DERBYSHIRE COUNTY COUNCIL

CABINET

6 June 2019

Report of the Executive Director Adult Social Care and Health

**OUTCOME OF THE CONSULTATION ON ELIGIBILITY CRITERIA FOR
COMMUNITY ALARMS AND TELECARE SERVICES**

Adult Social Care

1   Purpose of Report

To seek Cabinet approval to implement a new eligibility criteria for Derbyshire
County Council funded community alarms and telecare services from 1 November
2019 following consultation with users of the community alarms and telecare
service and completion of an equality analysis.

2   Information and Analysis

2.1   Current community alarms and telecare provision

Derbyshire County Council currently funds a number of community alarms services
that provide 24 hours a day seven days a week alarms monitoring provision for
individuals across the county. Community alarms systems incorporate a pendant or
wristband worn by an individual which connects to a telephone line through a base
unit. If required, individuals can summon assistance by triggering an alert and once
the person is connected to an operator at a monitoring centre they can assess how
to support the person's needs at that time.

Currently, there are a range of different alarms monitoring arrangements in place
across the county based on each district authority area and these are summarised
as Appendix 1.

Additional items of equipment can be added to the basic community alarm system,
as part of the Derbyshire Adult Care telecare offer, for example:
• Motion sensors can reduce the likelihood of accidents and falls occurring by
   automatically switching on a light when the individual gets out of bed
• Gas and water sensors can be used to alert if someone has not turned off the
   tap or cooker
• Sensors can be placed on a front door to alert a carer if a person has left home
   without anyone knowing

- The Falls Alert Service can raise an alert to a monitoring centre to advise an individual has fallen within their own home

Some telecare equipment requires connection to a community alarm base unit so that specific sensors or equipment can provide information through to a monitoring centre, and for this there is an associated monitoring charge. However, there are other pieces of telecare equipment which do not have to be linked to a base unit such as a pager system, which can allow an individual to request support from a nearby carer or relative. Increasingly, technological developments are bringing to the market pieces of telecare equipment that do not require connection to a monitoring system, such as an app which utilises mobile phone technology.

2.2 Legislative requirements

Community alarms and telecare provision support the wellbeing principle within the Care Act (2014), which highlights the importance of preventative services within the community and enhancing individual's control over their own lives. Preventative interventions can help people live safely and reduce the need for care and support.

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.The legislation specifies that any community equipment provided under section 2 of the Care Act (2014) for the purpose of aiding daily living should be provided free of charge.

Also the Care Act (2014) guidance states councils are not permitted to charge more than the cost incurred in meeting the assessed need of a person, nor can it recover administration fees relating to arranging care and support. Adult Care would need to work with current providers to make sure that the charge recovers the cost of the service and that it is applied in a uniform manner across the County to people who access the various funded community alarm and telecare services.

2.3 Eligibility for current service provision

Community alarms and telecare services are currently eligible to:
- Adults aged 18 or over

Community alarms are provided free of charge, with no requirement to pay a monitoring charge for:
- Eligible Care Act (2014) clients
- Individuals in receipt of Pension Credit (Guarantee Credit only)
- Individuals in receipt of Housing Benefit
- Individuals where a Fairer Charging Assessment results in a co-funding agreement.

Self-funding clients are asked to make a contribution to monitoring costs, but receive community alarms equipment free of charge alongside any repairs or maintenance of the various different items.

Additional telecare equipment is available to eligible Care Act (2014) clients and individuals who self-fund their care and this is provided free of charge in addition to an allocation of a personal budget and self-funders only have to contribute towards monitoring costs. A personal budget is an amount of money calculated as a weekly amount to help support an individual receive social care support.

2.4 Consultation on changes to eligibility criteria

Following agreement by Cabinet on 8 November 2018, Adult Care has consulted with people who receive the Derbyshire County Council subsidised community alarm and telecare service. We have also sought to consult with carers, family members, key stakeholders and other interested parties. The consultation ran for a period of ten weeks from 19 November 2018 to 25 January 2019 and asked for comments and feedback on the proposals outlined below:

- Service eligibility to access Derbyshire County Council funded community alarm and telecare services is changed to solely focus on providing equipment and monitoring to Care Act (2014) eligible clients who have an eligible health or social care need.
- Individuals who currently access the service as they are in receipt of Housing Benefit or Pension Credit (Guarantee Credit only) will no longer receive a subsidised service and if appropriate will be assessed to see if they have an eligible need as defined by the Care Act (2014).
- Individuals, irrespective of eligibility, would be provided (where need is identified) with a community alarms base unit and telecare equipment free of charge, via the statutory requirement to provide minor aids and equipment. Once the equipment is identified as being no longer required it will be removed by the provider.
- The ongoing monitoring and maintenance costs associated with telecare and community alarms for Derbyshire Care Act (2014) eligible clients will be assessed under the appropriate charging regulations and the individual's personal budget will reflect this.
- Self-funding clients, who are not eligible to receive financial support under the Care Act (2014) guidance, would have to pay monitoring and maintenance costs at full cost.
- Should a self-funding client become eligible for financial support under the Care Act (2014) following a period of time and a subsequent financial assessment, they will be able to access a personal budget to allow them to access telecare and community alarms provision.
- That community alarms and telecare is provided free (to include provision of equipment and monitoring charge) as part of a six week reablement offer. Non-Care Act eligible clients who choose to retain the service after the end of the reablement period would be required to pay to receive the service. Or, if following full assessment, they are identified as Care Act (2014) eligible they would continue to receive the service a Personal Budget or Direct Payment as per the proposals outlined above.

A number of other types of services did not form part of the consultation proposals and these are summarised in Appendix 2.

2.5   Approach to consultation

The proposals, detailed in 2.4, constitute a significant change to the service and consultation took place with those affected, including people who use the service, staff and carers. In assessing the impact of these proposals, the Council has had regard to its statutory duties under the Care Act (2014) and equalities legislation. A report providing further detail on the approaches and methodology utilised throughout the consultation process is attached as Appendix 3.

2.6 Outcomes from consultation

5,853 individuals who currently utilise the community alarms and telecare service were contacted directly and the consultation was widely promoted to other key stakeholders. 1,854 people provided a response to the consultation via a questionnaire, a further 150 telephone enquiries were received, nine letters were received and 21 people attended eight consultation meetings. A summary of the key findings from the consultation that inform this report are detailed below:

- Many people valued and appreciated the current service provision
- Individuals wanted greater clarity as to what would constitute an 'eligible need'
- There was concern about additional pressure on personal finances, especially for those individuals currently receiving the service.
- Community alarms and telecare equipment enables people to feel reassured and safe at home knowing they can access support if required.
- A high proportion of respondents are in receipt of welfare benefits, the most common of which are Housing Benefit and Pension Credit.
- The majority of respondents are not in receipt of other care and support from Adult Care, but do consider themselves to be disabled or have a long-term health condition.
- Individuals feel that utilising technology – not just community alarms and telecare – is an important part of the overall social care support they receive.

In relation to the specific eligibility proposals:

- 966 people or 55.0% of respondents to this statement strongly agreed or agreed that community alarms and telecare equipment should be provided free of charge to everyone, but that service monitoring and maintenance charge may be paid for by the client following a financial assessment.
- 851 people or 55.6% of respondents to this statement strongly agreed or agreed that the eligibility criteria should be changes to focus on Care Act (2014) eligible clients and that people who current receive the service due to eligibility via a qualifying benefit will only receive the service for free if they meet Care Act (2014) criteria,
- 509 people or 33.2% of respondents strongly agreed or agreed with the proposal relating to being assessed to see if individuals needed to pay an

ongoing monitoring charge, or utilise their personal budget to fund a monitoring charge. However, it was noted that many people who currently use the service had a low level of understanding as to what a personal budget was and how it was used to pay for social care services.

- 553 people or 36.4% of respondents disagreed or strongly disagreed with proposals in relation to self- funding arrangements for individuals who were not eligible for financial support to pay the full costs of monitoring and maintenance. A further 509 people, or 33.5% of clients neither agreed nor disagreed in relation to these proposals.
- 1,048 people or 61.6% of respondents strongly agreed or agreed with the proposals to offer community alarm and telecare equipment and monitoring for six weeks to help a person return home from hospital.
- 73.0% of survey respondents did not currently pay for a community alarm or telecare service (1,073 people). For individuals who did pay a monitoring charge, people were most likely to pay between £1 and £5 a week.
- 472 people or 40.9% of survey respondents disagreed or strongly disagreed with the proposal to pay more to receive the service. A further 402 people, or 34.8% of survey respondents neither agreed nor disagreed in relation to paying more to receive the service. 283 people or 24.5% of survey respondents strongly agreed or agreed to pay more to receive this service
- 721 people or 57.8% of survey respondents would be willing to pay £5.00 or less per week if they were not eligible to receive a funded service. 550 people or 38% of respondents did not want to pay to receive this service.

Further analysis of qualitative data submitted through the consultation process highlighted that users of the service consider community alarms and telecare equipment as important in preventing them from needing to access other health and social care services. Others felt that community alarm provision was important in supporting people who were socially isolated or lived alone.

> *I have not used the equipment but feel a sense of security having it installed.*

Many noted that current eligibility is based on entitlement to state benefits and generic housing need rather than having a clearer focus around health, social care need and wellbeing, for example:

> *Had to have the equipment installed even though I did not want it as it was part of my tenancy agreement at the time. Until November 2018 I was paying for that service, since November it has been funded. I do not require it at this present time but should my disability get worse, or if I was widowed than I would most likely have to consider it.*

> *Alarms required for my late husband. Have said I no longer need it but told it goes with the property.*

Throughout the consultation process providers of community alarm and telecare services expressed their view on the consultation proposals. Two providers, South

Derbyshire District Council and Chesterfield Borough Council, submitted detailed feedback. The providers made several points which have helped shape and inform this final proposal.

The providers noted the wider benefits for the health system, as well as Adult Care, from the preventative focus of community alarm and telecare services, especially in relation to falls and reduced conveyance to hospital by ambulance. This was supported by qualitative evidence from individuals who took part in the consultation, examples of which are included below:

> *I have a community alarm which I have for in case me or my husband have a relapse with our mental illness.*
>
> *I use it for help, when my mobility and COPD is bad and I need urgent help.*
>
> *I am disabled from the age of 17 and I am now 52. I was progressing up to 50, now not doing so well my balance is nearly gone and my co-ordination worse.*
>
> *I have dementia and need to know help is available I can't use a telephone*

Providers noted the ambition to support people to remain independent in their own home. The providers felt that community alarms and telecare equipment were key enablers for this approach and again was supported by qualitative feedback from individuals throughout the consultation, including:

> *I would not be able to stay living alone if I did not have my contact with the present system. I would then lose my independence which would be very upsetting.*
>
> *He won't have a telephone or mobile so the alarm is the only way they can get in touch with brother who is the main carer.*
>
> *The service I receive is very important I feel safe and know there is someone there to help me when I use the pull cord. Also my family can rest knowing I have contact with the service in an emergency.*

Providers felt that people who currently used the service did have a health or social care need, but that it may not be necessarily high enough to qualify under Care Act (2014) eligibility. This, the providers felt, demonstrated the preventative value of the current service.

Providers also expressed concern that many of these individuals were in receipt of a low income and may choose to end the service rather than pay for it, putting them at risk of deterioration and a requirement to access more costly formal support, subsequently making them Care Act (2014) eligible. Providers were concerned that many individuals who used the service had received a funded service for a community alarm or telecare system for many years, potentially due to legacy benefit arrangements. Therefore, individuals may struggle to budget for the ongoing monitoring charge associated with this service and this was supported by

qualitative evidence from current users of the service and an example of this is provided below:

As a pensioner on a low income with no savings I will not be able to afford to pay for my alarm and this makes me feel anxious – the alarm makes me feel safe and reassured I can get help in an emergency.

Several providers requested an opportunity to work in partnership with Adult Care to develop and deliver a community alarms and telecare service across Derbyshire, alongside exploring other opportunities provided through new and emerging technology.

Providers noted clear links to the Derbyshire County Council funded Older People's Floating Support Service that operates on a similar eligibility to the current telecare and community alarms service. The providers emphasised the importance of considering the interdependencies between these services.

Providers also noted that in some instances they felt a more appropriate range of telecare equipment could be installed in an individual's home at lower cost to the authority and there may be ways to work together to improve the current service arrangements.

3. Care Act (2014) guidance in relation to prevention

Key themes from providers, users of the service and other individuals who submitted responses to the consultation particularly focus on the importance of community alarms and telecare as a preventative approach.

The Care Act (2014) guidance outlines different forms of prevention, which includes a requirement to reduce the need for further care and support through secondary prevention or early intervention. The guidance notes that secondary prevention is more targeted and aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.

Preventative services, like other forms of care and support, are not always provided free, and charging for some services is vital to ensure affordability. The Care and Support (Preventing Needs for Care and Support) Regulations 2014 continue to allow local authorities to make a charge for the provision of certain preventative services, facilities or resources. The regulations state that where a charge can be made for preventative services, it must not result in a person's income falling below the rate specified in the regulations.

4. Proposed eligibility criteria to assess for community alarms and telecare.

Following analysis of the consultation data and the equality analysis it is concluded that the proposals will have an adverse impact. However, subject to Cabinet

approval, it is recommended to continue with some but not all changes to the eligibility criteria for this service. It is recommended that the following consultation proposals will be adopted with no significant change:

- Service eligibility to access Derbyshire County Council funded community alarm and telecare services is changed to solely focus on providing equipment and monitoring to Care Act (2014) eligible clients who have an eligible health or social care need.
- The ongoing monitoring and maintenance charges associated with telecare and community alarms for Care Act (2014) eligible clients will be assessed under the appropriate charging regulations and the individual's social care personal budget or co-funding arrangement will be adjusted to reflect this. A personal budget is an amount of money calculated as an annual amount to help support an individual receive social care support.
- Should an individual who self-funds subsequently become eligible for financial support under the Care Act (2014) following assessment they will be able to access a social care personal budget, or a co-funding arrangement, that could be used to pay for a community alarms or telecare service.
- Individuals who are assessed as being not eligible to receive financial support under the Care Act (2014), would have to pay monitoring and maintenance costs at full cost if they decide to receive the service.
- As part of the six-week reablement service, community alarms and telecare equipment and monitoring is provided free. Following the end of the six week period Non-Care Act eligible clients who choose to retain the service after the end of the reablement period would be required to pay to continue to receive the service. Or, if following full assessment, they are identified as Care Act (2014) eligible they would continue to receive the service via a Personal Budget

It is proposed that three of the proposals are refined as the Equality Analysis has demonstrated that people who currently access the subsidised service have often utilised a community alarm or telecare equipment for a period of time and consider it a key part of their day-to-day life, supports their wellbeing and ability to live independently. An introduction of a monitoring charge for these individuals could be prohibitive and result in individuals choosing to no longer utilise community alarm and telecare provision. In light of this it is proposed that:

- The current users of the community alarms service continue to receive a subsidised service whilst they remain living in their current property. Should an individual move house through choice or a change in personal circumstances they will be reassessed for community alarm or telecare equipment in line with the Care Act (2014) eligibility criteria outlined above.

Equipment is currently provided free of charge to anyone seeking to access community alarms or telecare services via Derbyshire County Council. However, telecare equipment is considered separately to the offer of community equipment and there are potential benefits to an individual and to the council if the provision of equipment, technology and other support is considered in a co-ordinated way to

ensure that the package of support meets the identified needs of an individual. Therefore, it is proposed that:

- Telecare and community alarms equipment is incorporated into the wider community equipment offer and issued in line with other operational arrangements where there is a clear preventative health or social care need for non-eligible Care Act (2014) clients. Once the equipment is identified as being no longer required it will be removed by the provider.

The proposal relating to the ongoing monitoring and maintenance charges also needs to reflect Adult Care co-funding arrangements which are in place for non-residential services that help support an individual to live at home for longer.

The new eligibility criteria will be implemented from 1 November 2019 and a snapshot of current users who will continue to receive a subsidised service will be taken on 30 October 2019.

5.   Focusing on a core community alarms and telecare offer

Throughout the consultation and via engagement with stakeholders it is clear that the current community alarms and telecare offer is complex, fragmented and can be simplified to focus on a core offer of a community alarm or telecare equipment and monitoring.

