Important ■ Low Importance ■ Least Important
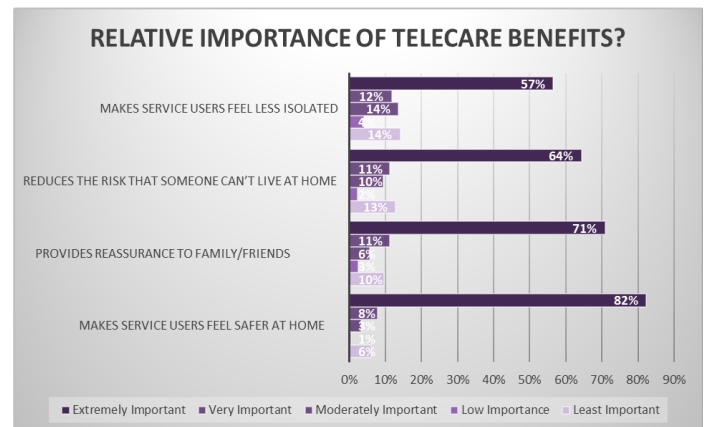
9.3   Responses to consultation questionnaire

- Direct engagement with service users (writing out to all 3,200 as opposed to promoting a general website) saw a relatively high level of response-23% of all service users took part. Providing a paper response questionnaire and freepost reply envelope also overcame digital exclusion for this predominantly elderly age group.

- 40% of responses were from over 85's and their families and friends-and 60% in receipt of benefits (council tax reduction in the main) which may have potential policy considerations.

- Asking people if they want to pay for what has been a 'free' service will never illicit a positive response however, there was two clear forms of negative responding-those who disagree with the principle of charging for Telecare, and those who disagree with what is considered a reasonable charging policy, in terms of 'what' (the amount) and 'who' is charged. About a fifth of comments on the question stating that it was too expensive, but also examples being given of what respondents thought a reasonable amount would be.

- It was seen as fair that those who are already contributing to the cost of their care should be excluded from the charge however, comments suggest that is in the context of those who disagreed with the principle of charging 'anyone'. There were comments that the proposed policy would see cross subsidy from those who do not have eligible needs, however that principle currently applies to wider care costs.

- Telecare being free with reablement was viewed as positive, but its deployment for up to only 6 weeks was (it's what happens now) seen as a poor investment by some and would require clear information about the charging implications post reablement.

- There was a clear view in relation to equality, that the elderly, disabled and those in rural locations would be disproportionally impacted by the introduction of charging, which aligns with the perceived key benefit of Telecare of offering a sense of safety to service users and reassurance to their family and friends.

- Respondents perceived a risk arising from the introduction of a charge of both increased vulnerability for the more impacted groups and displacement of demand onto alternate care services.

- Over three quarter of respondents commented that the current Telecare service was very good, with the main areas for improvement being response times (though this has been previously confused with ambulance response times when the provider has called for an ambulance on behalf of the service user) and reliability of equipment (with some comments about digital upgrades and developing the range of equipment available).

10 Implementation Approach and Timeline

10.1   Implementation Approach:

The draft implementation approach proposes 4 key workstreams relating to: Communicating the Change; Establishing Processes and Systems; Transition Management; and Cost Recovery.

IMPLEMENTATION OF TELECARE CHARGES

WORK STREAM	1 COMMUNITCATE CHANGE	2 ESTABLISH PROCESSES & SYTSEM	3 TRANSITION MANAGEMENT	4 COST RECOVERY
KEY TASKS	Notify current impacted service users of opt in option to retain service & charges	Charge recovery process development	Training for Telecare Team on charging policy and support available	Confirm final number of chargeable service users who have opted in.
	Briefing paper to CMT & Members	Establish workforce resource model for transition and for BAU.	Opted out services users –equipment collection notification and disconnection	Develop cost recovery plan
	Communication to operational staff about pending changes and timeline	BBC create database of service users who are eligible (opted in) to be charged and their VAT status & fwd to GU	Engagement with vulnerable service users who have declined the service to assess risk & consider free provision.	Develop cost recovery service contract performance management framework
	Telecare website updated with details of new charging policy and deadlines.	GU system upgrades & creation of accounts in financial and billing systems	Confirm GU/BBC contract amendment and alteration to invoicing and recharges	Build requirement for telecare charge recovery service into tender specification
	DESCRIBE THE CHARGING MODEL	BUILD THE OPERATING MODEL	CHANGE IMPLEMENTATION	PLANNING & TRACKING

CHANGE MANAGEMENT APPROACH

10.2   Implementation Timeline:

The estimated timeline will see the implementation initiated at the end of July 2024 (some preparation with Grand Union to develop the proposed approach to charge recovery will take place in June) and the 4 workstreams completing by the end of Sept 2024 culminating in the activation of charging from the start of October 2024.

