



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE - PEOPLE

WEDNESDAY 7 SEPTEMBER 2022

Report of the Executive Director – Adult Social Care & Health

Results of the consultation on proposals for the future provision of the assistive technology monitoring service for community alarm only clients

1. Purpose

- 1.1 A report was presented to Cabinet on 10 February 2022 which sought approval to undertake a public consultation on proposals for the future provision of the Assistive Technology Service for all community alarm only clients. Following Cabinet approval, the consultation took place between 21st February 2022 and 1st May 2022.
- 1.2 The purpose of this report is to inform the Scrutiny Committee of the outcome of the public consultation and provide an opportunity for the Scrutiny Committee to submit comments to Cabinet for consideration in making its decision.

2. Information and Analysis

- 2.1 The AT service (previously called community alarm and telecare service) has been in place since 2003, when the responsibility of the Supporting People programme transferred to the Council. As part of this transfer of funding responsibility, the Council was required at that time to maintain the funding arrangements for nearly 5000 people who were supported by the provision of community alarm and telecare.

There are 3 main types of assistive technology available, which can be used either independently or as combined assistance. They are community alarms, telecare and activity monitoring.

- Community Alarm: An analogue based system with a pendant or wristband that connects to a telephone line through a base unit. If help is needed, the person can get help by pressing the button on the pendant.
- Telecare: It can be used throughout the home to support people with identified social care needs and their carers, for example, bed/chair occupancy sensors, falls detector and property exit sensors.
- Activity Monitoring: The system is used by social care professionals to monitor activity when working with people who may have difficulty communicating their needs to other people including their family or social care professionals.

Both the community alarm and telecare equipment operate 24 hours a day, seven days a week and are either installed in individual homes that use the person's telephone line or connected to hard wired systems in sheltered accommodations. The community alarm and telecare equipment can either be connected to a monitoring centre or stand-alone equipment (e.g. pager) to alert others if assistance is needed.

- 2.2 In June 2019, the Council's Cabinet made a decision to continue funding the monitoring charges for the legacy clients and approved implementation of the new eligibility criteria for new clients from 1 November 2019 [Cabinet report](#). The new criteria limited eligibility to only those aged 18 and over, assessed under the Care Act (2014) as having eligible needs and who would benefit from use of the AT service. Eligibility for support would also be subject to a co-funding assessment meaning some individuals would have to pay for or contribute to their own support [Paying for non-residential care - Derbyshire County Council](#).
- 2.3 A report was presented to Cabinet on 10 February 2022 to request approval to consult with clients of the community alarm only provision of the AT service on proposals for making changes to the eligibility criteria to ensure it is fair and equitable across Derbyshire. This is because there are currently two groups of funded clients, the legacy clients (individuals who have received the service prior to 1 November 2019) and the Care Act eligible clients.

2.4 The options for consideration within the consultation were:

Option One – New Model

Anyone who currently receives the DCC funded community alarm service because they are considered to be a 'legacy client' would no longer automatically have their monitoring charge paid for by the Council. Instead, everyone whose current service is limited to a DCC funded community alarm would be subject to an assessment and would be reviewed in accordance with the Care Act (2014) to decide whether they are eligible under Section 2 or Section 18.

Those people assessed as eligible for support under Section 2 would be provided with the equipment free of charge and would need to pay the monitoring cost directly to the provider of the service.

Those people assessed as Care Act eligible under Section 18 and requiring a wider package of care, which includes a community alarm, would be provided with the equipment free of charge but in relation to the ongoing monitoring charges, would be assessed in accordance with the Council's co-funding policy and the individual's personal budget would reflect this.

Those people assessed as Care Act eligible under Section 18 requiring a community alarm only and no wider package of care would be provided with the equipment free of charge, but in relation to the ongoing monitoring charges, would pay the monitoring cost directly to the provider.

The DCC funded community alarm service would continue to be provided free of charge (including equipment and monitoring charge) as part of the Council's short term service offer. At the end of the period of short-term support, people would be assessed, as set out above, to confirm whether they are eligible to continue receiving the community alarm service in the longer term.

Anyone not eligible under the Care Act (2014) and/or any self-funding clients would continue to have the ability to obtain a community alarm from available providers at their own cost and would be signposted accordingly.

Should a person become otherwise eligible for the DCC funded community alarm service in future, they would be assessed as set out above.

A transition period would be offered to all clients that are assessed as responsible for their ongoing monitoring charges, to identify any alternative arrangements they wish to put in place.