As noted earlier in the report, the Falls Alert Service provides a specialist package of telecare equipment and was initially operated as an interim pilot project. Any individual can request to access the service and pay a fixed price of £2.50 a week towards the monitoring charge, there is no eligibility criteria. Derbyshire County Council have purchased the Falls Alert Service equipment which is installed and monitored by community alarm and telecare providers. All the equipment offered through the Falls Alert Service can also be accessed via the main telecare service so individuals are currently accessing the same equipment provision in two different ways. The different eligibility associated with this service is an anomaly to the current subsidised community alarms and telecare offer and the proposed revised eligibility. In order to ensure a fair, simple and equitable offer for telecare equipment it is proposed that this interim service offer is mainstreamed and incorporated into a core telecare offer which utilises the eligibility criteria outlined in section 4 above.

6.   Information and advice about new eligibility criteria

The consultation feedback and analysis noted that the council's proposals were complex and difficult for users of the service to understand due to links with the Council's statutory responsibilities and key pieces of legislation. In addition it was clear that many individuals currently in receipt of the service did not understand the concept of a personal budget or co-funding arrangement, potentially due to the fact they were not Care Act (2014) eligible.

Following a Care Act (2014) assessment, an individual may be entitled to receive a personal budget. A personal budget is an amount of money calculated as an annual amount to help support a person receive social care support. Individuals can choose how to use a personal budget to meet particular needs and agreed identified outcomes. The allocation can be used for services organised and supplied by the County Council or as a Direct Payment for clients to organise their own support. In some circumstances following financial assessment co-funding arrangements are put in place where a client is asked to pay a contribution towards non-residential services that enable a person to live independently.

Alongside the implementation of the new eligibility criteria it will be important to review current information and advice and co-design any new publicity material with both people who use the service and provider organisations to ensure that complex terminology related to the eligibility criteria is explained as simply and clearly as possible. Training and information sessions will also need to take place with provider organisations and front line Adult Care staff to ensure they understand and can implement the new eligibility criteria and can support people to access funded or self-funded community alarm or telecare equipment. This activity will be coordinated by Adult Care in advance of the proposed date to implement the change in eligibility criteria on 1 November 2019.

7. Proactive contract management

Throughout the consultation some people told us that they felt they 'did not need' or 'did not benefit' from the community alarm or telecare equipment in their home. Adult Care will as a response to this feedback proactively work with providers to consider whether in some instances individuals who currently access the funded service have been 'over prescribed' equipment that is no longer required to meet an identified need. In such circumstances we will seek to engage with users of the service to see if it is suitable to either remove the equipment or replace with a more appropriate item or support. Through established contract management arrangements we will seek to engage with providers to ensure that the contracts continue to deliver value for money for the authority and support people to achieve their outcomes in relation to an identified health or social care need.

The consultation has made clear that a number of historical contractual arrangements, processes and procedures have been in place for some time and all stakeholders are committed to changing and building a more modern approach to these services. Adult Care will seek opportunities over the next two years, during the current contract extensions, to build a partnership approach with providers and other key stakeholders in relation to using technology within social care. It is anticipated that this relationship management may be able to help manage and mitigate some of the risks highlighted below.

8. Eligibility for other forms of assistive technology in Adult Care

As part of the Enterprising Council approach Adult Care intend to broaden and expand its use of a range of assistive technology over the next five years. This is a fast paced and constantly evolving area of work due to technological and digital advancements. It is clear from the consultation feedback that people want to use technology as part of their care and support on an ongoing basis. Nationally evidence suggests technology can have a positive impact for an individual whilst potentially reducing demand and the cost of care. Technology can also act as an enabler providing a range of interventions for people with a long-term health condition of disability.

As Adult Care expands the range and types of technology available to people who receive services, it may be appropriate to develop specific eligibility for access to other types of technology. If a 'blanket' or 'one size fits all' eligibility criteria based on the proposals for the community alarms and telecare service were utilised it may mean that some opportunities, outcomes and benefits are not maximised. For example, there may be specific pieces of technology, such as an app that enables a working-age client to access employment, training or volunteering opportunities that may require different eligibility as there is a clear benefit to the authority in terms of supporting people to gain skills and maintain their independence.

8. Risks

A wider assessment of the current community alarm and telecare provision has also taken place and there are a number of significant risks to the authority if services are not transformed and re-commissioned, and to enable this changes to the eligibility criteria are required to take place. Ongoing risks, which Cabinet are asked to consider to inform the decision making process include:
- Disparity in price and service outcomes/ outputs continues across the county
- Ability to develop and offer new more innovative technological solutions as part of service transformation is likely not to take place
- If the proposed changes to the service eligibility outlined in the report the service in its current format will not be sustainable in light of increasing demand for social care services at time of ongoing reduction in budgets.
- People who use the service may be impacted by further changes to provision as the current contracted arrangements as they are competitively re-procured and a new service model developed utilising the skills and expertise of the proposed development partner.
- The council needs to respond to the challenges and opportunities presented by the 2025 digital switchover in relation to utilising technology in social care.

11. Financial Considerations

The current community alarms service has a maximum available budget of £1.031m per annum. The current contractual commitment to 2021 is summarised on the next page.

Contract provider	Commitment 2019-21
Futures Homescape Limited (Amber Valley)	£0.447m
Riverside ECHG (English Churches)	£0.004m
Your Housing Group	£0.007m
Stonewater	£0.001m
Derwent Housing Association Ltd	£0.001m
Chesterfield Borough Council	£0.444m
Bolsover District Council	£0.346m
High Peak Borough Council	£0.140m
South Derbyshire District Council	£0.244m
Tunstall Response Ltd - Derbyshire Dales, Erewash and North East Derbyshire	£0.148m
Total	**£2.076m**

In addition to these contracts, telecare equipment is purchased via Adult Care Prevention and Personalisation Area team budgets. Equipment costs via these budgets for 2017-18 were an additional £0.112m.

In the Budget report tabled at Cabinet on 25 January 2018, the increased use of assistive technology was identified as an area for potential savings through the re-shaping of the service. The report outlined that in 2019-20 potential savings of £0.100m had been identified and a further £0.150m for 2020-21. The proposals for consultation outlined in this paper will help contribute towards these identified savings targets.

12. Legal considerations

Proposals such as these which may change service provision significantly require consultation with those affected, including people who use the service, staff and carers. In assessing these proposals, the Council should also have regard to its statutory duties under the Care Act (2014) and equalities legislation.

It is proposed that community alarm base unit equipment and pieces of telecare equipment continue to be provided to individuals as part of the statutory requirements under section 2 of the Care Act (2014) to provide community equipment as part of a preventative offer. However, the authority, in line with the statutory requirements outlined in Section 18 of the Care Act (2014), the Council or a commissioned service provider will seek to make a charge to individuals for any ongoing monitoring and maintenance costs associated with specific pieces of telecare or community alarm equipment where individuals do not have an identified eligible Care Act (2014) need.

13. Equality and Diversity Considerations

Insofar as the Equality Act 2010 is concerned, Cabinet Members are reminded that they are under a personal duty, when considering a decision, to have due regard to the need to protect and promote the interests of persons with protected characteristics (e.g. people who are vulnerable on account of age, gender reassignment, pregnancy or maternity, race, disability, religion or belief, sex, sexual orientation).

In order to discharge this duty, Cabinet Members are asked to read and give careful consideration to what is said in the report and the analysis of the potential adverse impacts of the proposed changes. Members should also consider for themselves the types of adverse impacts that could result from the proposed changes to the service.

Members are under a duty to consider whether these potential adverse impacts are justifiable, and/or whether they should be mitigated and how. Members should also be aware that one of the available options to them is to decide it is not possible, because of the severity of the impact, to proceed with any or some of the proposals. In that event, it would be necessary for the Council to consider alternative ways of making savings. An Equality Analysis has been undertaken to assess the impact of the proposals 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.
- **Disability**: A high number of people who currently use the service consider themselves to have a disability or long-term health condition.
- **Gender:** A higher proportion of females use the service than males. This may reflect that there may be a number of female carers accessing community alarms and telecare to enable them to look after a loved one. In addition this may be due to longer life expectancy for females.
- **Marital status:** 79% of respondents stated that they lived alone and therefore potentially have a more limited network of support around them. Therefore the community alarm or 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.
- **Socio-economic:** Affordability and ability to pay for the service was a key theme which was reflected throughout the consultation, especially in the qualitative analysis. It was clear throughout the consultation that the change in eligibility criteria would result in more people being asked to pay for the service and that may not be feasible, resulting in people choosing to no longer receive the community alarm and telecare service. Providers and professionals expressed concern that if individuals chose to end the service due to the fact they were unable to afford it, it may in fact have an adverse impact on the health and social care system with individuals accessing services following a fall, or being unable to manage independently at home with the support of a

community alarm and as a result being admitted to hospital or a residential care placement

- **Rurality:** analysis of the consultation response suggests that there is a slightly lower number of people using the service in the more rural areas of Derbyshire

The outcomes and learning from the Equality Analysis have helped inform and shape the revised eligibility criteria outlined in section 4 of this report. A fully copy of the Equality Analysis is attached as Appendix 4.

14. Other Considerations

In preparing this report the relevance of the following factors has been considered:- legal and human rights, equality of opportunity, health, environmental, transport, property, crime and disorder and social value considerations.

15. Background Papers

- Cabinet paper: Corporate Charging Policy – 20 December 2018
- Cabinet paper: Consultation on the eligibility criteria for community alarm and telecare services – 8 November 2018
- Care Act (2014)
- Care and support statutory guidance

16. Key Decision?

Yes

Is it necessary to waive the call-in period?

No

17. Officer's Recommendation

That Cabinet:

i.   Notes the outcomes of the consultation and Equality Analysis detailed within this report and appendices.
ii.   Agrees to implement a new eligibility criteria for Derbyshire County Council funded community alarms and telecare services from 1 November 2019 to focus on supporting adults with an identified health and social care need in accordance with the duties of the Care Act (2014) as outlined in section 4 of this report.
iii. Agrees that the Derbyshire community alarms and telecare offer is simplified to focus on a core offer of community alarm and telecare equipment and monitoring as described in section 5 of the report.
iv.   Notes that changes to the eligibility criteria for community alarms and telecare will be widely communicated as outlined in section 6 of the report
v.   Agrees that Adult Care works with providers via a proactive contract management approach to ensure that the service demonstrates value for

money and is sufficiently targeted at those individuals with a health or social care need.

vi. Notes that as other forms of new technology is utilised across Adult Care specific or bespoke eligibility criteria may need to be developed.

Simon Stevens
Acting Executive Director – Adult Social Care and Health
County Hall, MATLOCK

Appendix 1: Analysis of current users of the community alarms and telecare service (August 2018).

The summary below provides an overview of current community alarm and telecare provision.

Community alarm provision, infrastructure and operational arrangements by district

People access community alarms and telecare via a geographical place based offer and the service is provided by a district or borough local authority, a housing provider or in two areas is co-ordinated directly by Adult Care. A summary of current users is detailed below:

Amber Valley
- The service is provided by Futures Housing Group who provide both the community alarms and telecare service via dispersed alarm units which are owned by Adult Care. Futures Housing Group decommissioned all hard wired systems three years ago.
- Community alarms provision is capped from an Adult Care funding perspective at 1,650 people. Adult Care currently funds the service for 972 people.
- Utilisation of the Adult Care funded community alarm and telecare service in Amber Valley is currently at 62%
- For community alarms the provider qualifies the clients, installs the equipment in a person's home and monitors the alarms 24/7 via a third party monitoring centre.
- Adult Care owns the dispersed community alarm unit systems and telecare equipment
- The provider assembles the requested telecare sensors and equipment, the package is installed and programmed with the required timings as appropriate by the Handyvan Service. Telecare is monitored by the same monitoring centre as the Community Alarm Service.
- Futures Homescape have a number of private clients who are ineligible for DCC subsidy and self-fund the community alarms service.

Bolsover
- The service is provided by Bolsover District Council.
- Community alarms provision is capped from an Adult Care funding perspective at 1,300 people. Adult Care currently fund community alarms for 864 people.
- Utilisation of the Adult Care funded community alarm and telecare service in Bolsover is currently at 67%.
- The service provides dispersed alarms, hardwired alarms and telecare across the borough, with the majority of Community Alarms provided utilising dispersed units. For community alarms the provider qualifies the clients, installs

the equipment in a clients' home and monitors the alarms 24/7 via their own monitoring centre based at Doe Lea, Bolsover.

- Both the hard wired and dispersed community alarm equipment is owned by Bolsover District Council, whereas Adult Care source and own the telecare equipment provided to clients.
- Bolsover District Council have external contracts that maintain equipment in hardwired accommodation and they have a number of private clients who are ineligible for DCC subsidy and self-fund the community alarms service
- The provider assembles the requested sensors and equipment, the package is installed and programmed with the required timings as appropriate by the Handyvan Service. Telecare is monitored by the same monitoring centre as the Community Alarm Service.

Chesterfield
- The service is provided by Chesterfield Borough Council.
- Community alarms provision is capped from an Adult Care funding perspective at 1,650 people. Adult Care currently fund community alarms for 972 people.
- Utilisation of the Adult Care funded community alarm and telecare service in Chesterfield is currently at 57%.
- For community alarms the provider qualifies the clients, installs the equipment in a client's home and monitors the alarms and telecare service via their own monitoring centre based at Stone Gravels in Chesterfield. The call centre triages all calls and requests for both appropriate services to respond the person's needs
- The service provides dispersed alarms, hardwired alarms and telecare across the borough. The majority of Community Alarms are provided utilising dispersed units**.**
- Both the hard wired and dispersed equipment is owned by Chesterfield Borough Council, Adult Care source and own the telecare equipment provided to clients.
- Chesterfield have external contracts that maintain equipment in hardwired accommodation.
- Chesterfield Borough have a number of private clients who are ineligible for DCC subsidy and self-fund the community alarms service**.**

Derbyshire Dales, Erewash and North East Derbyshire
- Adult Care provides both community alarms and telecare services in three local authority areas via in house service provision. For Derbyshire Dales and Erewash this arrangement has been in place since April 2013 as a result of incomplete service redesign and providers ending contractual arrangements with the authority. From 1 April 2019 services in North East Derbyshire have also been delivered directly by Adult Care as Rykneld Homes, the previous supplier, chose not to extend a contract until March 2021.
- The service provides dispersed alarms and telecare, which is owned by Adult Care.

- DCC uses a third party to support the administration and sign up process for clients.
- Installations and maintenance are completed by the Handy Van Service which is funded by DCC.
- Monitoring arrangements for community alarms and telecare is contracted to Tunstall Response who are based in Doncaster. The call centre triage all calls and request appropriate services to respond to the client's needs.
- Adult Care have no external contracts that maintain the dispersed equipment any repairs are undertaken on a case by case basis overseen by Adult Care staff.
- Unit numbers for community alarms are capped at 650 clients for Derbyshire Dales, 1,500 clients for Erewash and 1,500 clients for North East Derbyshire. Adult Care currently fund 210 clients in Derbyshire Dales, 527 in Erewash.
- Utilisation in Derbyshire Dales is 32% and is 35% in Erewash for community alarms and telecare. Data for North East Derbyshire is not available due to the recent transfer of clients.
- There just over 500 private funded clients who are ineligible for Adult Care funded services and therefore choose to self-fund the community alarms service via monthly Direct Debit.

High Peak
- High Peak Borough Council provide both the community alarm and telecare services using both dispersed and hard wired equipment. There is a more even split between hard wired dwellings and dispersed equipment across the district than in other areas.
- Community alarms provision is capped from an Adult Care funding perspective at 650 people, but Adult Care currently fund 689 people. This oversubscription to the service is because High Peak had the largest number of Category 2 Sheltered Accommodation in Derbyshire, and the additional costs are offset by under utilisation in other areas,
- Therefore, utilisation of the Adult Care funded community alarm and telecare service in High Peak is currently oversubscribed at 106%.
- Both the hard wired and dispersed equipment is owned by High Peak Borough Council, and Adult Care source and own the telecare equipment provided to clients.
- The Provider qualifies clients, installs equipment in the clients home and monitors the alarms 24/7 via a third party monitoring centre based in Eastbourne, Kent. The call centre triages all calls and requests appropriate services to respond to the client's needs.
- The provider assembles the requested sensors and equipment, the package is installed and programmed with the required timings as appropriate by the Handy Van Service, the telecare is monitored by the same monitoring centre as the community alarm service.
- High Peak DC have a number of private clients who are ineligible for DCC subsidy and self-fund the community alarms service.