WORKSTREAM	June	July	August	Sept	Oct-Mar
COMMUNITCATE CHANGE		▬▬			
ESTABLISH PROCESSES & SYTSEMS	▬▬▬				
TRANSITION MANAGEMENT			▬▬▬		
COST RECOVERY				▬▬	COST RECOVERY STARTS
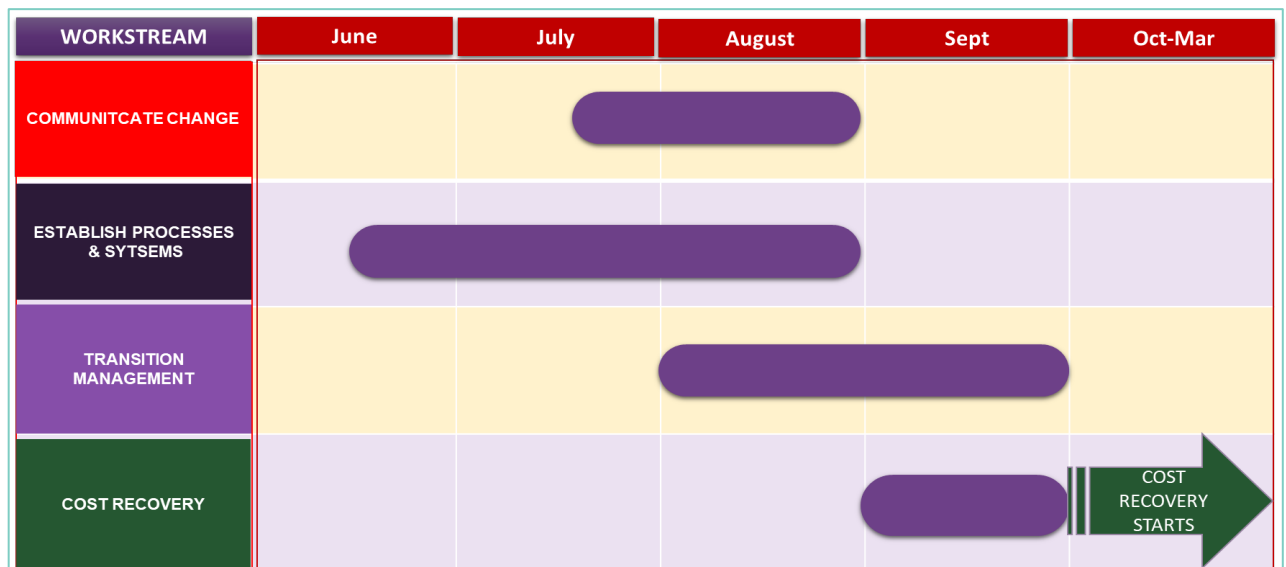
11 Recommendations

11.1   **Key recommendation:**

11.1.1   **It is recommended that the council initiate the implementation of a revised Telecare charging policy, based on proposals related to Option 1 identified in the business case, and associated proposed weekly rate (£4.50 inc VAT) linked to the respective service user's level of need.**

11.1.2   **It is recommended that the Council approves the proposed implementation approach and timeline outlined in the business case (section 10)**

11.2   **Additional recommendations:**

11.2.1   Clarify existing assessment/eligibility criteria for the service.

11.2.2   Ensure that Grand Union introduce a robust approach to Asset Management so that equipment and its potential for recycling (the new digital equipment) can be monitored.

11.2.3   Ensure equipment recycling is maximised post digital shift.

11.2.4   Review the service specification in light of the introduction of Telecare charges to ensure value and impact is maximised and that it aligns with the future TEC strategy when formulated.

11.2.5   Formalise links with the provider to inform reviews and ensure early identification of client deterioration, risk or crisis.

11.2.6   Review and create new internal Performance Indicator measures to support delivery.

11.2.7   Review and develop Management Information reporting for improved management insight and for contract monitoring purposes.

11.2.8   Retain Grand Union as the provider until both charging policy revision is potentially implemented and bedded in, and the future T.E.C strategy is confirmed so than an effective service specification is established for the purpose of retendering the service.