Option Two – existing offer

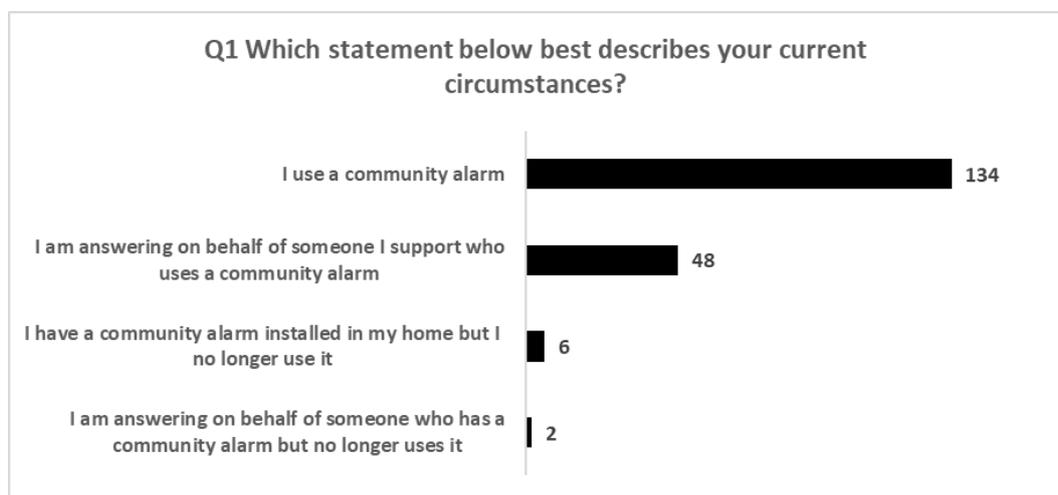
The alternative to the proposed new model is to continue with the two-tier inequitable system of eligibility. Under this model, new clients would continue to be assessed against Care Act (2014) criteria and ongoing monitoring charges are paid for by the client themselves or reflected in their personal budget, and legacy clients would continue to be funded by the Council.

- 2.5 Appendix 2 has further details of the proposals.
- 2.6 The consultation used a quantitative and qualitative approach to gather people's views about the proposed changes. Officers enabled as many people as possible to take part, by offering a range of ways in which they could share their views:
- a) All clients who currently receive a community alarm only were sent a letter following the Cabinet decision to consult on the proposals for the of the Assistive Technology Community Alarm Service.
 - b) The questionnaire was made available in different formats on request, such as other languages or larger print if this was more appropriate.
 - c) Information regarding the consultation was available on the Derbyshire County Council Consultation webpage [Changes to the eligibility criteria for the community alarm system - Derbyshire County Council](#) which gave an outline of the proposals and the ways in which people could share their views.
 - d) People were also given the opportunity to request a paper copy of the questionnaire via the Stakeholder Engagement and Consultation Team and returned their response using the postal questionnaire.
 - e) There was also opportunity to write into the Council via a letter or email to a dedicated email address.
 - f) Telephone interviews were offered for those people requiring support to complete the questionnaire.
 - g) Staff from the Adult Care Stakeholder Engagement and Consultation Team arranged four virtual meetings co-hosted by a Service Manager from Adult Social Care Commissioning Team, in which participants were given the opportunity to give their views. Only two meetings went ahead due to no bookings being made for the other two virtual meetings.

2.7 There were 5 distinct areas from which qualitative information was analysed where the feedback was clearly coded and reported as information.

1. Information gathered during virtual meetings
2. Information from letters
3. Information from emails
4. Information from telephone calls
5. Information contained within the open text boxes on the questionnaire.

2.8 Below is a summary of the number of people who responded:



2.9 In total, 190 questionnaires were completed, and 9 responses were received via email, letter, at a meeting or via telephone call. The Stakeholder Engagement Team (SECT) themed the responses from all qualitative information gathered from the questionnaires, letters, emails, telephone calls, and meetings. Overall, 268 comments were received in addition to the quantitative data received.

2.10 The Adult Care Stakeholder Engagement and Consultation Team (SECT) analysed the responses, please see Appendix 3 for detailed information.

The following summary considers all questions asked and responses received, including quantitative responses and themes identified during the analysis by SECT.

Summary from responses received:

Service benefits

The questionnaire asked people to consider the main benefits of the service. Respondents considered there to be multiple and almost

equally important benefits to having a community alarm, in particular feeling safe, providing reassurance and getting help when needed.

Importance of technology

The questionnaire asked people to consider how important technology was as part of the overall social care support they receive. Almost two thirds of respondents answered that using technology is 'very important' or 'important'.

Eligibility

There was a mixed response regarding the proposed eligibility criteria for the provision of community alarms. This can be further seen in the comments provided by respondents which shows responses are based on individual circumstances.