South Derbyshire

- South Derbyshire District Council provide both community alarm and telecare services.
- Community alarms provision is capped from an Adult Care funding perspective at 900 people. Adult Care currently fund community alarms for 497 people.
- Utilisation of the Adult Care funded community alarm and telecare service in South Derbyshire is currently at 57%.
- The provider assembles the requested sensors and equipment, the package is installed and programmed with the required timings as appropriate by the Handy Van Service.
- The service provides hard wired alarms, dispersed alarms and telecare across South Derbyshire. The majority of community alarms are provided using the latest generation hardwired units. The community alarm equipment is owned by South Derbyshire District Council and Adult Care source and own the telecare equipment
- The Provider qualifies clients, installs equipment in the client's home and monitors the alarms and telecare services 24/7 via their own monitoring centre based at Oaklands Village, Swadlincote.
- South Derbyshire District Council have external contracts that maintain equipment in hardwired accommodation.
- South Derbyshire District Council have a number of private clients who are ineligible for DCC subsidy and self-fund the community alarms service.

Housing specific schemes
In addition there are four housing schemes across Derbyshire which have DCC funded community alarm provision within them and they support 29 clients. These schemes can support up to 36 clients and the total budget allocation is £6,285 per annum.

Appendix 2: Other services that utilise telecare and technology that are not subject to the consultation proposals outlined in this report.

In addition to the Adult Care community alarm and telecare offer, there are a number of other scenarios where individuals may be in receipt of services either commissioned by the Council or as private arrangements. These scenarios are detailed below and for clarity none of these service types will be impacted by the proposals for consultation detailed in this report.

- Standalone telecare equipment which is not connected to a monitoring service, such as 'Carer Assist' pager units that allow individuals to alert a nearby carer wearing a pager that they require help and assistance.
- There are a small number of clients in Children's Services who access the services as they support young carers and young people with a physical or learning disability.
- Community safety have previously utilised telecare to support victims of domestic violence, but this is not currently a live service as the equipment is out of date and is in the process of being decommissioned.
- Telecare and community alarms available in Extra Care settings that are operated by Derbyshire County Council or a registered social landlord. In these settings community alarms are most commonly provided by hard wired systems, such as an emergency pull-cord. Telecare and community alarms in these settings forms parts of a generic wellbeing service charge which an individual contributes to privately in addition to their rent or is funded by Derbyshire County Council.
- Telecare provided in Adult Care Direct Care establishments, such as the Community Care Centres, which utilise telecare support in both the communal spaces and individual rooms that is locally monitored in the establishment.
- Private clients who are not known to Adult Care who self-fund community alarms and telecare services operated by the same providers as those utilised by Derbyshire County Council.
- Individuals may have put independent arrangements in place themselves or through their landlord for telecare support within their property or with a national provider.

Appendix 3: Consultation report on proposed changes to the eligibility criteria for community alarms and telecare.

1. Introduction

On 8 November 2018 Cabinet approved a ten week consultation on proposals to implement a new eligibility criteria for Derbyshire County Council funded community alarms and telecare services to focus on supporting adults with an eligible social care need, as defined by the Care Act (2014). This report explains the detail of the consultation methodology and the views and opinions submitted by Derbyshire residents during this period.

2. Methodology

The period of consultation about the proposed changes to eligibility criteria took place for a period of ten weeks between 19 November 2018 and 25 January 2019, allowing additional time for the consultation over the Christmas period. This report summarises the views and opinions submitted by Derbyshire residents during the consultation period.

The consultation used a mixed method approach using both qualitative and quantitative techniques to gather people's views about the proposed changes. The Stakeholder Engagement and Consultation Team (SECT) sought to maximise peoples opportunities to participate by offering different formats, including:
- personally telephoning all individuals identified as having a learning disability and offering support to help them to complete the questionnaire
- offering the questionnaire in different formats – such as other languages or larger print if this was more appropriate
- coordinating a range of ways in which people could choose to share their views

People were able to give feedback in a variety of ways:
- Current clients of the community alarm and telecare service received an information pack. This provided an introductory letter, details of the proposed changes, a postal questionnaire with a pre-paid envelope and a copy of the community alarm and telecare Adult Care information leaflet.
- The questionnaire and introductory letter gave information about the proposals, detailed how people could have their say and signposted them to further information either via the Derbyshire County Council website www.derbyshire.gov.uk/communityalarms, a telephone contact number or via an email address: tell.adultcare@derbyshire.gov.uk.
- People were directed to the Derbyshire 'Have Your Say' webpage which provided copies of the consultation materials for people to browse and download. Information on the website gave an outline of the proposals, an electronic copy of the leaflet describing the current community alarm and telecare service, a copy of the introductory letter in standard format, the cabinet report and the questionnaire which could be printed off and returned or completed online.

- People were encouraged to send in their comments using the postal questionnaire, or by completing the questionnaire online.
- Participants were also encouraged to write in to the Council via a letter or using email, dependent on their preferred method of communication.
- For those people having difficulty in having their say, the Stakeholder Engagement and Consultation Team assisted people to take part via a telephone interview.
- Eight community based consultation meetings were arranged and current clients were invited to attend alongside other members of the public who wanted to participate in the consultation. The PowerPoint presentation used to support the consultation events is attached as Appendix 1.
- Media releases were issued at the start of the consultation and news releases were published on the Derbyshire County Council website. Various news items appeared in local newspapers and on BBC East Midlands Today television programme.

3. Analysis of the consultation responses and stakeholder feedback

The consultation was an opportunity for the residents of Derbyshire to register their views about a number of important proposals. All responses were collected and collated by the SECT and a thorough analysis was made of the material. The analysis is based on two approaches quantitative and qualitative and are reported alongside each other

Quantitative feedback includes the data generated from the tick box questions from the postal and online questionnaires were analysed using Snap, an online survey tool, and then exported into Microsoft Excel for further detailed analysis. The questions gave people an opportunity to indicate whether or not they agreed with the overall proposals and the resultant data shows the number of people who were in agreement or disagreement with each proposal.

Qualitative feedback includes open text data collected from people's responses and comments in the questionnaires, letters, emails and meetings, has also been analysed using Excel. By collating the data into a spreadsheet, this enabled the team to work through the complex information allowing classification, sorting and arranging into summary categories or themes for analysis. This process gave us an opportunity to widen our understanding of the views given about the proposals and indicate some of the reasons behind people's opinions.

4. Consultation response rate

In total, 5,853 information packs were posted out to clients directly and a further 500 were sent out as additional packs to providers for them to hand out to people who were interested in completing the questionnaire who may not currently use the service.

As a result of the mixed approach, a good response level was achieved. This is summarised on the next page.

- 1,665 postal questionnaires were completed and received and a further 189 questionnaires were completed online.
- 150 telephone enquiries were received by SECT. Callers were generally seeking reassurance that they understood the proposals correctly or were seeking clarification of the details of the proposal, or assistance to complete the questionnaire which SECT did on their behalf using the online questionnaire with them during the call.
- Nine letters and emails were received concerning the consultation one of which was from a client, one from Ruth George MP, and two emails were from current providers (South Derbyshire District Council and Chesterfield Borough Council) and the remaining five emails were queries regarding the consultation process and contents.
- A total of 21 people attended the eight consultation meetings held across Derbyshire. At these meetings many questions were answered about the proposed changes allowing those who attended a better understanding to help with their responses to the consultation.

It is very difficult to give a return rate in percentage terms as a variety of ways of contacting people were utilised. Some of the ways individuals were contacted are quantifiable, for example it is known exactly how many consultation information packs were sent out in total. However, it is very difficult to estimate how many people may have received information about the consultation from other sources as it was widely promoted through a range of networks. For this reason the quantified percentage rate is not shown.

5. Demographic profile of people who responded to the consultation
A summary of the demographic profile of consultation respondents is provided below.

a) **Place of residence**
   Individuals were asked to provide their postcode so analysis could take place of the local authority district or borough area in which they lived:
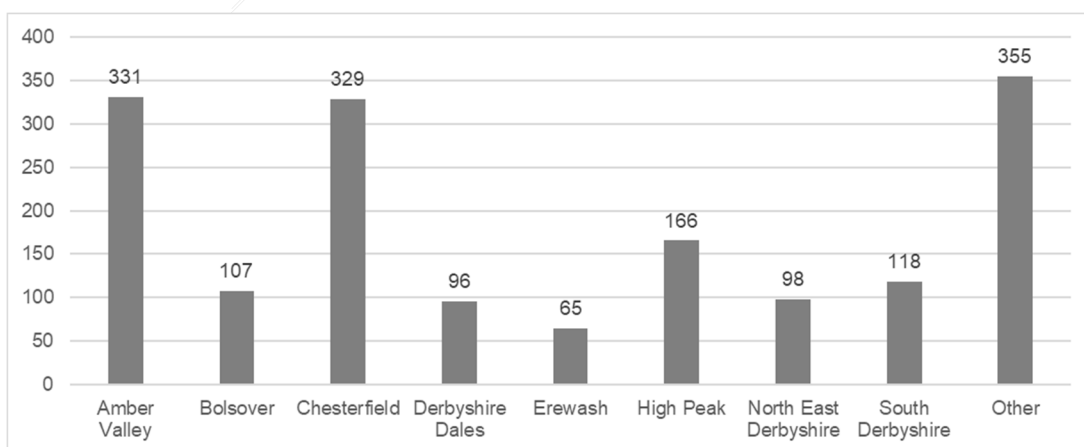

The main category in the graph above indicates an 'other' category. This is where the respondents chose to either leave the postcode category blank, the postcode

given was invalid or in a small number of cases were outside of the Derbyshire County Council districts.

b) Living arrangements

Individuals were asked whether they lived alone and asked to respond 'yes' or 'no'.

The majority of respondents lived alone (1,262 people) with 317 people choosing not to provide any information and 86 people choosing to leave this section blank.

c) Gender
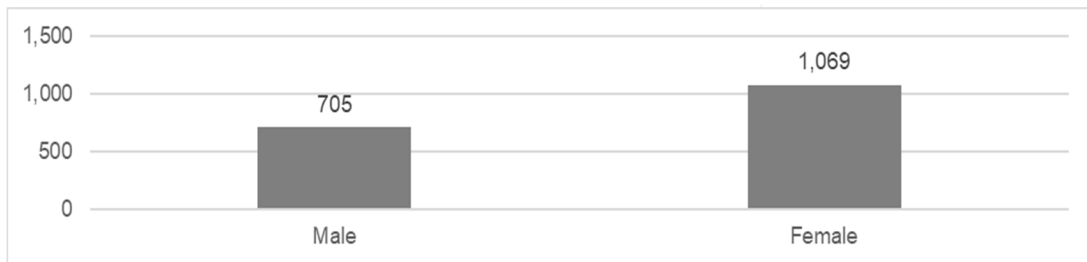
The main respondents to the questionnaire were female (1,069 people) with 705 males answering the questionnaire and 109 people chose to leave this field blank.

d) Age profile
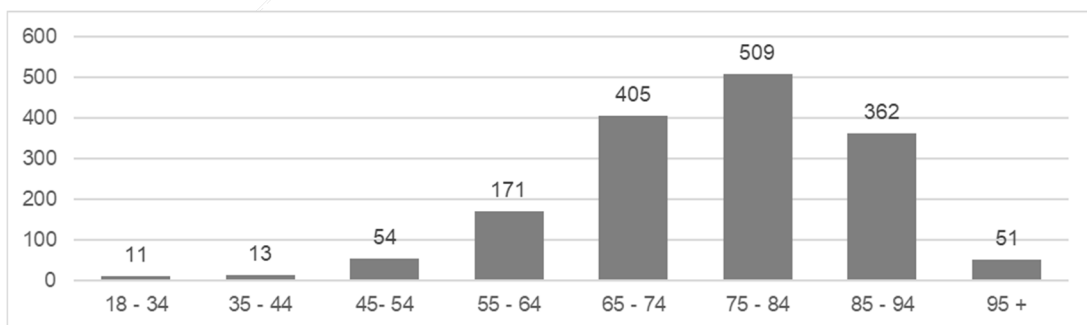
1,327 respondents were aged 65 and over with the remaining 249 respondents being aged under 65. 89 respondents chose to leave this field blank.

e) Disability

Respondents to the survey were asked to consider whether they considered

themselves to have a disability:

For the 1,156 respondents who indicated that they have a disability the respondents selected the following categories, which provided more detail about their disability:
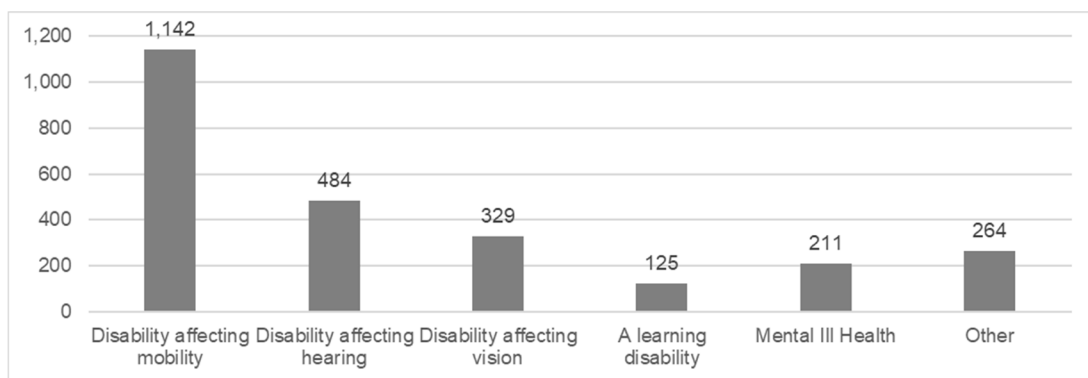
f)   Ethnicity
The majority of respondents to the questionnaire (1,065 people) selected 'White British' and this reflects the current ethnicity profile of inhabitants of Derbyshire.

6. What people told us during the consultation?
120 comments were captured during the meetings and these can be categorised into eight different themes. These are:
1. Appreciation for service (40 comments)
2. Clarity on proposal (27 comments)
3. Pressure on personal finances (10 comments)
4. Future service provision and the advancement of technology (7 comments)
5. Importance of prevention (5 comments)
6. Council finances and financial procedures (5 comments)
7. Dissatisfaction with service (4 comments)
8. Other comments and feedback

Examples of the comments and queries in relation to the top theme, **appreciation for the service** include:
I have used it and it is a really good service that allows you to live in your own home with the re-assurance that help if there if you need it.

I know if my husband is out all I have to do is press the alarm – its peace of mind.

Mum would still want the service if there was a cost or if there isn't a cost. When she has used it, it is really good and the service is great. They are vulnerable, when she has triggered the community alarm by error the staff have been really supportive and understanding.

Examples of the comments and queries regarding the second main theme, **clarity on proposal** include:

Are you able to give any idea to what are the eligibility criteria under the Care Act?

If I fall down I can't get up would that count as an eligible need?

Examples of the comments and queries from the third theme, **pressure on personal finances** were:

£30 per month would be hard to find, £2.50 per week would be a more realistic amount to pay.

We worry about people on the cusp and those that would benefit but worry about the cost.

Examples of the comments and queries from the fourth theme, **future service provision and the advancement of technology** with include:

New technology could make life so much simpler and easier.

Lots of attendees mentioned examples of technology they are seeing around on TV etc. and said that we need to explore this more.

Community alarm and telecare provider organisation consultation event
A separate meeting was held with the current providers of the community alarms and telecare service to ascertain their feedback on the proposals. 49 comments were captured at this meeting with the main themes emerging out of the meeting being:
• Service transformation (20 comments)
• Education on service proposal (6 comments)
• Impact of proposals (6 comments)
• Clarity on proposal (5 comments)

Examples of the comments made under **service transformation** were:

A partnership approach is the re-assurance that we are looking for, for the services we deliver.

In the past because you haven't included providers in discussions and just pulled the plug on us it must have cost Derbyshire County Council hundreds and thousands of pounds."

Examples of the comments made under **education on service proposals** are:

The majority of Adult Care staff out there don't know about what we provide and what telecare Is etc.

Knowledge on the service we provide within Adult Care staff is virtually non-existent.