Appendices

A1 Telecare Charges Benchmarking (click on Excel icon):

Telecare
benchmarking update

A2 Equality Analysis Report (click on Word icon):

Equality%20Analysis
%20Report%20Teleca

Appendix 2 - Benchmarking

	Bedford Borough	Portsmouth Safe at Home Basic	Portsmouth Safe at Home Plus (physical response 9pm-6am)	Portsmouth Safe at Home 24hr (for those assessed not to have local responders available)	Coventry City Council L1	Coventry City Council L2	Coventry City Council L3	Coventry City Council L4	Woking Borough Council Careline	Waverley Borough Council Careline	Surrey Heath Borough Council	Spelthorne Borough Council SPAN	Elmbridge Borough Council	Runnymede Telecare	Newham London Telecare	Lewisham Linkline Telecare	Royal borough of Greenwich	East Devon District Council Home Safeguard	Brighton and Hove City Council CareLink Plus	Hertfordshire Herts careline	West Northamptonshire Council Call Care	Milton Keynes Council Community Alarm System	Cambridge City Council Community Alarm System	South Cambridgeshire District Council Community Lifeline Support	Luton Lifeline and Telecare personal alarms	Cardiff Council Telecare Cardiff	Wolverhampton Homes	Redditch Borough Council Lifeline	Cannock Chase Council Social Alarms	Wrexham County Borough Council	Hackney Telecare alarms and sensors	Bracknell Forest Council Forestcare	South Derbyshire District Council	Surrey Heath Borough Council Community Alarm and Telecare	Southampton City Council City Telecare Services	Dudley Metropolitan Borough Council	Stockport Metropolitan Council Telecare	Central Bedfordshire Council Lifeline alarm
Weekly Fee	Not stated	£8.16	£10.00	£15	£3.70	£6.15	£8.65	£12.35	£5.95	£4.90	£4.90	£4.30	£4.98	£4.90	£2.61	£6.57	£6.00	£6.00	£5.58	£5.00	£4.60	£7.06	£3.42, £3.70 with key safe	£5.70	£4.70/ GSM extra	£2.70 contact only £5.58 Mobile Response	L1 £3 pendant and smoke alarm L2 £5 with 2 responders L3 £7 L1 with extra sensors L4 £9 L3 with responders	GSM £6.60 GPS £8.88	GSM £6.60 GPS £8.88	Tier 1 5.65 Tier 2 £6.36	From £6.60	£5.42 in area £5.77 other areas	£5.25	£5.30	£4.62 monitoring £6.60 with responders	£5.33	£8.45 monitoring £9.95 with responders	£7.40
VAT included?	N/A	No	No	No	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	No	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	No	Not stated	No	Not stated	Not stated	Not stated	No	No	Not stated	No	No	Yes	Not stated	Yes	Yes	Not stated	Not stated
Reductions available	Not stated	Not stated	Not stated	Not stated	Charges based on financial assessment	Charges based on financial assessment	Charges based on financial assessment	Charges based on financial assessment	Discounts available for those in receipt of means tested benefits		Not stated	Not stated	Not stated	It may be possible to be funded through adult social care after an assessment	May qualify for additional sensors following an assessment	Not stated	Contact to discuss, you may be able to claim additional benefits	East Devon District Council Home Safeguard	£6.68 enhanced	Attendance Allowance can help contribute. 5% Carer discount	Not stated	Not stated	Not stated	Not stated	Social worker can review	If you receive means tested benefits Have a promotional code Request social services to fund	Free if in receipt of certain benefits Can be included in contribution to care costs	Not stated	Not stated	Extra sensors based on assessment	£2 if in receipt of Pensions Credit	Not stated	Not stated	Not stated		Not stated	Free for first 6 weeks	Not stated