Introduction of monitoring charges

56.3% and 54.7% of respondents either disagreed or strongly disagreed with the proposal regarding monitoring charges, the higher figure being for those with a community alarm only and the lower for clients with a wider package of care. There were similar levels of overall agreement (24.2% and 23.2%), but with more respondents suggesting they neither agreed nor disagreed with monitoring charges as part of a wider package of care.

Overall, 23.2% of respondents said they would be happy to pay the monitoring charges for their community alarm, with 25.3% being neither happy or unhappy and 51.6% being unhappy with only around half of these were extremely unhappy.

However, when asked what they would be prepared to pay, 52.6% said they would be willing to pay up to £5 per week, with a very small number of respondents saying they would be willing to pay over £5. The remaining 44.74% stated saying they did not want to pay.

Summary of themes from qualitative comments:

Agree with proposals

Some respondents felt that the proposals were acceptable, and they agreed. Largely, people want to continue using their community alarm but also agree this option should be available to more individuals who might need them.

Alternatives available

Some people indicated that they might choose to use their mobile phone instead of continuing to use their community alarm.

Appreciation of service

Some respondents made comments that they were appreciative of the value of having a community alarm and provided examples of where this has been effectively used. The community alarm provides peace of mind and is considered vital to helping people to feel safe, build their confidence and maintain their independence and avoids the need for additional services.

Concern for vulnerable clients

Some respondents felt that the proposals were a concern, and they had concerns for the new criteria's being addressed. There is feedback suggesting that based on the age and/or individual circumstances of those people who currently have their monitoring charges paid for them that it would be inappropriate to leave them without this support, regardless of eligibility.

Confusion over monitoring charges

Some people appear to have been unclear about the way in which the monitoring charges would work and who would have to pay this, for example if they receive a wider package of care.

Disagreement with the proposal

Some respondents made comment that they were not in agreement with the proposals being addressed and did not want the changes to happen. Some people commented that people shouldn't have to pay, by virtue of their age or need, regardless of Care Act eligibility.

Distress to clients

Some respondents felt that the proposals were causing them some distress and anxiety, due to the uncertainty as to whether they would have to pay their community alarm monitoring charges in the future.

Prepared to pay

A significant number of people commented that paying towards monitoring charges was reasonable to maintain a good service but requested that charges should be kept to a minimum.

Pressure on personal finances

Some respondents made comment that the proposed charges could not be paid for. There was particular concern around the charges in addition to the continuing rise of the cost of living. Many respondents stated that they are already struggling to make ends meet, without the additional pressure of paying for their community alarm.

Regular assessment

Some people felt that assessments should be ongoing to ensure the correct people are receiving the service.

- 2.11 The next steps are for Cabinet to consider the responses from the consultation and the Equality Impact Assessment (EIA) to decide on proposals to change the eligibility criteria. This is an opportunity for Scrutiny Committee to make comments for the Cabinet to consider.

The Scrutiny Committee should be mindful that the EIA, which has yet to be produced, will play a role in the decision making as it must be given due regard by Cabinet.

3 Consultation

- 3.1 There is no requirement in terms of consultation for Scrutiny Committee. The public consultation is outlined above, and further details can be found in Appendix 3.

4 Alternative Options Considered

- 4.1 Not applicable

5 Implications

- 5.1 Not Applicable

6 Background Papers

- 6.1 None

7 Appendices

- 7.1 Appendix 1 - Implications
7.2 Appendix 2 – Cabinet Report 10th February 2022: Assistive Technology Service
7.3 Appendix 3 – Consultation report on proposals for the future provision of the assistive technology service for community alarm only clients

8 Recommendation(s)

That Committee:

- a) Notes the responses to the public consultation
- b) Notes that all such matters will be considered and included within a comprehensive and robust Equality Impact Analysis (“EIA”) which will be incorporated within any future Cabinet Report which may be presented in due course and further notes that in the event of this occurring Cabinet will fully consider the EIA as part of its decision making in the
- c) Considers responses to the Public Consultation and provides comments to Cabinet for consideration when making its decision on the Assistive Technology service.

9 Reasons for Recommendation(s)

- 9.1 An Equality Impact Analysis is being prepared to reflect the issues raised during the consultation process, which will incorporate comments from scrutiny.
- 9.2 The Cabinet will need to have regard to the comments from scrutiny thereof in any decision making.

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Implications

Financial

1.1 Not applicable for Scrutiny Committee

Legal

2.1 Not applicable for Scrutiny Committee

Human Resources

3.1 Not applicable for Scrutiny Committee

Information Technology

4.1 Not applicable for Scrutiny Committee

Equalities Impact

5.1 Not applicable for Scrutiny Committee

Corporate objectives and priorities for change

6.1 Will be included within any future Cabinet Report

Other (for example, Health and Safety, Environmental, Sustainability, Property and Asset Management, Risk Management and Safeguarding)

7.1 Not applicable