Quantitative Analysis
This includes analysis of the feedback gathered in the online and paper questionnaires. Analysis is by each question:

Q1. Which statement below best describes your current circumstances?
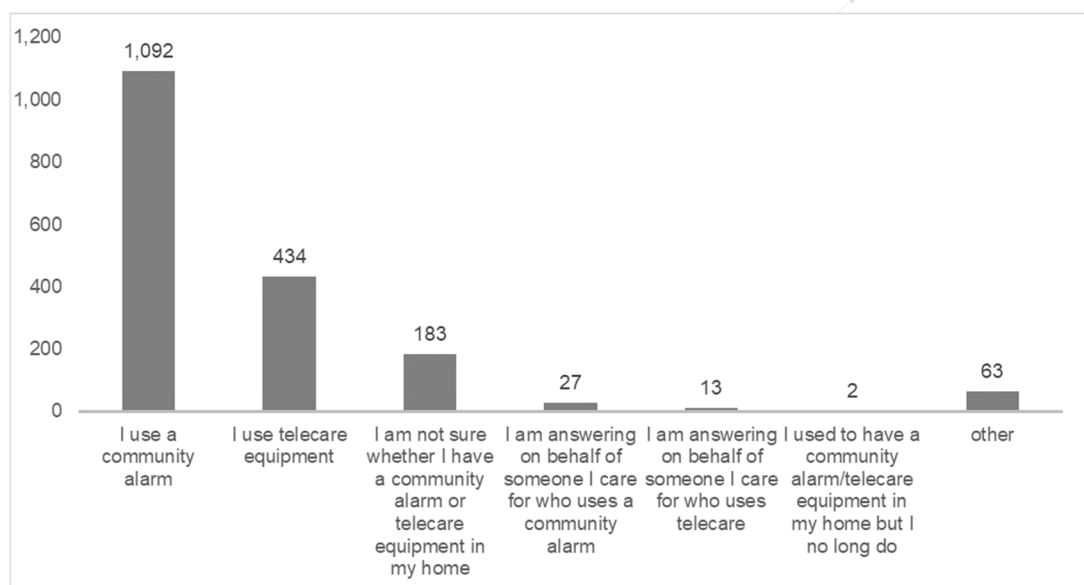
The results from Question 1 indicates that the main respondents to the questionnaire were those who considered themselves to be a 'current users of the community alarm' service with 1,092 replies. 434 people also replied to state that they used telecare equipment.

Q2. If you, or the person you care for, currently has community alarm or telecare equipment at home please tell us what you consider the main benefits
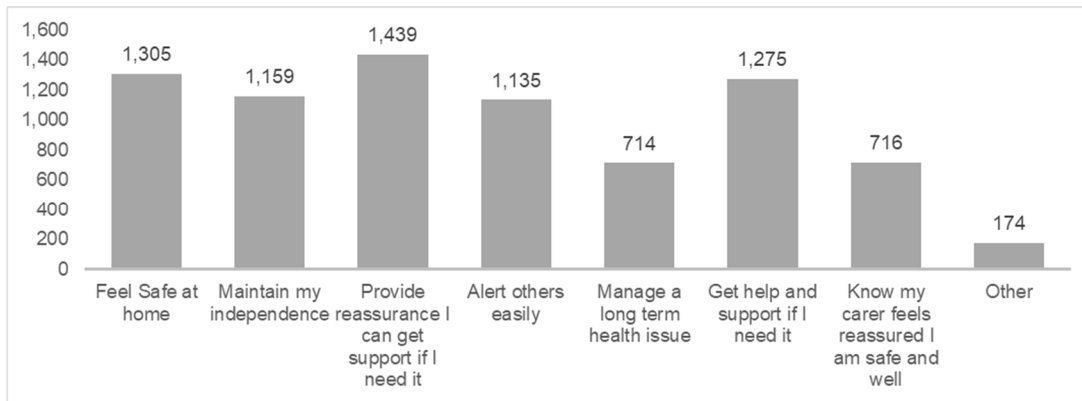
The top theme for this multi-choice question was to provide reassurance that the client could get support if they need it. Four other categories - feeling safe at home, getting help and support if they need it; maintaining independence and alerting others were selected by over 1,000 respondents. Overall, the responses show the appreciation for the service and the preventative benefits the service currently provides.

Q3. Derbyshire County Council is interested to understand how important you consider community alarms and telecare to be within part of your wider care and support package, or if you are answering on behalf of someone, how they feel it supports them. How important or unimportant do you, or the person you care for, consider community alarms and telecare service in comparison to:

- Tenancy support and warden service
- Home help or domiciliary care
- Drop in home visits by Adult
- Care staff or NHS staff
- Friends or family
- Other community based organisations e.g. befriending service
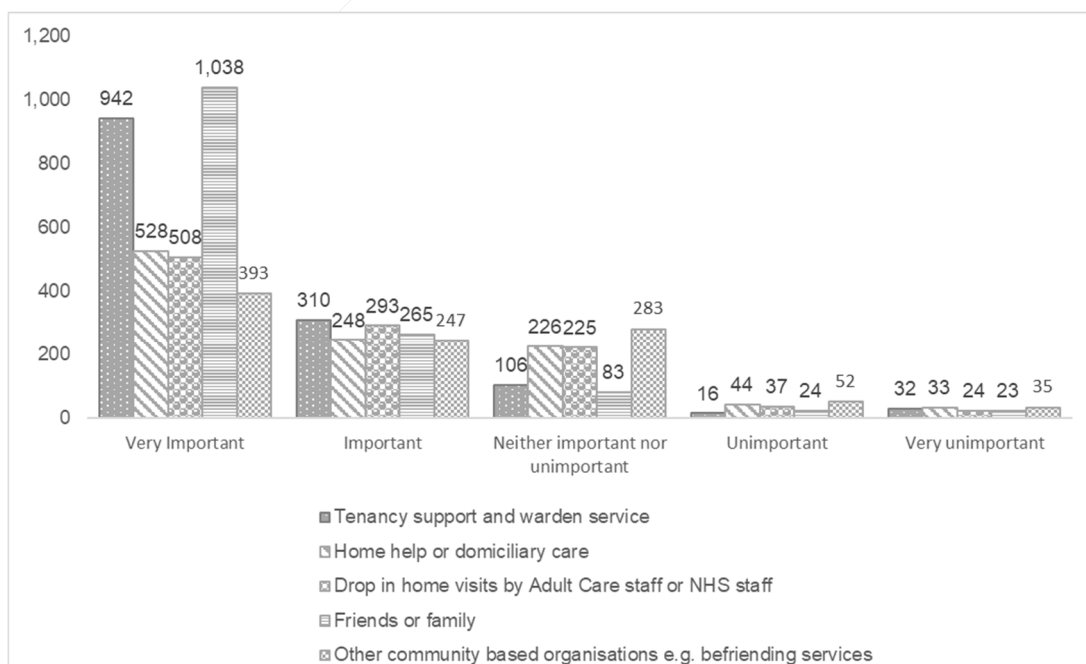
Q4. One of the ways people can access community alarms and telecare services is via qualifying benefit. Please tell us if you are in receipt of any of the following benefits:
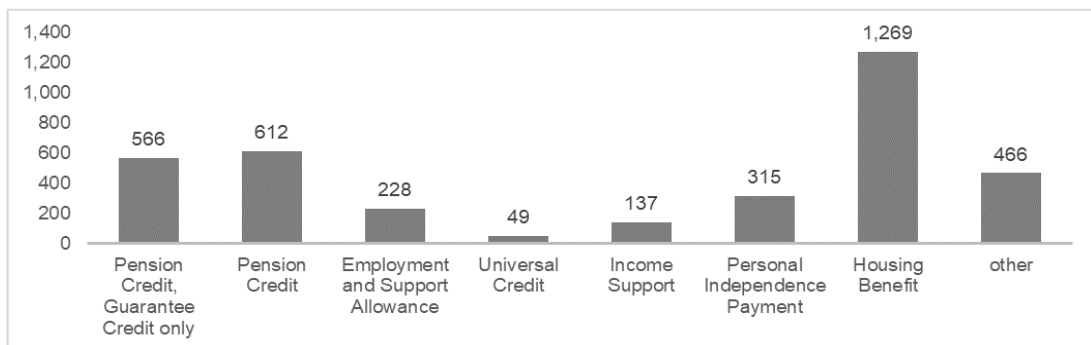
Question 4 was a multiple choice question with the majority of respondents selecting Housing Benefit as the qualifying benefit (1,269 people) to enable them to receive a community alarm or telecare service from Derbyshire County Council.

Q5. Do you currently access and use any Derbyshire County Council Social Care Services?

The response to Question 5 would indicate that the majority of people who currently use the community alarm and telecare do not use any other social care services with 1,186 choosing this response. The questionnaire then asked those that used social care services whether they contribute to their social care costs and the response is summarised below.
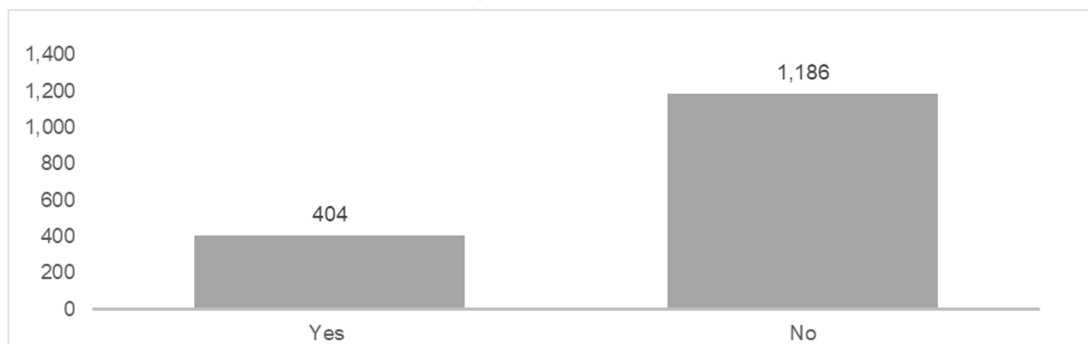
Q6. If you answered 'Yes' to question 5, do you contribute to your social care costs via a co- funding arrangement?
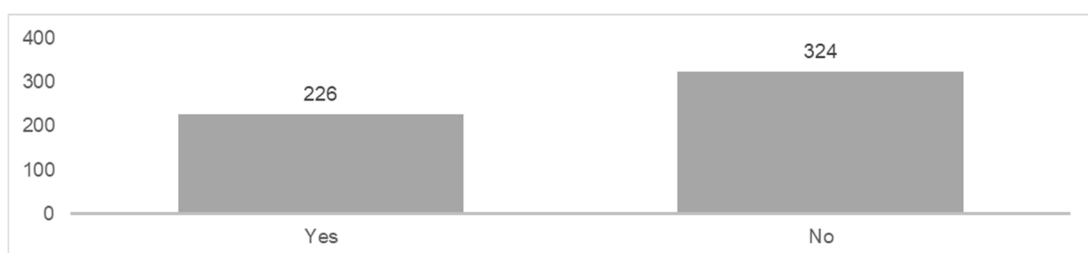
Of the respondents to Question 6 a total of 41% reported contributing under co-funding arrangements. The remaining 59% reported not contributing to co-funding.

Q7. How important or unimportant do you think using technology such as apps on mobile phones, telecare equipment and other electronic monitoring devices are as part of the overall social care support you receive:
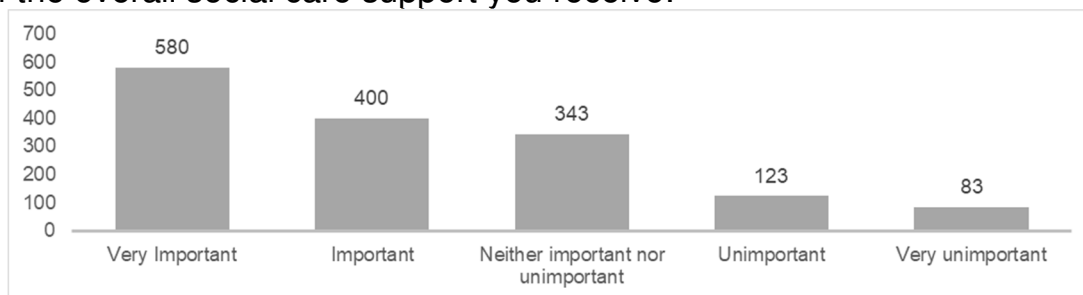
There was a total of 1,529 respondents to Question 7. A total of 580 gave the answer "very important" of the 1,529 this totals 38%. The remaining 62% ranged from "important" through to "very unimportant". Looking at the total respondents for "important" and "very important" combined gives a total of 64%.

Views on the consultation proposals
Individuals who responded to the consultation questionnaire were asked to comment on the specific consultation proposals, detailed below in bordered text boxes. Responses to these questions are summarised below.

PROVISION OF EQUIPMENT: Continue to provide community alarm and telecare equipment free of charge to everyone but service monitoring and maintenance charges may be paid for by the client following a financial assessment.

Q8. How strongly do you agree or disagree with the proposal outlined in the statement above regarding the provision of equipment?
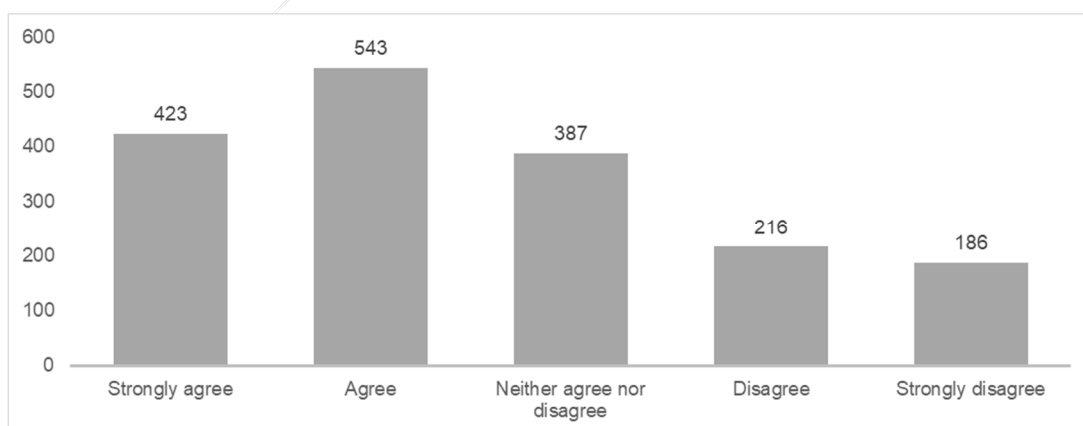
Of the 1,755 respondents who chose to answer this question over 55% agreed with the proposal.

ELIGIBILITY: Change the criteria so that only those people who are assessed as being eligible to receive services under the Care Act 2014 will receive community alarm and telecare services. You can find out more information about Care Act eligibility at: www.derbyshire.gov.uk/CareServicesEligibility.
People who currently receive Housing Benefit or Pension Credit may remain eligible to receive community alarms and telecare services for free but only if they meet Care Act 2014 criteria. Following the assessment there may be a requirement for them to pay towards these services.

Q10. How strongly do you agree or disagree with the proposal outlined in the statement above regarding eligibility for the service?
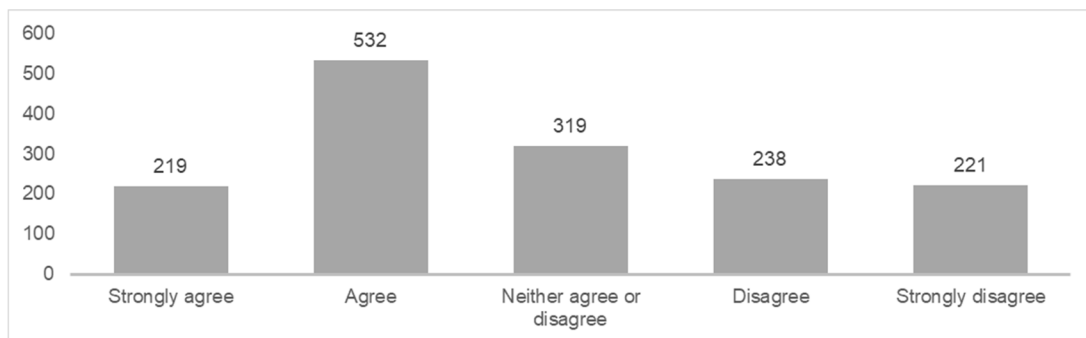
1,529 respondents chose to answer this question with just under half (49%) agreeing with the proposal.

USE OF PERSONAL BUDGETS AND DIRECT PAYMENTS FOR ELIGIBLE, CLIENTS: People will be assessed to see if they need to contribute towards on-going monitoring and maintenance costs. Some people may able to use their personal budget to pay for the service.