Assessment offered (Home/Telephone/form/email)	Home visit from Telecare Team	Home visit	Home visit	Home visit	Form	Form	Form	Form	Form	Form	Form	Form	Form	Form	Form	Form	phone or email	contact us'	Phone	Form	Form	Form/Phone/Email	Form	Form	Call/email	Form	Form	Form	Form	Phone	Phone	Form/phone/email/Home	email/phone	Form/Phone	Form	Form	Phone/email	Form
One off set-up/installation fee	Not stated	£35	£35	£35	Not stated	Not stated	Not stated	Not stated	£0	£0	£0	Not stated	£0	Not stated	£0	£35	Not stated	Not stated	£0	£0	No	£11.58	Free within city boundary	£30	£19.99	Not stated	Not stated	£52	£52	£25	Not stated	£0	In specific circumstances	Not stated	£25	Not stated	£0	£31.80
In person response	No	No	12 hr	24hr	No	24hr	No	24hr	No	No	No	No	No	No	Yes	Yes	No	No	No	Yes if you don't have anyone	No	Yes	Yes	Yes	No	No	Yes, optional	No	No	Yes	No	Up to 12 visits per year £9.75 pw Up to 24 visits per year £16.80 pw Additional visits £34.68 or £52.02 on Bank Holidays	In specific circumstances	No	Yes	Yes	Yes	1 Response £9 £14.80 for 3 Responses
Additional sensors/detectors available following an assessment (further charges may apply)	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Not stated	Yes	Yes	Yes	Yes	Yes	Yes	Yes, another 93p a week for more than smoke/flood/carbon monoxide	Not stated	Not stated	Yes	Yes	Yes	Yes, GSM for additional cost	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not stated	Yes	Yes	No
Key safe required	Not stated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not stated	Yes	Yes	No (two keyholders required)	Not stated	Not stated	No, will contact keyholder	No, council holds your keys if needed	Recommended if you only have one key holder	Not stated	Yes unless you have two named keyholders	Yes	Yes	Yes, not needed if keyholders close by	Yes, not needed if keyholders close by	Not stated	Not stated	Yes	Yes	Yes	Yes	Yes	Not stated	Not stated	Not stated	Not stated	Yes if responders required	Not stated	Yes	Yes, or keyholders
Key safe offered	Not stated	£9-£36	£9-£36	£9-£36	No	No	No	No	Not stated	£0	£0	No	Not stated	Not stated	No	No	No	Not stated	Yes	£0	No, advice offered	28p a week	No	Not stated	Not stated	Not stated	Not stated	Yes	Yes	£0	Not stated	Yes	Not stated	Not stated	Yes	Not stated	Yes	No
Key safe installed	Not stated	£30	£30	£30	No	No	No	No	Not stated	£0	£0	No	Not stated	Not stated	No	No	No	Not stated	Yes and removed if no longer required	£0	£0	No	£0	No	Not stated	Not stated	Included			£0	Not stated	£73-£100	Not stated	Not stated	£40	Not stated	£75	No
Phone Line required	Not stated	Yes	No	No	Yes	Yes	Yes	Yes	Not stated	Yes	Yes	Yes	Not stated	Not stated	Yes	Yes	Yes	Yes, GSM for additional cost	Yes	Yes	Yes, GSM for additional cost	Yes	Yes	Yes, GSM for additional cost	Yes, GSM for additional cost	Yes, GSM for additional cost	Yes	Yes, GSM for additional cost	Yes, GSM for addition al cost	Yes	Yes, GSM for additional cost	Yes, GSM for additional cost	Yes	Yes, GSM for additional cost	Yes	Yes	Yes, GSM for additional cost, £1.50 pw	Yes, GSM for additional cost, £2 pw
Reassurance calls	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	Not stated	£1 a call	50p a day	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	1 call a day £8.94 pw 2 calls a day £16.80 pw 3 calls a day £22.38 pw	No	1 call a day 50p a day	No	No	No	£31.80

Equality Analysis Report
(V.11.2023)

Part 1

Title of activity / budget proposal title and number: Proposal to amend the Council's Charging Policy to include charges for the Telecare service.	Committee meeting (decision maker) and date: PFH Executive Decision July 5 2024
Service area : Adult Social Care	Is this activity: Change to the existing charging policy for Telecare ☐ **New** ☐ **Change** ✓ ☐ **Review**
Lead Officer Name and Title: Kate Walker, Director Adult Social Care	Other Officer name(s) and title(s) supporting in carrying out the Equality Analysis, undertaking any review or actions: Mark Harris, Chief Officer for Adults Operational Services
Approved by: (Director) Kate Walker	Date of approval: 05.07.2024

<u>**Policy/Procedure/Functions details**</u>

Please refer to the Equality Analysis Guidance (EAG)

Description of activity: *Briefly give an outline of the key objectives and intended outcomes*

- As part of the 2024/25 budget setting process, it was agreed to review the potential to charge for Adults Social Care Telecare services. The proposal under consideration is to change the Adult Services Charging Policy by implementing a weekly fee for the Telecare service, which is currently provided free to Bedford Borough Council's residents who are over the age of 65, or people who are under 65 and have disabilities.
- Telecare is the provision of one or more detector devices (e.g. fall detectors, temperature sensors, motion detectors, pendant/wrist button alarms etc) in a client's home, which are linked to a control device. When one of the sensors is triggered by the service user or automatically, then the control device sends an alert via the telephone system to a central monitoring centre. Staff in the monitoring centre respond to all alarm calls using predetermined instructions, alerting family or friends or providing a default mobile emergency response themselves or in certain circumstances calling an ambulance on behalf of the service user.
- The Telecare service contributes towards maintaining the independence and safety of people who need support, such as older people, people with learning disabilities, people with cognitive impairment, people with physical or sensory disabilities, people with long term chronic conditions and those with mental health issues. It can also provide reassurance for relatives and carers. Innovations in technology enable Telecare sensors to activate automatically without requiring the user to press a button or independently summon assistance. This can help to meet the needs of service users who do not speak English or those that suffer from cognitive impairment or confusion.
- The cost of maintaining the service is rising due to a gradual increase in demand (12% over the last 2 years) and the requirement to digitise the equipment used (digital units are 43% more expensive than the current analogue ones) because of the planned upgrade to the national telephony network in the next few years (which will lead to the analogue lines being switched off and many analogue Telecare devices failing to function reliably due to incompatibility with the new digital network). There was an overspend of £145,185k for financial year 23/24. Adult Services are therefore considering charging for the Telecare service as a way of ensuring its financial sustainability. An outline business case containing an appraisal of different options for amending the Telecare charging policy has been drafted, including data on comparative levels of charge among a sample of 32 local authorities who have implemented fees for the service. The option that is being recommended is underpinned by the following key proposals:
1. Telecare will be charged at a flat rate of £3.75 per week (£4.50 inc VAT where applicable). The charge will be payable on a four-weekly basis.

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2. The charge will be the same no matter how many sensors are required to meet identified needs.
3. The charge will be the same no matter how many times the monitoring centre is alerted by the Telecare equipment and how many times the emergency (provider mobile unit) response service has to respond to an alert.
4. If more than one person in the same household uses the Telecare service, there will only be a single charge per household.
5. The charge will cover the following aspects of the service:
   - Assessment of the equipment and sensors required by the provider
   - Installation of the equipment and sensors
   - Any maintenance visits undertaken
   - Monitoring at the Alarm Monitoring Centre and any emergency response
   - The council will provide and retain ownership of the equipment and will fund the removal of the equipment and sensors when no longer required
   - The charge will be reviewed annually when the Council sets its budget and fees and charges
6. Current and future clients who do not have assessed Care Act Eligible needs will be charged the weekly fee. Those that have been assessed as having Care Act Eligible needs will continue to be provided with Telecare services free of charge.
7. If a person is receiving reablement care and Telecare is part of the reablement care plan, there will be no charge for the Telecare for the duration of the reablement care period, up to a maximum of six weeks.

Who is/will be impacted by the activity's aims and outcome:
- The main impact of our proposals will be on Older People who have not been assessed as having Care Act Eligible needs, who represent 70% of our service users. Those who deem the charge as unaffordable may decline the service and therefore potentially increase the level of risk to their safety.
- Service users with disabilities who decline the service following the introduction of charges (69% of consultation participants identified themselves as having a Disability) will face a risk in summoning help in the event of an emergency. However, those with disability that have been assessed as having Care Act eligible levels of need won't be charged. Those who do not have assessed eligible needs but have a Disability or long-term health condition will be advised about Disability related benefits which help address such costs and about declaring themselves VAT exempt.
- A higher proportion of females use the service (61%) use the service and are statistically more likely to be on lower incomes than men leading to greater challenges with affordability.
- Service users who live in more rural areas may be at heightened risk due to the relative level of isolation.
- Carers who gain respite through the reassurance given by the fact that Telecare is in place and will alert monitoring services in their temporary absence.
- Family and friends of service users who gain peace of mind from knowing that the service user is being monitored.