Q12. How strongly do you agree or disagree with the proposal outlined in the statement above regarding the use of personal budgets and direct payments for eligible clients?
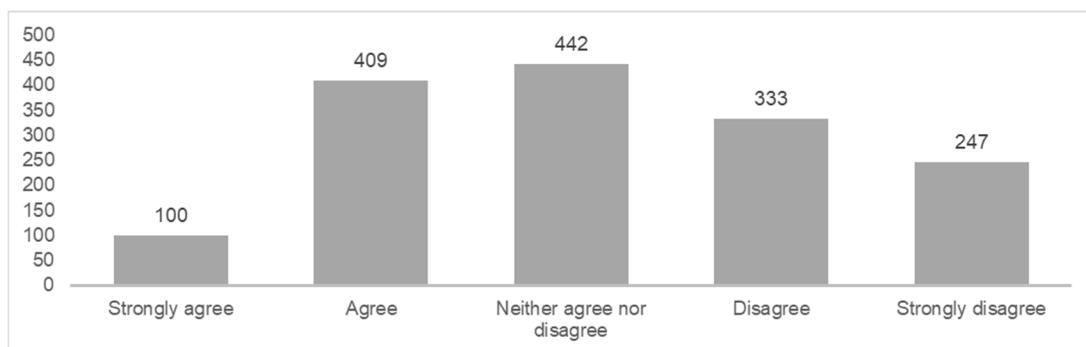
1,531 respondents chose to answer Question 12 with 33% agreeing with the proposal and 37% disagreeing. However, with closer analysis of the comments

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section in Question 13 it would appear that a large number of respondents did not understand what a personal budget or direct payment was and confused this with a banking term.

SELF-FUNDING ARRANGEMENTS: Self-funding clients who are not eligible for financial support and who have been provided with telecare equipment free of charge would be required to pay the full costs of monitoring and maintenance. If a self-funding client becomes eligible for financial support under the Care Act 2014 they could use their personal budget to pay for ongoing monitoring and maintenance.

Q14. How strongly do you agree or disagree with the proposal outlined in the statement above regarding self-funding payment arrangements?
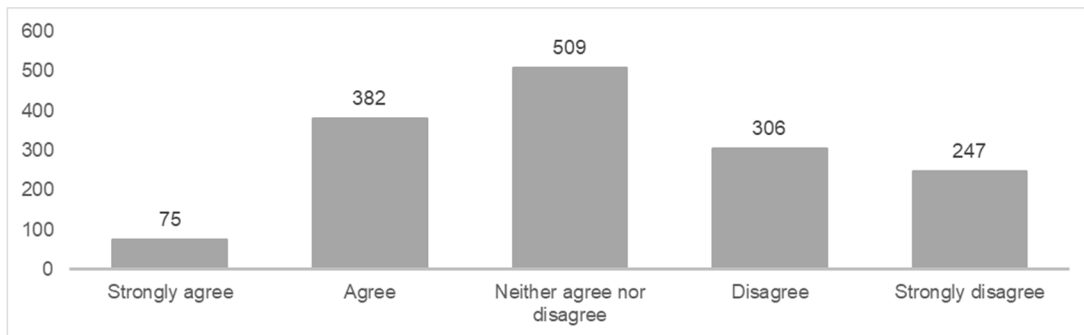
1,519 respondents chose to answer Question 14 with 36% disagreeing with the proposal and 30% agreeing. 34% of the respondents neither agreed nor disagreed with the proposal.

REABLEMENT: Telecare and community alarm equipment and monitoring would be provided free for people – whether eligible under the Care Act or not – for a period of six weeks to enable them to return home from hospital. If they were subsequently assessed as needing the equipment it would be under the terms listed above**.**

**Q16.** How strongly do you agree or disagree with the proposal outlined in the statement above regarding reablement?
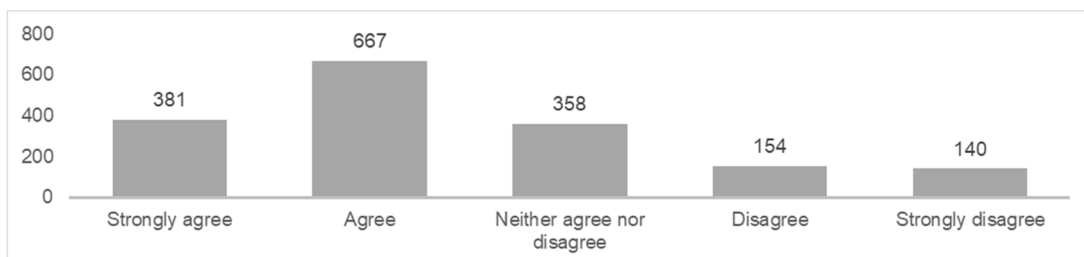
1,700 respondents chose to answer this question with 62% agreeing with the proposal.

Views on paying for community alarm and telecare services
In the questionnaire some of the statements propose that some people who currently receive the service for free, or at a subsided rate, may in the future be required to pay for the service. The following section provides the feedback from the questions posed regarding views on payment for community alarm and telecare services.

Q18. Do you or the person you care for currently pay for the community alarms or telecare service?
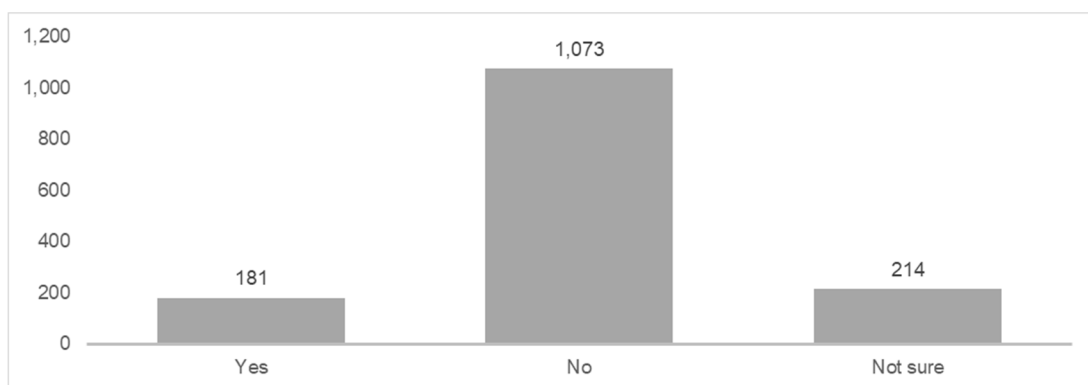
Of the 1,468 respondents who chose to answer this question 73% did not currently pay for the community alarm and telecare services. For those that responded 'yes' to this question, individuals were the asked how much they would be prepared to pay each week and these results are summarised below.

Q19. If you answered 'Yes' to question 18, please tell us how much you pay every week?
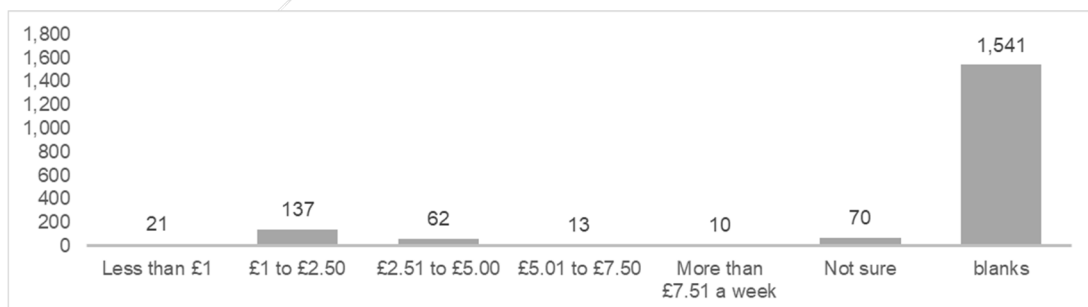
83% of respondents chose to leave this question blank.

Q20. In the future how strongly do you agree or disagree to pay more to receive the service?
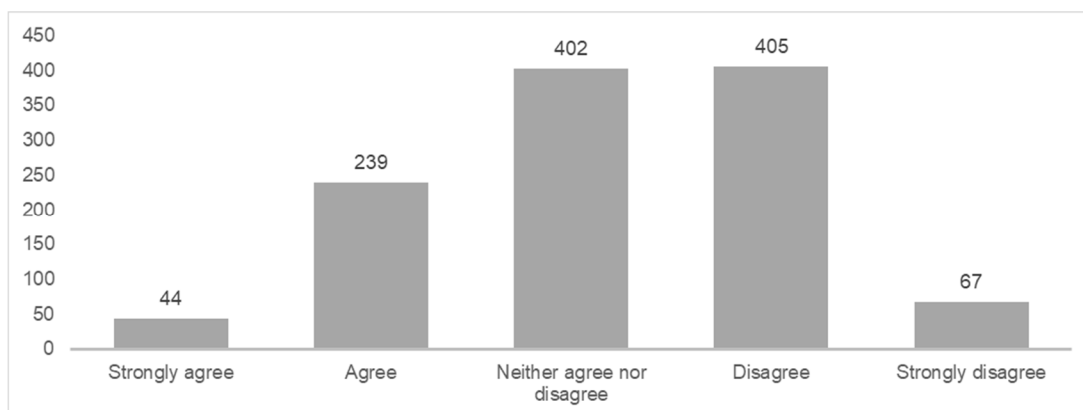
Of the 1,157 respondents who chose to answer this question 41% disagreed, and 24% agreed with the proposal.

Q21. In the future would you pay to receive this service if following assessment you were required to do so?
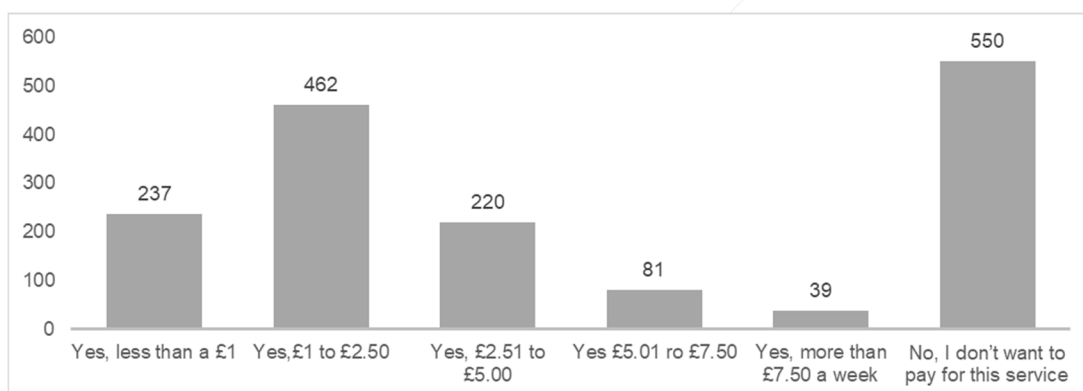
1,589 respondents chose to answer this question with 58% wishing to pay £5.00 or less a week and 35% not wishing to receive this service for free.

Qualitative analysis from consultation questionnaire feedback
Questions 9, 11, 13, 17 and 22 on the questionnaire was a free text box where people could provide further comments and feedback in relation to the questions and consultation proposals. A summary of the results from these questions is included below.

Q9. If you have any other comments on the proposal regarding the provision of equipment service – please put your comments in the box below**.**
Overall there were 310 comments captured and the following were the top themes:
• Importance of prevention (88 comments)
• Appreciation of service (63 comments)
• Pressure on personal finances (53 comments)

- Lack of understanding of proposal (5 comments)

The top theme, **importance of prevention** included comments such as:

Being severely disabled – my wrist alarm is quite literally my life line.

Community alarm a life safer. My mother (91 years) has used twice for help this year after two falls. A great help. She wears constantly.

Having an alarm allows me to stay in my own home. I feel safe knowing that someone is there if I need help.

The second theme, **appreciation of service,** included comments such as:

I do really need alarm system as I am on my own and want to keep my independence.

It is reassuring for me to have the pulls cards and pendant to call.

The third theme, **pressure on personal finances,** included comments such as:

I feel charging the vulnerable, elderly and disabled would be unfair as some may not be able to afford it.

Q11. If you have any other comments on this proposal regarding eligibility for the service – please put your comments in the box below.

The following were the top themes out of the 50 comments that were captured in relation to this question:
- Importance of prevention (14 comments)
- Appreciation of service (9 comments)
- Disagree with proposal (9 comments)

The top theme of **importance of prevention** included comments such as:

Think this service is invaluable to people living alone or without any immediate family and also think it is a great way of assisting the NHS crisis and many calls can be resolved by just a call and being reassured that someone is at the end of the phone to give a little help and advice.

I feel I can live as now if I keep my alarm as it makes me feel safe. I am concerned if I stroke again and no alarm. It is my life line.

The two second top themes were appreciation for service and disagree with proposal. Under **appreciation for service,** an example of feedback received includes:

I moved into this property nine years ago the support services was available to me when I moved in. My health got worse I suffered a heart attack which I have had a triple heart bypass. I have steel plates in my chest. I have been really poorly and my warden visits twice a week. I have a pendant to use and pull cords in each room, it is reassurance to me, I live on my own and it can be very frightening when I take ill.

Below is an example of where respondents have **disagreed with the proposal**:

The care act threshold isn't a suitable measure to assess people on. Not all people who access the service meet this criteria and put in an unfair position.

Q13. If you have any other comments on the proposal regarding the use of personal budgets and direct payments for eligible clients service – please put your comments in the box below.

189 comments were captured on this question with the following were the top themes:
- Didn't understand the question (105 comments)
- Lack of understanding of proposals (20 comments)
- Disagree with any cost (12 comments)
- Agree with inclusion of personal budgets (4 comments)
- If budget was allocated for the service (6 comments)

The top theme from the open comments box on this question clearly highlights a general lack of understanding of what personal budgets and direct payments are. The following comments highlight how some people **did not understand the question** being posed and others indicated a **lack of understanding for the proposal**:

No need to victimise the sick.

Once more the people least able to demonstrate their unhappiness at what is being done, will suffer, frail elderly, who through no fault of their own, are left in their own homes, dependent on struggling carers, family members, relatives, to try to help them through the last of their years. This eligibility criteria certainly knows who to kick down first.

Ripping the old age people off again who worked most if not all their lives. For what they now have.

Under the second theme of **lack of understanding of proposals** the following are examples of the comments which were captured:

Don't really understand the proposal, it's confusing.

I do not know anything about personal budgets and direct payments.

The third theme was **disagree with any costs,** examples of which were:

Why should we pay for things when we are old age pensioners?

Should remain free to all.

The fourth theme was **agree with inclusion of personal budgets,** examples of which were:

If personal budgets have been provided for care needs then I agree.

It could be a possibility to use an amount of money from personal budgets depending on cost.

Q15. If you have any other comments on the proposal regarding self-funding payment arrangements – please put your comments in the box below.
184 comments were captured on this question with the following were the top themes:
• Pressure on personal finances (66 comments)
• Importance of prevention (50 comments)
• Lack of understanding of proposal (18 comments)
• Agree with proposals (17 comments)
• Targeted funding (7 comments)

The top theme was **pressure on personal finances** and examples of feedback in relation to this theme include:

The little savings I have are for my funeral - I want to make sure I can pay for it. Peoples savings shouldn't it be used if needed for other things.

I could not afford it. I think it's harsh.

Please arrange it so that payments are made in a manageable way. E.g. weekly payments rather than a lump sum.

The second theme was **importance of prevention,** examples of which were:

This service should not effect a person who depends on this service when ill or living alone. Sometimes this is their only way of getting help via an emergency. People will not be able to afford this, so they will decide not to have it, so this will have a knock on effect and so accidents or incidents will occur meaning more people ringing 999 for help or deaths!!

The third theme was a **lack of understanding for the proposal** where comments just did not relate to the proposal being put forward.

The fourth theme were comments which clearly indicated an **agreement with the proposal,** with comments such as:

I agree with self-funding by those who can afford it. Means testing for all who rely on the service.

The final theme was regarding **targeted funding** with comments such as:

A lot of people get a service that don't need it and it should be targeted at people who need it for free.

Q17. If you have any other comments on the proposal regarding re-ablement – please put your comments in the box below.
90 comments were captured on this question with the following were the top themes:
- Agree with proposal (31 comments)
- Need longer than six weeks (19 comments)
- Don't agree with charge at any time (12 comments)
- Clarity on proposal (6 comments)

The comments captured regarding re-ablement were mainly in favour of the introduction of the proposal. Other comments queries whether the re-ablement period could last longer than six weeks and others who thought that it was a good idea, but disagreed with the proposal to then assess after six weeks and result in a possible charge for the service.

The top theme was **agree with the proposal** with comment such as:

This would be helpful to people to get out of hospital quicker.

Agree, it is a good idea for those leaving hospital to have the alarms for 6 weeks. However, if they found the alarm useful or reassuring it should then be funded free of charge.

The second theme emerging was **need longer than six weeks** with comments such as:

It should be provided for as long as people require it.

6 weeks not long enough 6 months.

The third theme was **don't agree with charge at any time** with comments such as:

Keep this service free indefinitely. Fight the cuts and protect your most vulnerable citizens in your district.

The final theme was **clarity on the proposal** with comments such as:

Re-ablement - Why not use plain English

Q22. If you have any other comments regarding payment for the community alarm or telecare service please put these in the box below.

277 comments were captured under question 22 with the following were the top themes:

- Pressure on personal finances (77 comments)
- Importance of prevention (62 comments)
- Would reluctantly agree to pay (40 comments)
- Don't agree with charges (14 comments)

The main theme emerging from the final open text box asking for any other comments was regarding the impact the introduction of all of these proposals may have on peoples **personal finances** with comments such as:

Would not want to pay for this as I am a pensioner and am struggling to cope on the basic state pension.

Can't afford to pay for anything else.

I am afraid that the person who receives the care alarm might well refuse to pay if asked to pay more. It is hard to even get her to turn the lights on and the heating up as she feels she needs to be so careful with her money.

The second theme was **importance of prevention** with comments such as:

I think if you take it away I could be living in my flat dead for weeks
To someone of my age the community alarm system is invaluable. To take it away would be to take away that feeling of security. And knowing that help is at hand.

The third comment emerging was would **reluctantly agree to pay** with comments such as:

I do not in principal agree to make any payment but would reluctantly pay the amount stated above if push comes to shove. I am entitled to any aids that assist me and my health and welfare, and I would agree to a means tested assessment if it should become necessary.

I would pay but being on old age pension my only income I would be struggling but would willingly pay for my reassurance.

The final theme emerging was **don't agree with charges** with comments such as:

If I have to pay for it you can fetch it back.

Should be provided free.

Qualitative feedback from other correspondence
Seven emails were received as part of the consultation feedback which included two comprehensive letters from current providers, Chesterfield Borough Council and South Derbyshire District Council which highlighted the possible impact should the proposals be approved and a request for more in-depth data on potential client groups.

Two letters were received as part of the consultation feedback. One from a current client of the community alarm service and the other from MP Ruth George. Both letters illustrated what might happen and how they would feel if the proposals went ahead and the possible impact on vulnerable people.

Consultation meeting slides

Community alarms and telecare consultation event

Adult Care Commissioning and Stakeholder Engagement Team

Hello and welcome

Housekeeping

Fire alarm

Fire exits

Toilets

Ground Rules

Listen and give people chance to speak

Make sure your phone is turned off or on silent

Don't use jargon and you should say things in full

What we will discuss today

- Overview of community alarms and telecare
- Why we are consulting?
- Consultation process
- Consultation proposals
- Group discussion and feedback

Community alarm

Telecare

How it might look in your home

Carer Assist pager units

Why do we fund this service?

Care Act 2014 – particularly in relation to equipment provision and charging	Prevention – reduce need for care and support
People have told us technology is important and want to consider it as part of their care and support	It allows individuals to live more independently and have choice and control

Why are we looking at this service?

- Our ageing population
- Demand for services is growing
- Ongoing savings and reduced budgets
  We need to make sure services are fit for purpose
- Service model is varied across Derbyshire
- Technology is changing

Who receives the service

Care Act (2014) eligible	Pension Credit Guarantee Credit only	Housing Benefit

Co-funding agreement	Self funding
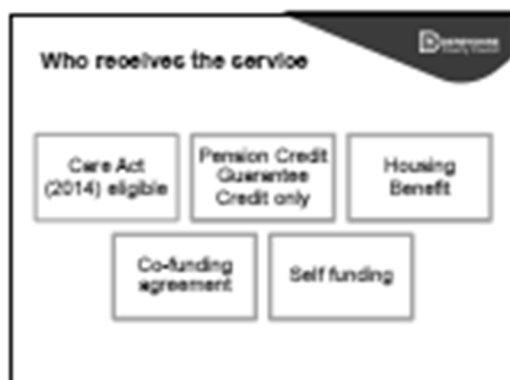
How do we currently fund this service?

- The council currently subsidises this service for some clients.
- On average, Derbyshire County Council currently pays an average of £2.50 per client, per week to provide this service.
- The proposals means that for some people this subsidy would no longer continue.
- It is also possible that charges may rise in the future.

The consultation proposal

Provision of equipment

- Continue to provide community alarm and telecare equipment free of charge but service monitoring and maintenance charges may be paid for by the client following a financial assessment.

Who receives the service

- Change the criteria so that only those people who are assessed as being eligible to receive services under the Care Act 2014 receive community alarms and telecare services for free.
- People who currently receive housing benefit or pension credit may remain eligible to receive community alarms and telecare services for free but only if they meet Care Act 2014 criteria. Following the assessment there may be a requirement for them to pay towards these services.

Contribution to monitoring charges

- People will be assessed to see if they need to contribute towards on-going monitoring and maintenance costs. Some people may be able to use their personal budget to pay for the service.

Derbyshire County Council

Equality Impact Analysis Record Form 2012

Department	Adult Care
Service Area	Commissioning
Title of policy/ practice/ service of function	Telecare and Community alarms eligibility criteria
Chair of Analysis Team	Ellen Langton

Stage 1. Prioritising what is being analysed

a. Why has the policy, practice, service or function been chosen?
b. What if any proposals have been made to alter the policy, service or function?

Derbyshire County Council currently funds a number of community alarms services that provide 24 hours a day seven days a week alarms monitoring provision for individuals across the county. Community alarms systems incorporate a pendant or wristband worn by an individual which connects to a telephone line through a base unit. If required, individuals can summon assistance by triggering an alert and once the person is connected to an operator at a monitoring centre they can assess how to support an individual's needs at that time.

Additional items of equipment can be added to the basic community alarm system, as part of the Derbyshire Adult Care telecare offer, for example:
- Motion sensors can reduce the likelihood of accidents and falls occurring by automatically switching on a light when the individual gets out of bed.
- Sensors placed in a person's bed can alert staff if the person is having an epileptic fit.
- Gas and water sensors can be used to alert if a person has not turned off the tap or cooker.
- Sensors can be placed on a front door to alert a carer if a client has left home without anyone knowing.

Currently, there are a range of different alarms monitoring arrangements in place across the county based on each district authority area.

Over the next few years Adult Care will have to make further budget savings and this means that Adult Care need to review service design and eligibility to ensure service effectiveness and value for money. Other authorities have already revised their telecare and community alarms offer and following consultation they have implemented a standard charge for non-Care Act eligible clients or asked all people who use telecare services to make a contribution to the service.

Adult Care is seeking to manage demand pressures on services due to demographic growth and an ageing population. Derbyshire's ageing population will result in the number of people aged 65 and over increasing by 58.5% by 2039. In the same period the number of people aged 90 and over will treble. Nationally and locally life expectancy is increasing and that means that individuals are living for longer with more complex needs.

Adult Care needs to consider how it develops and transforms its business processes and approach to effectively manage this demand for services. Due to demand and funding pressures Adult Care funded services need to focus to support clients with eligible needs under the Care Act (2014) to remain as independent as possible and preventing or delaying their care and support needs from increasing.

An eligible Care Act (2014) need is stated in legislation as:
(a)   the adult's needs arise from or are related to a physical or mental impairment or illness;
(b)   as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified below:
• managing and maintaining nutrition;
• maintaining personal hygiene;
• managing toilet needs;
• being appropriately clothed;
• being able to make use of the adult's home safely;
• maintaining a habitable home environment;
• developing and maintaining family or other personal relationships;
• accessing and engaging in work, training, education or volunteering;
• making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
• carrying out any caring responsibilities the adult has for a child.

For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult—

• is unable to achieve it without assistance;
• is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
• is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or

- is able to achieve it without assistance but takes significantly longer than would normally be expected.

The Care Act also notes that carer's are eligible for support and therefore some telecare and community alarms can help support an individual with a caring responsibility.

The current offer of community alarms and telecare is more focused on supporting older people, a smaller percentage of working-age adults also receive the service. It is therefore important to ensure that any future offer of community alarm and telecare is designed to support all adults and that adult care also explores opportunities to maximise the use of technology to support people to live as independently as possible.

Following approval by Cabinet on 8 November 2018 a ten week consultation has taken place to consider the following proposals:
- Service eligibility to access Derbyshire County Council funded community alarm and telecare services is changed to solely focus on providing equipment and monitoring to Care Act (2014) eligible clients who have an eligible health or social care need.
- Individuals who currently access the service as they are in receipt of Housing Benefit or Pension Credit (Guarantee Credit only) will no longer receive a subsidised service and if required be assessed to see if they have an eligible need as defined by the Care Act (2014).
- Individuals, irrespective of eligibility, would be provided (where need is identified) with a community alarms base unit and telecare equipment free of charge, via the statutory requirement to provide minor aids and equipment. Once the equipment is identified as being no longer required it will be removed by the provider.
- The ongoing monitoring and maintenance costs associated with telecare and community alarms for Derbyshire Care Act (2014) eligible clients will be assessed under the appropriate charging regulations and the individual's personal budget will reflect this.
- Self-funding clients, who are not eligible to receive financial support under the Care Act (2014) guidance, would have to pay monitoring and maintenance costs at full cost.
- Should a self-funding client become eligible for financial support under the Care Act 2014 following a period of time and a subsequent financial assessment, they will be able to access a personal budget to allow them to access telecare and community alarms provision.
- That community alarms and telecare is provided free (to include provision of equipment and monitoring charge) as part of a six week reablement offer. Non-Care Act eligible clients who choose to retain the service after the end of the reablement period would be required to pay to receive the service. Or, if following full assessment, they are identified as Care Act

eligible they would continue to receive the service a Personal Budget or Direct Payment as per the proposals outlined above.

This Equality Analysis considers the potential implications of these proposals in order to assess whether any changes or mitigation needs to be put in place if these proposals were to be implemented by Derbyshire County Council.

c. What is the purpose of the policy, practice, service or function?

Community alarms and telecare services are part of the preventative strengths based approach offered by Adult Care that enable individuals to remain independent and living in their own home. Community alarms and telecare can help provide reassurance to individuals who are at risk of falling or concerned about their safety. Equipment can also support carers to support individuals and individuals can summon support or emergency response if required.

Community alarms and telecare provision supports the wellbeing principle within the Care Act (2014), which highlights the importance of preventative services, within the community and enhancing individuals control over their own lives. Preventative interventions can reduce the need for care and support. Home adaptations, falls prevention, handy van services and telecare are cited within the Care Act guidance as examples of targeted interventions aimed at individuals who have an increased risk of developing needs.

Stage 2. The team carrying out the analysis

Name	Area of expertise/ role
Ellen Langton	Service Manager – Commissioning.
Olu Ogunbuyide	Service Manager – Commissioning
David Allen	Project Officer
David Arkle	Housing Manager – Amber Valley – Critical Friend
Assistive Technology - Operational Group Steve Ball, Ian Gregory, Colin Selbie	To review the Equality Analysis and provide operational insight from a service planning and contract management perspective
Assistive Technology Board Julie Vollor, Colin Selbie, Jane Hawley, Teresa Gerrard, Bev Capel	To review and formally sign off the Equality Analysis prior to inclusion with the Cabinet Report.

Stage 3. The scope of the analysis – what it covers

This Equality Analysis considers the proposed impact from an equality perspective of implementing a number of changes to the eligibility criteria for

community alarms and telecare services that are currently subsidised by Derbyshire County Council (DCC), as outlined in stage 1. The proposal is considered a significant change to the service.

In addition to the DCC subsidised community alarms and telecare service, there is an established self-pay market with both national and locally based providers offering a range of services. Individuals can choose to use these services without referral from Derbyshire County Council Adult Care or a NHS agency for example and can be an entirely private arrangement. Therefore, the broader market is not covered by this Equality Analysis. Similarly, standalone telecare equipment which is not connected to a monitoring service is not covered.

The proposals are in relation to adults only and the authority is aware that a small number of children and their families may access telecare services via Children's Services.

Telecare and community alarms available in Extra Care settings that are operated by Derbyshire County Council or a registered social landlord. Telecare and community alarms in these settings forms parts of a generic wellbeing service and this is not within scope.

Telecare is also provided in Adult Care Direct Care establishments, such as the Community Care Centres, which utilise telecare support in both the communal spaces and individual rooms that is locally monitored in the establishment and again this is not within the scope of the proposals or this Equality Impact Assessment.

The analysis will consider current users of the DCC subsidised service and the wider population who may choose to access the service as their health or social needs change over time. The analysis will inform a further report to Cabinet so that both equality implications and consultation feedback can be considered before any decision is made.

Many of the same cohort of older people who receive the funded community alarms and telecare service also often receive the Older People's Floating Support Service – around 3,000 people. In many cases both the telecare and community alarms and the council-funded Older People's Floating Support Service are delivered by the same commissioned provider. Therefore, in terms of impact it is important to note that a person centred support service will continue to support individuals with basic household tasks to enable them to maintain their tenancy and independent living. The proposed changes to the eligibility criteria for community alarms and telecare do not affect the Older People's Floating Support Service.

The Equality Analysis was initially opened in August 2018 when scoping work was taking place in terms of the development of the consultation proposals by

Cabinet. The Equality Analysis will be further refined in November 2018 prior to the launch of the consultation and again following the completion of the consultation. Different data and analysis will be added and reviewed at each stage to form a complete picture.

The Equality Analysis will consider whether the proposed changes to community alarms and telecare service could have potential adverse impacts on people who currently use the service and the wider community. It will consider whether any additional actions need to be taken to help manage or mitigate against any equality impacts of the consultation proposals. The Equality Analysis will aid service planning and will understand customers, communities and their needs.

Stage 4. Data and consultation feedback

a. Sources of data and consultation used

Source	*Reason for using*
Service user data from provider monitoring information	To provide a snapshot of current users of the community alarms and telecare service which is funded by Derbyshire County Council.
DCC Adult Care management information system analysis	To provide a snapshot of current users of the community alarms and telecare service which is funded by Derbyshire County Council.
Census 2011 data, Office of National Statistics, (hosted on the Derbyshire Observatory).	To provide broader population information around the potential and future users of the service.
Mid-Year Population Estimates 2017, Office of National Statistics, (hosted on the Derbyshire Observatory).	To provide broader population information around the potential and future users of the service.
Department of Work and Pensions official statistics for housing benefit claimants and Pension Credit claimants	This will provide an overview of the number of people who could potentially access the service via this eligibility criteria.
POPPI and PANSI data sets	To provide broader population information around the potential and future users of the service.
Public Health England Fingertips tool	Various health statistics at both county and district level.
Consultation feedback and analysis	To provide more detailed insight around the potential impact of proposed changes to the eligibility criteria.

Stage 5. Analysing the impact or effects

a. What does the data tell you?

Protected Group	Findings
Age	The current users of the community alarms and telecare service are predominantly people aged 65 and over. Analysis of users by age band is summarised below: **Table 1** _table below_

Table 1

Age Band	Telecare	Community Alarms
Under 18	3	19
20-24	0	1
25-29	1	14
30-34	0	13
35-39	0	19
40-44	0	20
45-49	0	68
50-54	3	120
55-59	4	221
60-64	6	411
65-69	15	605
70-74	35	822
75-79	52	844
80-84	115	667
85-89	149	595
90-94	117	367
95-99	23	114
100+	2	13
Total	**525**	**4,933**

Source: DCC Adult Care management information, December 2018

The profile of current recipients of the service shows that 4,535 people or 83.1% of the users are aged over 65 or over, 3,058 people or 56.0% of the users are aged 75 or over and 1,380 people or 25.3% of users are aged 85 or over. Therefore, older people are the main users of this service .

The service user structure reflects Derbyshire's ageing population despite the eligibility for the service being any adult aged 18 and over. Below is a population pyramid for Derbyshire which shows the county's older age profile.

Source: Derbyshire Observatory,

Further analysis by district or borough local authority area indicates that the population of people aged 18 and over is fairly evenly distributed across the county. Therefore, there is no particular impact identified in any particualr geographic area (see Table 2 below).

Table 2

Population aged 18 and over	Number of people	Percentage of total population
Amber Valley	102,000	81.0%
Bolsover	63,367	81.1%
Chesterfield	84,769	82.5%
Derbyshire Dales	59,259	80.0%
Erewash	92,245	80.0%
High Peak	74,398	80.8%
North East Derbyshire	82,317	81.7%
South Derbyshire	80,254	78.6%
DERBYSHIRE	**638,867**	**80.7%**

Source: Mid Year Population Estimates 2017, Office of National Statistics (accessed via NOMIS 12/11/2018).