Screening Test

Consider carrying out the activity stated in the EAG, Section 4 (Questions to ask) that can help you with the screening test.
The screening questions will help you decide if an equality analysis is needed. Also, look at your responses to the above
Policy/Procedure/Functions Section to help you answer the following questions:

1. The activity relates to one or more of the three aims of the Council's Equality Duty. • *Eliminate unlawful discrimination, harassment and victimisation* • *Advance equality of opportunity* • *Foster good relations*	Yes	✓	No	
2. The activity sets out proposals for significant changes to services, policies etc. and / or significantly affects how services are delivered or presents a high risk to the Council's reputation	Yes	✓	No	
3. The activity could / does affect one or more of the protected characteristics or other relevant groups	Yes	✓	No	
4. The activity could / does affect protected characteristics or other relevant groups differently	Yes	✓	No	
5. The activity relates to an area where there are known inequalities.	Yes	✓	No	
6. One or more protected characteristics or other relevant group could be disadvantaged, adversely affected or are at risk of discrimination as a result of the activity.	Yes		No	✓
7. The activity can affect relations between certain protected characteristics and other relevant groups?	Yes		No	✓
If you have ticked YES to one or more of the above questions, then you need to complete an equality analysis. Please continue to complete Part 2 of the form.				

Part 2

Evidence, data, information and consultation

Please refer to Section 5 of the EAG.

What evidence have you used to analyse the effects on equality?	**Current Telecare service users:** ***Adult Social Care Case Management (LAS) Data*** (Jan to Dec 2023) shows the categorisation of Telecare service assessments by Primary Service Reason : 76% Personal Care, Access & Mobility, 7% Carer/Social Support, Disability: 5% Mental Health; 5% Sensory Support; 4% Memory & Cognition; 3% Learning Disability. 70% of BBC Telecare service users have no other form of commissioned support/have not had a financial assessment, in line with Telecare's status as a preventative service. ***BBC Telecare Team Referral Monitoring Data*** (Jan to Dec 2023) which shows that 82% of referrals processed relate to individuals that are over 65; and 61% are female. ***Socio-economic-evidence from benchmarking with 32 other Local Authorities*** who had introduced a charging policy which confirmed that the charge being proposed (£4.50 including VAT) is below the average (£5.67 including VAT) and lower than our neighbouring authorities Central Beds (£7.40 per week) Luton (£4.70 per week); and Milton Keynes (£7.06 per week) (all including VAT) indicating that this is a reasonable charge level for the locality.
What consultation did you carry out with protected equality groups to identify your activity's effect on equality?	We undertook the following actions focussed on consulting with our current service users : • A letter was sent to all Telecare users directly affected by the consultation proposal that included: an information document; survey questionnaire; and a freepost reply envelope (as we were aware that 82% of service users were 65+ we thought this would engage those who are more digitally disadvantaged) We had 750 responses across a 5-week consultation period from May 7th to June 7th. • Principle stakeholders and the broader public had the opportunity to give their views by completing the survey on the Council's website. • The consultation was accessible from the home page of the Council's website. • An Easy Read version of the consultation documentation was made available.
What does this evidence tell you about the different protected groups?	• ***Age:*** The service is used predominantly by older people aged 65 and over. Bedford's population of 65+ individuals has grown by 25.5% in a decade. English Nat Ave 20.1%

	• **Disability:** A number of people who currently use the service consider themselves to have a disability or long-term health condition (69% of respondents to our consultation). However, those with an assessed disability will be more likely to be in the cohort that have also been Care Act assessed and will therefore not be subject to a charge. Those who declare themselves to have a disability or long-term chronic illness will be exempt from V.A.T. • **Gender:** A higher proportion of females use the service than males (61%), this may be due to longer life expectancy for females. • **Marital status:** 92% of our Telecare service users live alone and therefore potentially have a more limited network of support around them. The Telecare equipment may play a key role in enabling an individual to seek help and assistance if they fall ill, have an accident or have concerns about their personal safety or wellbeing. However, unlike some authorities, we are not proposing a tiered charge that would be adjusted by the service user paying an additional fee if the responder is the provider rather than family or informal carers. • **Socio-economic:** Affordability and ability to pay for the service was a key theme reflected throughout the consultation, especially in the qualitative analysis. Introducing a charge will result in some individuals choosing to no longer receive the Telecare service. If individuals chose to end the service due to a belief that they are unable to afford it, it may have an adverse impact on the health and social care system with more individuals accessing care services following a fall or being unable to manage independently at home without the support a community alarm and as a result being admitted to hospital or a residential care placement. • **Rurality:** A proportion of service users live in more rural areas of Bedford and therefore may have a heightened level of risk due to relative isolation. • **Carers:** Telecare provides a way for carers to gain respite, as it provides reassurance that their family member is monitored while they are not with them. If the service is cancelled due to perceived affordability, the benefit of respite may be lost negatively affecting carer's.
What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the activity?	• A benchmarking exercise has been undertaken to review charging models used in other local authorities.

General Equality Duty

Which parts of the general equality duty is the activity relevant to?			
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity	Foster good relations
Age	**Yes**		
Disability	**Yes**		
Gender reassignment			
Pregnancy and maternity			
Race			
Religion or belief			
Sex	**Yes**		
Sexual orientation			
Marriage & civil partnership			
Other Relevant Groups			
Social-economic	**Yes**		
Care experienced young people			
Carers	**Yes**		
Rural residents	**Yes**		

Impact on Protected Characteristic and Other Relevant Groups

Based on the evidence presented what positive and negative impact will your activity have on equality?				
	Positive impact	Negative impact	No or neutral impact	Explanation
Age	☐	☑	☐	The majority of Telecare customers (82%) are 65+. The proposal to charge could have a negative impact on those older customers on fixed incomes, who may choose to give up Telecare or retain the Telecare service and cut other expenditure. Either of these choices could be detrimental to health & wellbeing.
Disability	☐	☑	☐	A proportion of Telecare customers identify themselves as being disabled. However, the majority of these individuals will have been assessed as having Care Act eligible needs and therefore they will not be impacted by the proposals as they will continue to receive the service free of charge. Alternatively, Disability related benefits may be claimed which are paid to offset such charges along with VAT exemption.
Gender	☐	☑	☐	Women statistically make up a greater percentage of older people and a larger proportion of Telecare customers are women, whose income/pension may be less than that of their male counterparts. They may therefore decide to do without Telecare equipment because of the proposed charge.
Pregnancy and maternity	☐	☐	☑	No specific impact.
Race	☐	☐	☑	No specific impact
Religion or belief	☐	☐	☑	No specific impact.
Gender reassignment	☐	☐	☑	No specific impact.
Sexual orientation	☐	☐	☑	No specific impact.
Marriage & civil partnership	☐	☐	☑	No specific impact. We are proposing that there will only be one charge per household and therefore those who are married or in a civil partnership will have an advantage over those who are single occupants.

Other Relevant Groups

	Positive Impact	Negative Impact	No or neutral Impact	Explanation
Social-economic	☐	☐	☐	Poverty – Those current and potential Telecare customers on fixed incomes may choose to do without the service due to financial constraints.
Carers	☐	☐	☐	Telecare can provide an additional support system for carers, giving them reassurance that the person they care for has an alternative means of summoning assistance if they are away from the service users home for any reason, including brief periods of respite. The proposal to charge for Telecare may impact on carers who wish to retain the Telecare service as a back-up system but feel that they or the cared for person cannot afford the charge. However, it is likely in the scenario of a carer providing a significant number of hours of support a week, that the service user will have Care Act eligible needs and therefore the service will continue to be provider free of charge. Alternatively Attendance Allowance may be claimed to offset the cost.
Rural residents	☐	☐	☐	Rural residents may feel more at risk if they drop the service due to perceived affordability, due to the relative isolation of their location.

Commissioned services

Only complete if the activity is being commissioned. Please refer to Section 7 of the Equality Assessment Guidance

This section is not applicable as the activity relates to a change of charging policy, not to the procurement and / or the commissioning of goods and services.

What equality measures will be included in Contracts to help meet the three aims of the general equality duty?	Not applicable
What steps will be taken throughout the commissioning cycle to meet the different needs of protected equality groups?	Not applicable

Actions

	What will be done?	By who?	By when?	What will be the outcome?
Actions to lessen negative impact	Ongoing liaison with the service provider to ensure that service users identified as being potentially "at risk" are monitored in relation to their decision to keep or leave the service. Careful consideration of options to provide the service free to any service users identified as being potentially "at risk," but choosing to discontinue with the service, and action to ensure they (and/or their carers/relatives) receive the relevant information and advice, including benefit entitlement details and free alternative technologies. The Council will continue to subsidise the service to ensure it is provided at a comparatively low cost.	BBC Telecare Service Team, Project Lead Grand Union Director of Adult Services	Sept '24	Those groups that have been identified as potentially being disadvantaged (cross cutting theme is due to low income) will be protected from the potential risk associated with discontinuing the service. Subsidisation will ensure the service can be accessed by those on lower incomes.
Actions to increase positive impact	The income will be used to make the Telecare financially sustainable and therefore secure its future availability for all to access. The Council will continue to subsidise the service to ensure it is provided at a comparatively low cost. Information available on Council's website and with Telecare staff to support service users in areas such as: how to maximise benefits entitlements or access low cost/free alternative technologies etc.	Director of Adult Services	April '25	Ensure there is a sustainable Telecare services
Actions to develop equality evidence, information/data	Telecare staff fully briefed and able to support and advise service users. Regular team meetings to ensure informed gained from service users is discussed at team meetings and forms part of any future changes.	Project Lead	July '24	Actions can be taken to mitigate any reported impacts.

Actions to improve equality in procurement / commissioning	Not applicable			
Other relevant actions				

<u>Recommendation</u>

No major change required *The evidence shows no negative effect or potential for discrimination.*	☐	
Adjustments required *The evidence shows your activity requires changes or adjustments to ensure it does not negatively affect any protected equality groups or miss opportunities to affect them positively. Explain the reasons for the steps you are taking in the 'Summary of analysis' section below.*	☐	See Comments in *'Summary of analysis'*
Justification to continue the activity: *Negative impact on equality has been identified, however your activity can continue because the activity does not unlawfully discriminate as there are reasonable factors that make it objectively justified (looking at legal facts only) to do so. If unsure, please seek guidance from EDI Officer* *You will need to explain your justification in the 'Summary of analysis'*	☐	
Stop the activity- *The equality analysis identified that your activity unlawfully discriminates and cannot be mitigated. This also cannot be objectively justified and your activity must stop.*	☐	

Summary of analysis

- Telecare is a preventative service for vulnerable people and the charging proposal could potentially have an adverse impact on older and disabled people and women, as they are groups that are more likely to be on low fixed incomes.
- We undertook a consultation on our Telecare charging proposals, writing out to all 3,200 Telecare service users including a questionnaire and freepost reply envelope.. There were a total of 750 responses, 704 paper responses (from service users & their families) & 46 online. 65% were female and the majority (74%) were over 75, and predominantly of white British ethnicity (83%). 69% identified themselves as having a disability of some form (mostly physical) or/and a long-term health condition. A quarter care for a family member and 60% are in receipt of benefits with Council Tax Reduction, the most common benefit received.
- 60% strongly disagree/disagree with the introduction of a charge of £4.50/week. 18% agree or strongly agree
- 68% stated that if implemented, monthly payment was preferable, however over a fifth would not specify a period-as they disagreed with the principle of charging
- 52% of those responding agreed that those with eligible needs should not be charged.18% disagreed. 75% of respondents agreed that Telecare should be free during reablement. Only 7% disagreed.
- The elderly, those with disabilities, and those living in rural locations were viewed as the groups most likely to be impacted by the proposals.
- Gender and ethnicity were not seen as characteristics that would lead to an equality impact.
- However, a key theme in respondents' comments identified low income and relative poverty as another factor of inequality of impact.
- Respondents saw the confidence in feeling safe and the reassurance for family and friends as the two key benefits that Telecare delivers.
- The third most important perceived benefit was supporting service users to remain living independently at home.

We propose to mitigate any adverse impacts in the following ways:
- Service users with Care Act eligible needs will not be asked to contribute to the cost of the service which again will mitigate the risk of affordability becoming an issue for those with more significant needs who may already be contributing to the cost of their care and who therefore benefit more from using the Telecare service.
- The effect of this is that many people with higher levels of need in receipt of care services will pay no more than they currently do.
- The proposed charge has benchmarked other local authorities in terms of the comparative reasonableness of the price level being proposed.
- There will be ongoing monitoring of the service to identify service user exits and the reasons and liaison by the BBC Telecare Team with the service provider to ensure that service users identified as being potentially "at risk" are engaged.
- Careful consideration of options for any service users identified as being potentially "at risk," but choosing to discontinue with the service, to ensure they (and/or their carers/relatives) receive the relevant information and advice, including benefit entitlement details and free/low-cost alternative technologies.
- Clear and easy to understand information will be made available to current and potential service users via our Telecare website. regarding:
  - Potential benefits of the service and costs.
  - Information on benefit entitlements which could assist with the cost of the service.
  - Signposting to alternative organisations and free/low-cost apps that provide a similar service

Monitoring and review

Monitoring and review	Review date

It is the responsibility of the service area to hold a copy of the final version of this Equality Analysis and to ensure that it is accessible upon request.