As the the analysis earlier in table 1 demonstrates the current users of the service are predominantly aged 65 and over. A district-by-district analysis shows the potential percentage of the population who may choose to access the community alarm or telecare service via either a self-pay option or utilisation of a personal budget and this is detailed in Table 3 below.

Table 3

Population aged 65+	Number of people	Percentage of population
Amber Valley	27,422	21.8%
Bolsover	15,687	19.8%
Chesterfield	21,713	20.8%
Derbyshire Dales	19,023	26.5%
Erewash	23,104	20.0%
High Peak	18,927	20.6%
North East Derbyshire	24,461	24.2%
South Derbyshire	18,370	17.9%
DERBYSHIRE	**168,662**	**20.1%**

Source: Mid Year Population Estimates 2017, Office of National Statistics (accessed via NOMIS 12/11/2018).

In relation to the population aged 65 and over there is variation across the county, with areas such as Derbyshire Dales and North East Derbyshire having a larger percentage of older people. Potential mitigation will need to be considered in relation to this.

As well as age, life expectancy is a factor that can indicate how services will be used in the future. Life Expectancy in Derbyshire for males is 79.3 years and for females is 82.8 years. Therefore services need to be planned and designed to support individuals who may live for longer with a long-term health condition, health or social care need.

(Source: PHE Fingertips).

Conclusion: Community alarms and telecare supports an older population profile to live independently in their own home and in the next few years there will be an increase in the numbers of people potentially seeking to access this service.

Disability	Analysis of the current users of the community alarms and telecare service from Adult Care Management Information suggest that individuals have a range of primary support reasons, and these are summarised in the table on the next page:

Table 4

Primary Support Reason	Telecare	Community Alarms
Absent parenting	0	1
Abuse or Neglect	0	1
Carer	5	42
PSR Learning Disability Support	1	78
PSR Mental Health Support	8	98
PSR Non-PSR	2	2,015
PSR Physical Support	473	2,435
PSR Sensory Support	18	139
PSR Social Support	7	84
PSR Support with Memory & Cognition	8	33
Unknown	3	7
Total	**525**	**4,933**

Note: A PSR or primary support reason shows the main reason for which individuals received care and support, however it is important to note that individuals may have more than one reason they need to access care and support services.
Source: DCC Adult Care management information, December 2018

The majority of individuals who access a subsidised community alarm or telecare service have a physical support need, this may be a long term health condition or a disability and it does not necessarily mean that individuals are formally registered as disabled. There are 79 individuals with a learning disability that access a community alarm or telecare service (DCC Adult Care Management Information, December 2018).

2,015 people are not recorded as having a primary support reason and this may mean they are accessing the service for a preventative reason and do not have an identified social care need.

More broadly, statistical modelling can be used to project current and potential health future needs for services in relation to population health need. The following have been considered.

- **Falls:** According to POPPI statistics in 2017 there are estimated to be 44,425 who are predicted to have a fall.
- **Long-term health conditions**: According to POPPI statistics in 2017 there are estimated to be 44,646 people aged 65 and over with a limiting long-term illness whose day-to-day activities are limited a little and a further 43,346 who consider their day to day activities limited a lot.
- **Learning Disability**: According to PANSI statistics there are 3,538 people who have a learning disability aged 65

	and over and 11,296 people who have a learning disability aged 18 to 64 years. • **Physical disability** – there are 38,854 people in Derbyshire aged 18 to 64 years who have a moderate physical disability according to PANSI statistics. There are 11,799 people who have a serious physical disability aged 18-64 according to PANSI stats **Source:** POPPI and PANSI statistics Community alarms and telecare services provide a range of equipment which can help a person who considers themselves to be disabled to live more independently and to manage their social care need. **Conclusion:** Community alarms and telecare supports a range of people with health needs, some of which may be considered a disability. In general older people are more likely to be affected by age related impairments and long term conditions.
Gender (Sex)	Analysis of the current users of the community alarms and telecare service from Adult Care Management Information suggests that both males and females use the service and details of this are summarised in Table 5 below.

Table 5

Gender	Telecare	Community Alarms
Female	363	3,068
Male	158	1,842
Unknown	4	23
Total	**525**	**4,933**

Source: DCC Adult Care management information, December 2018

3,431 people or 62.8% of current DCC subsidised community alarm and telecare users are female and 2,000 or 36.7% are male. If this is compared to the Derbyshire population, the 2017 mid-year population estimates indicate that the population is 49% male and 51% female. In relation to the over 65 population the 2017 mid-year estimates indicate that 53.9% of the population are female and 46.1% are male.

The analysis shows there are more users of the service who are female, this may be because women have a slightly longer life expectancy than males. Females may also value the reassurance and support a community alarm provides. Women are likely to have lower incomes than men in older life due to working patterns when they were younger and therefore

| | may be accessing the DCC subsidised service due to a lower income level.

The service is offered to all people irrespective of gender. There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic. Within standard contract terms and condition providers are asked to adhere to relevant equality legislation. |
|---|---|
| Gender reassignment | This is not a significant consideration for the analysis as the service is offered to all people irrespective of gender. There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic. Within standard contract terms and condition providers are asked to adhere to relevant equality legislation. |
| Marriage and civil partnership | This is not a significant consideration for the analysis as the service is offered to all people irrespective of marital status. In Derbyshire, according to 2011 Census data, 29.3% of people are single, 50.5% are married, 0.29% are in same sex civil partnerships, 2.4% are separated, 9.9% are divorced and 7.7% are widowed. Due to the older age profile of people who access the service it is likely that more people will be married than in a civil partnership and it is also likely that some of the people who currently use the service may be widowed and therefore living alone. A community alarm and telecare service may provide reassurance and support to individuals who are recently bereaved and now living alone.

Equality Analysis requirements state that marital status only needs be considered in relation to unlawful prohibited conduct and is not a consideration within this analysis. |
| Pregnancy and maternity | As outlined above the service is predominantly focused at older people. However, it may be that people of a younger age may access community alarm and telecare equipment whilst pregnant. Within standard contract terms and condition providers are asked to adhere to relevant equality legislation so any adverse impacts can be monitored and challenged if any issues arise. |
| Race | Analysis of the current users of the community alarms and telecare service from Adult Care Management Information suggests that people from a range of ethnic backgrounds currently access the service and is summarised on the next page. |

Ethnicity	Telecare	Community Alarms
Asian or Asian British	1	5
Black or African or Caribbean or Black British	2	6
Mixed or Multiple		3
Not Stated	5	41
Other Ethnic Group	2	
Unknown	81	1,138
White	434	3,740
Total	**525**	**4,933**

Source: DCC Adult Care management information, December 2018

In Derbyshire 95.8% of the population are White and 4.2% from a Black or Minority Ethnic (BME) background and the users of the community alarm and telecare service broadly meet this profile. Across Derbyshire some districts have a higher than average BME population, for example Chesterfield at 5.1% and Erewash at 4.8% and this needs to be considered in terms of communicating any potential changes regarding service change or re-design as English may not be a first language in these communities.

Further work needs to take place to understand more about Gypsy and Traveller community use of a community alarm or telecare offer, particularly those elements which do not have access to a landline phone.

In terms of accessing the service the above analysis does suggest that there are lower numbers of people from BME communities utilising the current service provision, this may be due to housing tenure as individuals are more likely to own their own home and therefore may not meet eligibility criteria. It is also possible that the service has not been sufficiently promoted within specific communities and BME networks and this could be considered in terms of implementing the revised eligibility criteria.

Religion and belief including non-belief	In Derbyshire, according to 2011 Census data, 63.6% of people are Christian, 0.2% are Buddhist, 0.2% are Hindu, 0.0% are Jewish, 0.3% are Muslim, 0.3% are Sikh, 0.4% are of other religion, 28.8% of people have no religion and 7% have not stated their religion. This is not a significant consideration for the analysis as the service is offered to all people irrespective of religious choice. Within standard contract terms and condition providers are asked to adhere to relevant equality legislation and ensure that service provision respects any particular cultural or religious beliefs.

Sexual orientation	This is not a significant consideration for the analysis as the service is offered to all people irrespective of sexual orientation. There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic. Within standard contract terms and condition providers are asked to adhere to relevant equality legislation.

Non-statutory

Socio-economic	Analysis of current service user postcodes against the latest Index of Multiple Deprivation (2015) (IMD) is summarised below. The IMD is a national dataset which can be utilised to show how relatively deprived particular areas of Derbyshire are and whilst there can be variation within the areas it is a good statistical tool to consider whether socio-economic factors need to be considered as part of this analysis.

IMD Decile	% of people
Most deprived - 1	10.3%
2	18.6%
3	19.7%
4	13.7%
5	9.5%
6	9.4%
7	8.4%
8	5.9%
9	3.2%
Least Deprived - 10	1.1%
No information	0.2%

Source: Index of Multiple Deprivation, 2015 and DCC Adult Care Management Information accessed December 2018.

The above analysis suggests that 48.5% of people who use the community alarm and telecare service reside in an area which is in the top three deciles of the IMD, suggesting that users of the service live in the more deprived areas of Derbyshire.

Therefore, affordability and ability to pay for a paid for community alarm and telecare service needs to be considered carefully. The removal of the subsidised service targeted at individuals in receipt of Pension Credit or Housing Benefit who do not meet Care Act eligibility criteria may result in individuals deciding to cancel the community alarms and therefore be at risk of isolation and an increased risk of falls for example. If individuals choose to pay for a community alarms or telecare service they may have to make difficult decisions about other expenditure which could adversely

impact on their health and wellbeing. Mitigation may need to be explored in this area.

Users of the subsidised community alarms and telecare service qualify via receipt of certain benefits.

Pension Credit (Guarantee Credit) supports pensioners on low incomes. It is designed to ensure that help is still directed at pensioners at the lower end of the income scale and, in addition, to reward those people who have made modest provision for their retirement. Pension Credit guarantees that no-one aged 60 and over need live on an income of less than a guaranteed amount. The age in which you qualify for Pension Credit is gradually increasing from 60 to 65 between April 2010 and April 2020 in line with the female State Pension age. According to the latest quarterly benefit statistics, there are 7,943 individuals in receipt of Pension Credit Guarantee Credit in Derbyshire. Analysis by district is summarised below:

Local authority area	Number of people
Amber Valley	1,258
Bolsover	941
Chesterfield	1,289
Derbyshire Dales	583
Erewash	1,154
High Peak	873
North East Derbyshire	1,138
South Derbyshire	706
DERBYSHIRE	**7,943**

Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.

Individuals who are under state pension age can also access the community alarm and telecare service via an eligibility relating to Housing Benefit. Housing Benefit helps individuals to pay their rent if they are on a low income. Housing Benefit can pay for part or all of a person's rent. How much individuals receive depends on their income and circumstances. This benefit is part of the Universal Credit reforms and therefore future eligibility needs to reflect the changes in welfare provision that is being led nationally. A summary is provided on the next page:

Local authority area	Number of people aged 16-64	Number of people aged 65 and over	Total number of claimants
Amber Valley	4,339	2,267	6,605
Bolsover	3,141	1,872	5,010
Chesterfield	5,061	2,557	7,614
Derbyshire Dales	1,733	1,203	2,930
Erewash	3,417	2,011	5,423
High Peak	3,292	1,544	4,843
North East Derbyshire	3,306	2,348	5,650
South Derbyshire	2,856	1,211	4,061
DERBYSHIRE	**27,145**	**15,013**	**42136**

Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.

Since the consultation was launched in November 2018, the Government has announced that as part of its programme of welfare reform that for couples where one person is of retirement age, but a partner or spouse is of working age the couple will access support through the working age benefit regime. This replaces the previous system whereby the household could access either Pension Credit or pension age Housing Benefit, or working-age benefits. The Government state that Pension Credit is designed to provide long-term support for pensioner households who are no longer economically active. It is not designed to support working age claimants. The Government suggest that this change will ensure that the same work incentives apply to the younger partner as apply to other people of the same age, and taxpayer support is directed where it is needed most.

The Government announced in December 2018 that this change will be introduced from 15th May 2019. Couples with one partner under State Pension age who are already in receipt of Pension Credit or pension-age Housing Benefit at the point of change will be unaffected while they remain entitled to either benefit.

This change may have a particular impact on the cohort of people who access the subsidised community alarm and telecare service in Derbyshire.

Rural	Analysis of people who receive the service by rurality indicates a mixed picture. A large percentage of current users of the service live in social housing schemes and this is often located in market towns or larger villages. However, there will be some individuals who access the community alarms service in rural locations. Analysis by service user postcode using the Office of National Statistics Rural Urban classification suggests that the majority of users live in an Urban environment, but that 933 users do live in a town and fringe rural environment. Therefore mitigation may need to be considered in relation to this as social isolation and ability to get help and support in a timely manner may be more challenging in these areas.

Rural Urban classification	% of community alarm users
A1 – Major conurbation – Urban	3.41%
B1 – Minor conurbation – Urban	26.0%
C1- City and town – Urban	47.9%
D1 – Town and Fringe – Rural	17.4%
E1 – Village – Rural	4.7%
F1 – Hamlets and Isolated Dwellings - Rural	0.5%
No information	0.2%

b. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups?

Protected Group	Findings
Age	Respondents to the consultation questionnaire were asked their age. Analysis of the results reflect similar trends to that outlined in the analysis detailed in the previous section. Of the 1,530 consultation responses that provided information about their age 405 respondents were aged 65 to 74 years, 509 respondents were aged 75 to 84 years, 362 were aged 85 to 84 years and 51 were aged 95 years and over. 249 people of working age (18 to 64 years) responded to the survey. It is clear from the analysis above that predominantly older people utilise this service. Individuals within the consultation response were concerns that older vulnerable adults would have to potentially pay to receive the service.
Disability	Respondents to the questionnaire have been asked whether they considered themselves to have a disability. The consultation response provided a much higher percentage of people who considered themselves to have a disability as this was a self-reported measure, rather than a measure

based off professional assessment (as per the Adult Care Management Information analysis referenced in the section above) or via an official statistical dataset or source (such as entitlement to Personal Independence Payment or Disability Living Allowance, for example). It may also suggest that some information on the Adult Care management system has not been recently reviewed. A number of people who receive the community alarms and telecare service have used the service for a number of years and it could be in that time their health condition has deteriorated so that they now considered themselves to be disabled. In relation to this question 1,576 people provided information and 1,156 respondents considered themselves to have a disability. This is 73% of respondents. Only 420 respondents did not consider themselves to have a disability and 277 people chose not to provide any information in relation to this question. As the self-reported disability levels are significantly higher than the Adult Care Management Information further work will need to be undertaken to assess individuals who may be affected by any proposed service change within the Cabinet Report.

The consultation questionnaire also asked respondents further information about their disability. 1,142 people considered themselves to have a disability which affected their mobility. 813 people considered themselves to have a disability which affected their hearing or vision (sensory impairment). These type of conditions reflect the older age profile of the service and may be associated with limited mobility, frailty and hearing or vision loss associated with older age. Therefore careful consideration needs to be undertaken as to whether these people would be able to access other forms of support that enable them to feel safe and well in their own home.

125 respondents to the consultation considered themselves to have a learning disability and again this reflects the analysis undertaken by the Adult Care Management Information Team.

211 individuals considered themselves to have a mental health issue and 264 people considered themselves to have other types of disability or long-term health condition.

In the consultation survey individuals could select more than one category and the high response rate suggests that

	individuals with more than one disability or long-term health condition took part in the consultation and may be individuals who are on the edge of eligibility for formal health and social care services. The survey response reflects around a fifth of all people who live in Derbyshire and access the service. Therefore it may be that these individuals feel very strongly about the benefits of community alarms and telecare services and therefore chose to take part. However, what is unknown is whether the same prevalence of self-reported disability status would be reflected across the service if 100% response rate was achieved. As the Equality Act (2010) also refers to association with a disabled person, consideration of specific implications for carers in considered in part (c) below.
Gender (Sex)	Respondents to the questionnaire have been asked their gender. As per the analysis above, slightly more females chose to take part in the consultation. We received responses from 705 males and 1,069 females. This may also reflect the fact that some carers and professionals chose to take part in the consultation, reflecting the fact that social care and health professions have a higher percentage of women in them. Carers also tend to be female.
Gender reassignment	This was not asked in the consultation questionnaire and after reviewing the qualitative data provided within the survey response and the feedback from consultation events there were no issues in relation to the equality category in relation to the service and the eligibility for it.
Marriage and civil partnership	Marital status was not specifically asked in the consultation survey. However, we did ask whether individuals lived alone and due to the age profile of the people who access this service, it was found that a higher proportion did live on their own perhaps due to the fact they were widowed. 79% of respondents stated that they lived alone and therefore potentially have a more limited network of support around them. Therefore the community alarm or 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. Qualitative data made reference to the importance of technology supporting people who lived alone to do so safely/

Pregnancy and maternity	This was not asked in the consultation questionnaire and after reviewing the qualitative data provided within the survey response and the feedback from consultation events there were no issues in relation to the equality category in relation to the service and the eligibility for it.
Race	Respondents to the questionnaire have been asked their racial origin and as per the analysis above the majority of individuals consider themselves to be White British. Analysis of the qualitative data provided throughout the consultation suggests there are no particular issues in relation to this equality category and the eligibility for the service. The BME Forum were informed of the launch of the consultation and participation in the consultation was encouraged and therefore it would be anticipated that any key issues raised by the BME population in Derbyshire would be reflected within the consultation analysis.
Religion and belief including non-belief	This was not asked in the consultation questionnaire and after reviewing the qualitative data provided within the survey response and the feedback from consultation events there were no issues in relation to the equality category in relation to the service and the eligibility for it.
Sexual orientation	This was not asked in the consultation questionnaire and after reviewing the qualitative data provided within the survey response and the feedback from consultation events there were no issues in relation to the equality category in relation to the service and the eligibility for it.

Non-statutory

Socio-economic	Affordability and ability to pay for the service was a key theme which was reflected throughout the consultation, especially in the qualitative analysis. Both professionals who work with people who receive the service, providers of the service and other community champions, including a local MP, expressed concerns regarding the introduction of a monitoring charge payment to those people who have received the subsidised service for a number of years and are of older age and have a low income. It was clear throughout the consultation that the change in eligibility criteria would result in more people being asked to pay for the service and that may not be feasible, resulting in people choosing to no longer receive the community alarm and telecare service. Providers and professionals expressed concern that if individuals chose to

end the service due to the fact they were unable to afford it, it may in fact have an adverse impact on the health and social care system with individuals accessing services following a fall, or being unable to manage independently at home with the support of a community alarm and as a result being admitted to hospital or a residential care placement. For example one consultation respondent said:

"I'm also a concerned citizen who believes that the number of service users who will have to go into care without this service, or without being able to afford this service will greatly outstrip any savings, as in my understanding having merely 3 to 4 people having to go into full time care costs a great deal more than the savings from 500 or more proposed people who will lose the service."

"We were given this service free of charge, so feel it is unfair to take this away from myself and others on a low income and no savings. Having to pay for my own safety at an elderly age/ disabled is not supporting us".

And

"My Mum used to have this and it gave great peace of mind, plus saved her going in a home, which would have cost more than the cost of an alarm".

Some individuals, who felt it was important that some sort of service continued, understood that a small contribution to a monitoring charge may have to be introduced and many people acknowledged that local government finance meant that they understood why the county council was having to consider such proposals.

The consultation made clear that an appropriate equilibrium between the council having enough income and funding to the maintain the service had to be balanced against an individual's ability to pay for the service if they were not Care Act eligible and in receipt of publicly funded services.

As per the general user analysis above, analysis of consultation responses by postcodes and the Index of Deprivation (IMD) indicates that a higher proportion of the individuals who access the community alarms or telecare service generally living in the more deprived parts of the county. This is summarized on the table on the next page.

IMD Decile	Count
1	131
2	261
3	295
4	198
5	141
6	138
7	163
8	125
9	52
10	21
No postcode provided	328

Rural	Postcode analysis of the consultation response suggests that there is a slightly lower number of people using the service in the more rural areas of Derbyshire and is summarised in the table on the next page.

District	Count
Amber Valley	281
Bolsover	203
Chesterfield	257
Derbyshire Dales	82
Erewash	164
High Peak	178
North East Derbyshire	196
South Derbyshire	159
No postcode provided	328

The provider of the service in South Derbyshire provided detailed feedback to the consultation and they expressed concern that individuals who lived in more rural parts of the district may feel more isolated if they no longer received the community alarms and telecare service.

Rural Urban classification	Count
A1 – Major conurbation – Urban	41
B1 – Minor conurbation – Urban	422
C1- City and town – Urban	730
D1 – Town and Fringe – Rural	246
E1 – Village – Rural	68
F1 – Hamlets and Isolated Dwellings - Rural	18
No postcode provided	328

c. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

Community alarms and telecare can often be used to provide support to carers and provide reassurance that someone they are caring for is safe and well. This can be someone who is living in the same property as the carer, but also some distance away. Carers can often act as the first contact when an alarm is triggered to provide a response to an individual. Carers who support people with a disability are also considered as part of the Equality Act (2010) legislation in relation to provision regarding 'association with a disabled person'. Therefore an understanding of this population within Derbyshire needs to be considered. According to the 2011 Census there are 92,634 people who consider themselves to be a carer. Many carers responded to the consultation, either individually or on behalf of someone currently receiving the funded community alarms and telecare service. They detailed the value of the service, for example:

Before her death, I was caring for my mother. The use of an alarm system gave me confidence that she would be safe on the occasions where she had to be left alone.

Mum used her alarm on Saturday night after she felt frightened after having an unfamiliar carer put her to be bed. I was able to reassure her and comfort her over the phone.

My mother, now deceased, who I was the main carer for, used DCC telecare equipment, enabling her to stay at home until a few weeks before her death.

d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
Sexual Orientation status Gender Reassignment status Married/Civil Partnership status Pregnancy and Maternity status Religion and Belief status	Will review whether this is a key factor during the consultation and consultation feedback analysis. As noted above the consultation analysis did not highlight any key themes in relation to these known gaps in the data which require further consideration.

Limited service information about current utilisation and monitoring of people who user the service from an Equalities perspective. Reliant on information which has been shared with DCC Adult Care when an individual signs up to the service	Consultation questionnaire has recognised and acknowledged this and has asked questions to inform the EIA. This additional monitoring information has been detailed in the section above and informed the development of the Equality Analysis.

Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations

A range of actions to help mitigate the issues highlighted in the sections above, include:
- Providers and Adult Care will be able to refer to income maximisation resources to support people who may be asked to contribute to charges for a telecare or community alarm service.
- Ensure that information about changes to the service are communicated clearly, noting that an older age group use the service as well as people with a learning disability, sensory impairment or cognitive impairment.
- Individuals identified as having no primary support reason logged will be reviewed by social care staff or staff from a provider organisation to ensure that the information we hold is accurate and up to date.
- Individuals who live alone will be signposted and linked to a range of other locally available community based activity who may be able to provide a network of support.
- Promote any service changes via the BME Forum so that the network of voluntary sector organisations that support communities across Derbyshire can clearly communicate any service change.
- Work with providers in rural areas to mitigate any geographically specific issues that arise through change in eligibility criteria utilising other services and support available from Derbyshire County Council and partners.

Impact will be monitored through the Assistive Technology Board.

Stage 7. Do stakeholders agree with your findings and proposed response?

As part of the development of this Equality Analysis a 'critical friend' was appointed to review and check the analysis to ensure that there were no gaps in analysis or evaluation of any potential equality implications. David Arkle, Housing Manager from Amber Valley Borough Council was asked to review the document and he provided the following feedback in March 2019:

As a critical friend I have read through the report carefully. The assessment is clear that there will be a negative impact on some clients but the assessment is

open and transparent about the impact and the steps that the County Council will introduce to try and minimise the impact'.

David Arkle, Housing Manager , Amber Valley Borough Council

Stage 8. Main conclusions

Following analysis of consultation data and the information contained within this Equality Analysis it is concluded that the proposals will have an adverse impact. However, subject to Cabinet approval, it is recommended to continue with some but not all changes to the eligibility criteria for this service. It is proposed that the following proposals will be adopted with no change:

- Service eligibility to access Derbyshire County Council funded community alarm and telecare services is changed to solely focus on providing equipment and monitoring to Care Act (2014) eligible clients who have an eligible health or social care need.
- The ongoing monitoring and maintenance costs associated with telecare and community alarms for Derbyshire Care Act (2014) eligible clients will be assessed under the appropriate charging regulations and the individual's social care personal budget will reflect this.
- Should a self-funding client subsequently become eligible for financial support under the Care Act 2014 following assessment they will be able to access a social care personal budget that could be used to pay for a community alarms or telecare service.
- Self-funding clients, who are not eligible to receive financial support under the Care Act (2014), would have to pay monitoring and maintenance costs at full cost if they decide they receive the service.
- As part of the six-week reablement service, community alarms and telecare equipment and monitoring is provided free. Following the end of the six week period Non-Care Act eligible clients who choose to retain the service after the end of the reablement period would be required to pay to continue to receive the service. Or, if following full assessment, they are identified as Care Act eligible they would continue to receive the service via a Personal Budget

It is proposed that two of the proposals are refined as the Equality Analysis has demonstrated that people who currently access the subsidised service have often utilised a community alarm or telecare equipment for a period of time and consider it a key part of their day-to-day life and supports their wellbeing and ability to live independently. An introduction of a monitoring charge for these individuals could be prohibitive and result in individuals choosing to no longer utilise community alarm and telecare provision (see section above regarding socio-economic status). In light of this it is proposed that:

- The current users of the community alarms service continue to receive a subsidised service whilst they remain living in their current property. Should

an individual move house through choice or a change in personal circumstances they will be reassessed for community alarm or telecare equipment in line with the Care Act eligibility criteria outlined above.

Equipment is currently provided free of charge to anyone seeking to access community alarms or telecare services via Derbyshire County Council. However, telecare equipment is considered separately to the offer of community equipment and there are potential benefits to the individual and to the council if the provision of equipment, technology and other support is considered in a co-ordinated way to ensure that the package of support meets the identified needs of an individual.

Therefore, it is proposed that:
• Telecare and community alarms equipment is incorporated into the wider community equipment offer and issued in line with other operational arrangements where there is a clear preventative health or social care need for non-eligible Care Act clients. Once the equipment is identified as being no longer required it will be removed by the provider.

Stage 9. Objectives setting/ implementation

Objective	Planned action	Who	When	How will this be monitored?
New eligibility will have a lead in time so that changes and outcome of the consultation can be communicated to people who use the service, the general public, providers and professionals	Changes to the service will take place from 1 April so that appropriate provider and Adult Care operational arrangements can be put in place. Public facing and internal communications will take place to outline the revised eligibility criteria	Adult Care, communications	June to November 2019	Project Implementation Document will be developed and monitored by the Assistive Technology Board, which overseas this programme of work.
Providers and Adult Care will be able to refer to income maximisation resources to support new clients who may be asked to contribute to charges for a telecare or community alarm service.	Liaise with Welfare Rights to arrange for targeted support to be offered to people accessing the service who may want to check whether they are benefiting from a full range of benefits.	Adult Care, district and borough councils	Summer and autumn 2019	Number of individuals referred to Welfare Rights Service as a result of changes to community alarm and telecare provision Evidence of income maximisation activity that results in individuals choosing to retain their community alarm or telecare service
Ensure that information about changes to the service are communicated clearly, noting that an older age group use the service as well as people with a	Ensure that communications material is produced in a variety of formats and where appropriate is tailored to meet an individual's need. Information will also be	Adult Care Stakeholder Engagement Team, Communications Team	Summer and autumn 2019	Evidence that information regarding service change has been provided in a number of formats

learning disability, sensory impairment or cognitive impairment.	developed to be shared with carer's regarding changes to the service			suitable for the client base. Evidence that individuals with a particular support need have understood the changes to the service and any implications this may have for them.
Individuals identified as having no primary support reason logged will be reviewed by social care staff or staff from a provider organisation to see if they have a primary support reason	Adult Care and providers of community alarms and telecare identified group and undertake a risk stratification process to identify individuals who may benefit from a full social care assessment.	Adult Care, providers	Summer and Autumn	Evidence that individuals currently logged on the DCC Adult Care Management Information as having 'Non-PSR' are reviewed and are identified as having a PSR. Evidence that people currently considered to be not eligible for services under the Care Act are identified as eligible.
Individuals identified as having no primary support reason logged will be reviewed by social care staff or staff from a provider	Within the change of service information we will provide information about other forms of local support should an individual who lives alone	Adult Care, providers, Place Alliance members	Summer and autumn 2019	Number of individuals referred to other community support services as a result of changes to

organisation to ensure that the information we hold is accurate and up to date	require other forms of support.			community alarm and telecare provision.

Follow up activity with people accessing the service to demonstrate impact of being linked to other forms of community support |
| Promote any service changes to the BME forum so that the network of voluntary sector organisations that support communities across Derbyshire can clearly communicate any service change. | Ensure that as part of the service change planning a members of staff from Adult Care attends the Derbyshire BME Forum to outline the proposed changes. Provide BME Forum members with suitably tailored information to cascade to various BME groups and organisations across Derbyshire. | Adult Care Commissioning and Stakeholder Engagement Team | Summer 2019 | Information provided to the BME Forum Information packs available for cascade to BME organisations and networks in Derbyshire. Evidence that individuals from a BME community who access community alarms and telecare services are aware of the implications for them of service change. |
| Work with providers in rural areas to mitigate any geographically specific issues that arise through change in eligibility criteria utilising other services and | Have specific discussions with providers in relation to people who live in more rural locations and currently use the service. A case by case approach will be taken to see | Adult Care, providers, Place Alliances | Summer and autumn 2019 | Specific needs for people living in more rural locations are identified and where appropriate addressed through a |

support available from Derbyshire County Council and partners.	if there are any additional mitigating actions which can be put in place to support the individual.			range of local approaches and services.
Consider service charges as part of re-commissioning of the service over the next two year to ensure it remains affordable and work with partners to develop an equitable pricing structure	Learning from consultation and Equality Analysis will inform planned re-commissioning of the service	Adult Care	2019/20	Review of service specification by Assistive Technology Board.

Stage 10. Monitoring and review/ mainstreaming into business plans

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

The learning from this consultation and Equality Analysis will inform future commissioning intentions, so that services can be appropriately tailored to take into account any particular equality considerations. Socio-economic status of individuals and the mixed geography of Derbyshire will be considered when the service specification for community alarms, telecare and other assistive technology services are considered. Through contract monitoring with current providers and following the re-commissioning of the services scheduled for 2019/20 there will be ongoing monitoring and review of equality data to ensure that the services remain fit for purpose and ensure they meet the needs of Derbyshire's varied population.

In 2021 a data analysis exercise will take place to track the impact of the changes in service eligibility by identifying self-funders from lower income households who access the service and seeking to engage with them to understand any potential unforeseen positive or adverse impact of these changes.

Stage 11. Agreeing and publishing the completed analysis

Completed analysis approved by Service Director Julie Vollor, on 8 April 2019.

Where and when published?

Attached to Cabinet Paper (6 June 2019) and published on Derbyshire County Council website

Decision-making processes

Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures

Attached to report (title): OUTCOME OF THE CONSULTATION ON ELIGIBILITY CRITERIA FOR COMMUNITY ALARMS AND TELECARE SERVICES

Date of report: 6 June 2019

Author of report: Ellen Langton

Audience for report e.g. Cabinet/ date: Cabinet 6 June 2019

Web location of report: to be confirmed

Outcome from report being considered

That Cabinet:

i. Notes the outcomes of the consultation and Equality Analysis outlined in section 2 of the Cabinet report and the attached appendices.

ii. Agrees to implement a new eligibility criteria for Derbyshire County Council funded community alarms and telecare services from 1 November 2019 to focus on supporting adults with an identified health and social care need in accordance with the duties of the Care Act (2014) as outlined in section 4 of this report.

iii. Agrees that the Derbyshire community alarms and telecare offer is simplified to focus on a core offer of community alarm and telecare equipment and monitoring as described in section 5 of the report.

iv. Notes that changes to the eligibility criteria for community alarms and telecare will be widely communicated to people who use the service, the general public, key groups such as the BME Forum, providers and health and social care professionals

v. Agrees that Adult Care works with providers via a proactive contract management approach to ensure that the service demonstrates value for money and is sufficiently targeted at those individuals with a health or social care need.

vi. Notes that as other forms of new technology is utilised across Adult Care specific or bespoke eligibility criteria may need to be developed.

Details of follow-up action or monitoring of actions/ decision undertaken

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Updated by:

Date: