



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

CABINET

27th July 2023

Report of the Executive Director - Adult Social Care and Health

**OUTCOME OF CONSULTATION ON ELIGIBILITY CRITERIA FOR
COMMUNITY ALARM ONLY CLIENTS
(Cabinet Member for Adult Care)**

1. Divisions Affected

1.1 County-wide

2. Key Decision

2.1 Key Decision

Yes this is a key decision because it will

(a) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; and

(b) to be significant in terms of its effects on communities living or working in an area comprising 2 or more electoral divisions in the County.

3. Purpose

3.1 The purpose of this report is:

a) To inform Cabinet of the outcomes of the consultation regarding the proposals to implement new eligibility criteria for Derbyshire County

- Council's community alarm only legacy clients (those not impacted by previous eligibility criteria changes in November 2019)
- b) To inform Cabinet of the outcome of the Equality Impact Analysis.
 - c) To make recommendations about the preferred course of action

4. Information and Analysis

Background

- 4.1 The Assistive Technology (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 5,000 people who were supported by the provision of community alarms and telecare.
- 4.2 There are 3 main types of assistive technology (AT) available, which can be used either independently or as combined assistance. They are community alarms, telecare, and activity monitoring. A community alarm is fitted in someone's home and consists of a base unit and pendant or wristband. When the person needs help, they press the button and are connected to help via a monitoring centre. For those devices connected to a monitoring centre (i.e. not a stand-alone pager type device), there is a monitoring charge for this service.
- 4.3 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. Legacy clients are those clients that received a Derbyshire County Council (DCC) funded service prior to 1 November 2019 by virtue of their entitlement to housing benefit or pension credit and were not subject to a Care Act 2014 assessment. Most community alarm only clients are legacy clients. The new criteria, implemented on 1 November 2019, 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 people would have to pay for or contribute to their own support in accordance with the Council's non-residential co-funding policy.
- 4.4 The Council is proposing changes to the community alarm provision of the AT service to ensure that the eligibility criteria is fair and equitable across Derbyshire. This is because there are currently two groups of clients, the legacy (individuals who have received the service prior to 1 November 2019) and the Care Act eligible clients. It is proposed that an

assessment will be carried out for all community alarm only clients including both legacy and Care Act eligible clients to ensure that the provision of the service is based on either Section 2 or Section 18 of the Care Act (see Section 2.1 of Appendix 1 of this cabinet paper for details of Section 2 and Section 18 of the Care Act).

- 4.5 The proposals set out changes to the ongoing monitoring charges for those with a community alarm element of the AT service, as set out below.

Current community alarm provision

- 4.6 Derbyshire County Council currently fund community alarms services that provide 24 hours a day seven days a week alarms monitoring provision for people across the county. Community alarm 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.
- 4.7 Currently, there are a range of different alarms monitoring arrangements in place across each district and borough authority area, based on current contract provision.
- 4.8 Additional items of equipment can be added to the basic community alarm system, as part of the Derbyshire Adult Care telecare offer. However, clients that currently have a telecare package are not being considered as part of this consultation.
- 4.9 Currently, 4381 people receive support via the provision of Assistive Technology. 2615 of these receive a community alarm only service.

Eligibility for current service provision

- 4.10 Currently, community alarm provision is based on two different sets of eligibility criteria, dependent on whether the client received the service before or after 1 November 2019.
- 4.11 The new criteria adopted on 1 November 2019 limited availability to only those assessed under the Care Act 2014 as having eligible care needs and warranting use of the AT service.

- 4.12 For anyone that received a community alarm service prior to 1 November 2019 (legacy clients), community alarms are provided free of charge, with no requirement to pay a monitoring charge.

Drivers for change

- 4.13 Adult Social Care is committed to ensuring that the services which it procures and provides for the people of Derbyshire are equitable, high quality, and deliver value for money. As such the department has needed to review the current community alarm service arrangements to consider how they can deliver more equitably and consistently within the same resource capacity to ensure that those people who have an assessed need for the service are able to access it. Other local authorities in Derby, Nottingham, Nottinghamshire/shire and Leicester/shire have already revised their AT offer, all having a monitoring charge, and most charging the same amount to all clients, regardless of Care Act eligibility. Derbyshire now needs to consider similar proposals.
- 4.14 As part of the Enterprising Council approach, the Council Plan sets out clear ambitions to be an efficient and high performing Council delivering value for money services. As a result, the Council is exploring creative ways to better utilise the resources it has available services and ensuring that the operating model is fit for purpose. As part of the procurement of a new service, there are opportunities to explore how the authority develops its AT offer to support people by including the service as part of the person's Care Act eligible support package. There is a wide range of other technologies that allow people with impaired mobility, with disabilities (physical or learning), and sensory impairments to live as independently as possible on a day-to-day basis.

10 February 2022 cabinet decision and proposals

- 4.15 On 10 February 2022, Cabinet agreed to the commencement of a 10-week consultation exercise on the future of the Assistive Technology (AT) service for all community alarm only clients.
- 4.16 People were asked for comments and feedback on the proposals outlined below:

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 Care Act 2014 and those people assessed eligible under Section 18 Care Act 2014 as requiring a community alarm only and no wider package of care 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.

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.

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.

- 4.17 The formal public consultation took place between 21st February 2022 and 1st May 2022. Adult Social Care became aware of an administrative error, which meant a number of people had not received the consultation letter. To ensure everyone had an opportunity to give their views, a targeted consultation was re-opened for those missed clients between Tuesday 27 September 2022 to Monday 5th December 2022. Those that had previously been consulted were also offered the opportunity to give any additional comments.

Response to the consultation

- 4.18 2,615 people, namely all those who currently receive a community alarm only service, were sent a letter following the Cabinet decision to approve the consultation of the proposals for the of the Assistive Technology Community Alarm Service. The letter explained the consultation and included a link to a questionnaire in relation to the current service and the proposed changes.
- 4.19 The consultation used a quantitative and qualitative approach to gather people's views about the proposed changes, asking for direct responses and additional comments.
- 4.20 A total of 313 people responded to the consultation, representing 12% of those who received a letter.

Analysis

- 4.21 The comments received, were analysed and coded by the ASCH Stakeholder Engagement and Consultation Team (SECT) into several themes arising from the data.
- 4.22 Service users consider 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 and almost two thirds of respondents answered that using technology as part of the overall social care support they receive is 'very important' or 'important'.
- 4.23 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. Overall, 51.5% did not disagree with the

proposals to assess all those legacy clients currently in receipt of a community alarm only, in accordance with Care Act (2014) criteria. Of these, 34.1% agreed or strongly agreed.

- 4.24 Overall, 46.2% did not disagree with the proposals to introduce a monitoring charge. More specifically, this was 44.9% who did not disagree with the proposed changes for those with a community alarm only and 47.5% who did not disagree with the proposed changes for those with a wider package of care. 23.8% and 22.9% agreed or strongly agreed that monitoring charges should be introduced.
- 4.25 Overall, 20.8% of respondents said they would be happy to pay the monitoring charges for their community alarm, with 26.4% being neither happy or unhappy and 52.8% being unhappy to do so.
- 4.26 However, when asked what they would be prepared to pay in the event that monitoring charges are implemented, 51.9% said they would be willing to pay up to £5 per week, a small number of respondents said they would be willing to pay over £5. 45.4% of respondents stated they did not want to pay.
- 4.27 A number of key themes were derived from the qualitative comments, consisting of:
- Agree with proposals
 - Alternatives available (e.g. mobile phone)
 - Appreciation of service being received
 - Concern for vulnerable clients
 - Confusion over monitoring charges
 - Disagreement with the proposal
 - Distress to clients caused by proposals
 - Prepared to pay
 - Pressure on personal finances
 - Regular assessment needed
 - Unused equipment in place currently
 - Other – not falling into a theme
- 4.28 Detailed information about the consultation and feedback received is set out in Appendix 2 and should be read alongside this report.
- 4.29 Whilst there is clearly some apprehension from the consultation responders, there is also an acknowledgement of the importance of the service to those in need and an acceptance by many on the need for change. The consultation responses have been very carefully considered and have helped shape the recommendations made in this report.

Equality Impact Analysis (EIA)

- 4.30 In response to the consultation, an EIA has been completed to understand the impact on protected characteristic groups who may be receiving a community alarm service. The EIA utilises the data from the consultation report to help populate the impact analysis and to develop appropriate mitigations to reduce the impact of any proposed changes.
- 4.31 The EIA is set out in Appendix 3 and should be read alongside this report. The EIA has been carefully considered alongside the recommendations within this report.

Recommendation

- 4.32 This recommendation is informed by the outcome of the consultation and the need to promote a more transparent and equitable service.
- 4.33 The recommendation is that Cabinet agrees a new eligibility criterion for all Derbyshire County Council community alarm only clients, to focus on supporting those with an identified health and social care need, pursuant with the duties of Section 2 and Section 18 of the Care Act 2014, including relevant financial assessments. This would end the current two-tier system of eligibility.

A full description of recommended changes is detailed in the proposals in 4.16 but are summarised below:

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 Care Act 2014 and those people assessed eligible under Section 18 Care Act 2014 as requiring a community alarm only and no wider package of care 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.

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.

A Care Act assessment would subsequently commence for all those that currently have a community alarm only to determine their eligibility for the service. This review will include the current usage of the community alarm by the individual.

- 4.34 After relevant assessments have been completed for all community alarm only clients, a transition period of 12 weeks would apply to all clients that are deemed as not eligible under Section 2 or Section 18 of the Care Act 2014 and/or who will be responsible for an ongoing monitoring charge, in order to identify any alternative arrangements, they wish to put in place.
- 4.35 The Equality Impact Analysis (see Appendix 3) highlighted several mitigations to the apprehension around the proposed changes and around issues of safety and feeling safe, as well as concerns over affordability. These mitigations include financial assessments and internal referrals to other services, for example, Welfare Rights and First Contact as well as external organisations. This can include advice and guidance regarding mobile phones, virtual assistants and smart home devices. These measures will be integrated into the assessment process from the outset to ensure all avenues of potential support are offered, both social and financial. For those that are not Care Act eligible, every effort will be made to ensure they have support to access alternative arrangements should they wish to continue receiving a community alarm service, as well as advice on alternative forms of support to feel safe at home.

Next steps

- 4.36 Should Cabinet agree to the recommendations set out in this report, work would commence to assess the community alarm only clients, including recruitment of staff and further development of a triage process. It is expected that the assessment process could take 12 to 18 months due to the current volume of community alarm only clients.

5. Consultation

5.1 The Council conducted a public consultation exercise for a period of 10 weeks, including consultation with current service recipients. The consultation has enabled the Council to:

- Provide information on the proposal for changes to the eligibility criteria and seek views and concerns in relation to this.
- Use the information from the public consultation to consider the proposals, taking into consideration the specific comments and concerns submitted.

5.2 The results of the consultation were presented to the Improvement and Scrutiny Committee (People) on 8 February 2023:

Committee members had asked officers to draw the attention of Cabinet members to the complex situation and to stress that this decision needed careful consideration.

6. Alternative Options Considered

6.1 Do nothing: The current inequitable system would remain, with those clients referred since 1 November 2019 being assessed under Care Act 2014 eligibility criteria, whereby individuals are subject to charging arrangements, whilst the Council continues to fund all legacy clients, regardless of their Care Act 2014 eligibility. Current provision would maintain an unfair and inequitable service across Derbyshire since legacy clients would make no contribution.

6.2 Removal of eligibility: To discontinue the Care Act eligibility criteria for new recipients of the community alarm only service and remove all charging, with the Council retaining responsibility for both ongoing monitoring charges and the provision of the community-based equipment.

7. Implications

7.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

8. Background Papers

8.1 Cabinet Report 10 March 2022: Report of the Executive Director - Adult Social Care and Health: Assistive Technology Service click [here](#) for link. To seek permission to commence a consultation.

- 8.2 Improvement and Scrutiny Committee – People – 08 February 2023: Report of the Executive Director - Adult Social Care and Health: Results of the consultation on proposals for the future provision of the Assistive Technology monitoring service for community alarm only clients. Click [here](#) for link to paper.

9. Appendices

- 9.1 Appendix 1 – Implications
- 9.2 Appendix 2 – Consultation report
- 9.3 Appendix 3 – Equality Impact Analysis

10. Recommendation(s)

10.1 That Cabinet:

- a) Notes the outcomes of the full report on the consultation responses received and the detailed analysis of the feedback in Appendix 2 and the Equality Impact Analysis (EIA) in Appendix 3.
- b) Approves the implementation of new eligibility criteria for the provision of Derbyshire County Council community alarm only clients, to focus on supporting adults with an identified health and social care need in accordance with the duties of sections 2 and 18 of the Care Act 2014, as set out in sections 4.16 of this report.

11. Reasons for Recommendation(s)

11.1 The reasons for the recommendation to change the eligibility criteria for community alarm only clients are:

- a) To ensure a fair equitable service for all people who require a community alarm only service, regardless of when they began receiving the service.
- b) Support ASCH's legal duty to 'reduce, prevent and delay' people requiring more intensive statutory care.
- c) To realise efficiencies to reinvest into a modernised AT offer to increase the independence of Derbyshire residents who draw on care and support.
- d) To ensure that the Council complies with its legal obligations under statute or guidance.

12. Is it necessary to waive the call-in period?

12.1 No

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|----------------|------------------|------------------|------------------------------------|
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Implications**1. Financial**

1.1 The current contractual commitment to 31 March 2024 is summarised below:

| CONTRACTED PROVIDER | COMMITMENT 2022-2023 (£m) |
|---|--------------------------------------|
| Futures Housing Group (Amber Valley) | 0.120 |
| Bolsover District Council | 0.144 |
| Chesterfield Borough Council | 0.128 |
| High Peak Borough Council | 0.064 |
| South Derbyshire District Council | 0.065 |
| Tunstall Response Ltd - Derbyshire Dales, Erewash and North East Derbyshire (in-house) | 0.070 |
| Total | 0.591 |

1.2 The monitoring cost for the current number of community alarm only clients (2,615) is as follows:

| Area | Number of com/al only clients | Monitoring charge cost to DCC (weekly) | Cost for all com/al only clients for 1 week | Cost for all comm/al only clients per annum |
|-------|-------------------------------------|---|---|--|
| AV | 567 | £2.60 | £0.005m | £0.266m |
| Bol | 623 | £2.55 | | |
| Ch | 350 | £2.58 | | |
| DD | 116 | £0.45 | | |
| Ere | 235 | £0.45 | | |
| HP | 387 | £2.07 | | |
| NED | 308 | £0.45 | | |
| SD | 29 | £2.07 | | |
| TOTAL | 2,615 | | | |

2. Legal

1.3 In assessing these proposals, the Council should also have regard to its statutory duties under the Care Act 2014 and equalities legislation.

Section 2 of the Care Act 2014 requires local authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- contribute towards preventing or delaying the development by adults in its area of needs for care and support.
- contribute towards preventing or delaying the development by carers in its area of needs for support.
- reduce the needs for care and support of adults in its area.
- reduce the needs for support of carers in its area.

- 1.4 The Care and Support Statutory Guidance is clear that the care and support system must work to actively promote well-being and independence and does not wait to respond when people are in crisis by early interventions which prevents need or delays deterioration wherever possible. The importance of preventative services is highlighted further within Section 1(3)(c) Care Act 2014, which requires local authorities to have regard to the importance of preventing or delaying the development of needs for care and support.
- 1.5 Adults who are in receipt of the preventative services will not necessarily require a wider package of care and may receive this support in isolation.
- 1.6 Whilst Section 2 of the Care Act 2014 permits a local authority making a charge for the above, the Care and Support (Preventing Needs for Care and Support) Regulations explicitly prohibit making a charge for a service which consists of the provision of community equipment (aid and minor adaptations). Community equipment is defined within the Regulations as an aid, or a minor adaptation to property, for the purpose of assisting with nursing at home or aiding daily living and, for the purposes of these Regulations, an adaptation is minor if the cost of making the adaptation is £1,000 or less. Any charge for the first 6 weeks of intermediate care and reablement support services is also not permitted.
- 1.7 In addition to the duty under Section 2 of the Care Act 2014, the local authority is also under a duty to meet an adult's eligible needs pursuant to Section 18 Care Act 2014. The eligibility criteria is set out within the Care and Support (Eligibility Criteria) Regulations 2015. An adult's needs meet the eligibility criteria if:
- the needs arise from or are related to a physical or mental impairment or illness.
 - as a result of the adult's needs, they are unable to achieve two or more of the outcomes (outcomes defined below); and

- as a consequence, there is, or is likely to be, a significant impact on the adult's wellbeing.

1.8 The outcomes referred to above are:

- 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.

1.9 Where an adult is assessed as having eligible needs, the local authority must consider what can be done to meet those needs; this may include the provision of AT.

1.10 Whilst Section 14 Care Act 2014 permits a local authority to charge for meeting needs under Section 18 Care Act 2014, the Care and Support (Charging and Assessment of Resources) Regulations 2014 explicitly prohibit making a charge for a service which consists of the provision of community equipment (aid and minor adaptations). Any charge for the first 6 weeks of intermediate care and reablement support services is also not permitted as per eligibility pursuant to s2 Care Act 2014 set out in 2.4 above

1.11 The Care and Support Statutory Guidance provides no further direction on the issue.

1.12 The proposals put forward maintain the provision of the equipment for those assessed as requiring the same free of charge – the charges recommended for implementation relate to the provision of monitoring rather than maintenance of the equipment.

1.13 As stipulated in 2.5 above Regulation 7 Care and Support (Charging and Assessment of Resources) Regulations 2014 applies hence any charge must not reduce the income of the adult concerned below the minimum income guaranteed ('MIG') amount.

1.14 Under the new proposals any charges applied will lead to individuals being assessed in accordance with the Council's Co-Funding policy (the framework for non-residential charging) when the alarm is supplied as

part of a wider package of care. The Co-Funding policy has a MIG embedded within the financial assessment undertaken to determine contributions payable.

- 1.15 Where the individual is in receipt of an alarm only, provided pursuant to either Section 18 or Section 2 of the Care Act 2014, a financial assessment will be necessary to ensure that by paying the monitoring charges the individual's income does not fall below the MIG. The Council already operates a hardship fund to support anyone falling under the MIG threshold.
- 1.16 The proposed changes being made to the community alarm element of the AT service by changing the eligibility criteria for all community alarm only clients would ensure a consistent approach, bringing legacy clients in line with those referred for the service since 1 November 2019 achieving parity for Derbyshire residents
- 1.17 Proposals to make significant changes in service provision required consultation with the public and those directly affected, including service users, and carers and relevant stakeholders. This has occurred
- 1.18 The Gunning principles set out the common law principles to be observed when undertaking consultation. R v London Borough of Brent ex parte Gunning [1985] 84 LGR 168 established these principles, which set out that a consultation is only lawful when these four principles are met:
 1. Proposals are still at a formative stage - A final decision has not yet been made, or predetermined, by the decision makers.
 2. There is sufficient information to give 'intelligent consideration' - The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response.
 3. There is adequate time for consideration and response- There must be sufficient opportunity for consultees to participate in the consultation. In the absence of a prescribed statutory period, there is no set timeframe for consultation, though it is widely accepted that twelve-week consultation period is sufficient. The adequacy of the length of time given for consultees to respond can vary depending on the subject and extent of impact of the consultation.
 4. 'Conscientious consideration' must be given to the consultation responses before a decision is made. Decision-makers should be

able to provide evidence that they took consultation responses into account.

- 1.19 Following the consultation, Members will now need to take careful account of the views expressed in arriving at their decision. In addition, any final decisions must also consider the rights of service users as set out in the Human Rights Act 1998, specifically Article 8, "Right to respect for private and family life".

In coming to a decision, the Council should also have regard to its statutory duties under the Care Act 2014 as set out above and the Public Sector Equality Duty (PSED) under the Equality Act 2010.

The PSED requires public authorities to have "due regard" to:

The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 (*section 149(1a)*).

The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (*section 149(1b)*). This involves having due regard to the needs to:

- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic (*section 149(3)(a)*);
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (*section 149(3)(b)*); and
- encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low (*section 149(3)(c)*).

A full Equality Impact Assessment has been prepared during the consultation process reflecting issues raised during the consultation process and is appended to this report. Cabinet members must have due regard to this report to ensure that it is satisfied that any adverse impact and the proposed mitigation allows it to meet the legal obligations set out above.

3. Human Resources

- 1.20 None directly arising

4. Information Technology

1.21 None directly arising.

5. Equalities Impact

1.22 The delivery of this proposal will have some implications for some older, frail individuals but mitigations have been considered to reduce the impact and will be part of the future redesign of the service. It is not considered that anyone from a protected characteristic group(s) will be adversely impacted by the proposal. It should be noted that by widening access to the service more protected characteristic group(s) could benefit. A full Equality Impact Analysis has been undertaken, including mitigations, and is at Appendix 3.

6. Corporate objectives and priorities for change

1.23 In the Council Plan 2021-2025 the Council states that listening to, engaging and involving local people to ensure services are responsive and take account of what matters most to people, as being a core value. This report illustrates that through consultation the Council has listened and responded to the feedback from residents by reviewing the proposals submitted in the consultation and reviewing the recommendation to the Council.

1.24 The proposal also aligns with the Council Plan key priorities, in particular:

- Resilient, healthy and safe communities
- High performing, value for money and resident focused services
- Effective early help for individuals and communities.

1.25 The Council commenced a transformational programme, now called Best Life Derbyshire, in November 2019. The programme was established to redesign existing services to ensure that the Council is putting people at the heart of everything we do, to embed strengths-based approaches to assessments and the provision of care and support, by making sure the right solutions are available in the right place, at the right time. AT is an essential consideration when taking a strengths-based approach to supporting an individual's independent living in the community.

The outcomes of the programme that are supported by the use of AT are:

- A place people call home
- Making it simpler and easier to stay independent
- Connecting people and communities
- A connected system of support

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

- 1.26 The original consultation ended almost a year ago and the report refers to how as a result of administrative error the consultation exercise between 21 February 2022 and 1 May 2022 did not involve certain people who should have been consulted. However, any risk arising as a result of these points is mitigated by the additional consultation which took place in response to the error between 27 September 2022 and 5 December 2022. The second, targeted consultation, was undertaken swiftly after the error was discovered, and allowed those who had previously not been consulted to participate. Additionally, those that had previously been consulted were informed, and offered the opportunity to give further comments if desired.

CONSULTATION REPORT ON PROPOSALS FOR THE FUTURE PROVISION OF THE ASSISTIVE TECHNOLOGY SERVICE FOR COMMUNITY ALARM ONLY CLIENTS

1. Purpose of the Report

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. We subsequently became aware that an administration error had arisen which meant a number of individuals, were not sent the consultation letter. In order to ensure everyone had the opportunity to give their views, a targeted consultation was re-opened for those clients missed in the original exercise between Tuesday 27 September 2022 to Monday 5th December 2022. Those that had previously been consulted were also offered the opportunity to give any additional comments.

The options for consideration were:

- **Option One – New Model**

Anyone who currently receives the DCC funded community alarm service because they are 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 for this provision.

Those people assessed as eligible for support under Section 2 would be provided with the equipment free of charge and would be required 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 – no change**

The alternative to the proposed new model is to continue with the current arrangements. Under this model, new clients would continue to be assessed against Care Act 2014 criteria and ongoing monitoring charges would be paid for by the client themselves or reflected in their personal budget, and legacy clients would continue to be funded by the Council.

2. Methodology and Approaches

The report was presented 10 February 2022 to Cabinet. This report will summarise views and opinions submitted by the people of Derbyshire during this consultation.

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:

1. All clients who currently receive a community alarm only were sent a letter following the Cabinet decision to consult on the proposals for the Assistive Technology Community Alarm Service.
2. The questionnaire was made available in different formats on request, such as other languages or larger print if this was more appropriate.

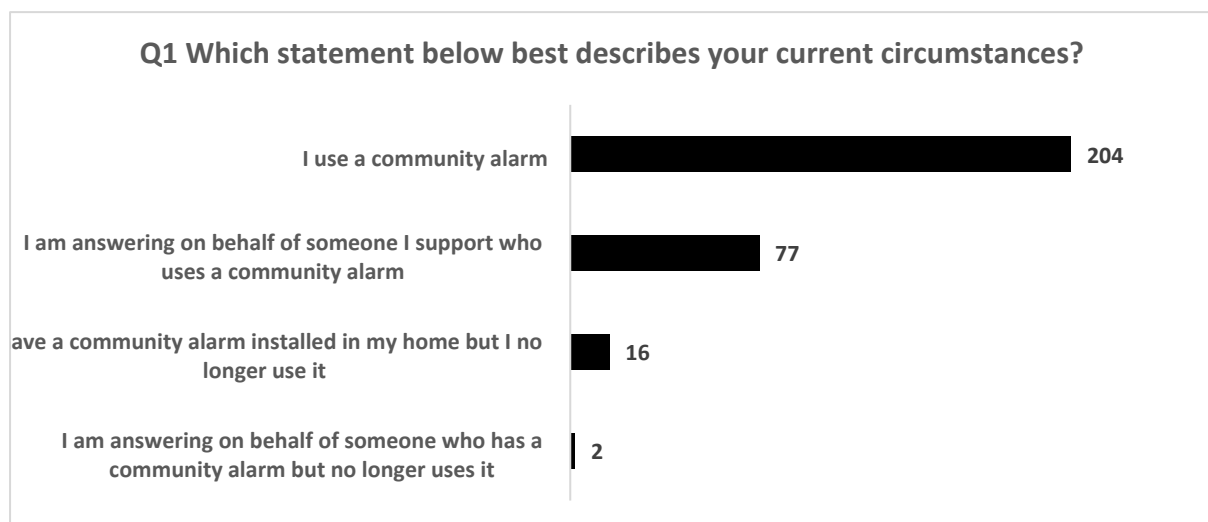
3. Information regarding the consultation was available on the Derbyshire County Council Consultation webpage [Changes to the eligibility criteria for the community alarm system - Derbyshire County Council](#) which gave an outline of the proposals and the ways in which people could share their views.
4. 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.
5. There was also opportunity to write into the Council via a letter or email to a dedicated email address.
6. Telephone interviews were offered for those people requiring support to complete the questionnaire.
7. Staff from the Adult Care Stakeholder Engagement and Consultation Team arranged eight 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 for the other six virtual meetings.

Qualitative Approach

There were 3 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, emails and telephone calls
3. Information contained within the open text boxes on the questionnaire.

The following chart shows the respondents by category:



Combined analysis of the Qualitative information

In total, 434 comments were received about the consultation. These were made up of 404 from the qualitative data within the questionnaire and comments from those who chose to respond via email, letter, at a meeting or via telephone call.

Overall, a total of 313 people responded to the consultation, including 299 respondents who completed questionnaires, and 14 who chose to respond via email, letter, at a meeting or via telephone call.

Scope of the summary themes from the quantitative responses:

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.

Overall, 145 (48.5%) respondents to this question disagreed or strongly disagreed with the proposals to assess all those legacy clients currently in receipt of a community alarm only, in accordance with Care Act (2014) criteria, with 154 (51.5%) agreeing or strongly agreeing or neither agreeing or disagreeing. Of the 154, 52 (17.4%) neither agreed nor disagreed and 102 (34.1%) agreed or strongly agreed.

Introduction of monitoring charges

Overall, 165 (55.2%) of respondents (regarding the proposals to introduce a monitoring charge for those with a community alarm only) and 142 (47.5%) of respondents (for the proposal for those with a wider package of care) either disagreed or strongly disagreed with the proposal regarding monitoring

charges. There were similar levels of overall agreement (23.8% and 22.9%) but with more respondents suggesting they neither agreed nor disagreed with monitoring charges as part of a wider package of care.

Overall, 62 (20.8%) of respondents said they would be happy to pay the monitoring charges for their community alarm, with 79 (26.4%) being neither happy or unhappy and 158 (52.8%) being unhappy or extremely unhappy.

However, when asked what they would be prepared to pay, 153 (51.9%) said they would be willing to pay up to £5 per week, 8 (2.5%) respondents saying they would be willing to pay over £5. 134 (45.4%) respondents stated saying they did not want to pay.

Scope of the summary themes within the qualitative approach

SECT analysed the comments received, theming them under the following categories in alphabetical order. In the development of the themes, some contained within them a range of responses rather than a set of tightly aligned responses. Others were responses highlighting the same issue.

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 respondents indicated that people would use their mobile phone instead of continuing to use their community alarm.

Appreciation of service

Some respondents made comment that they were appreciative of the service that they were receiving. A large number of responses were related to the value of having a community alarm and provided examples of where this has been effectively used. They said that 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.

Disagree 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 in order 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.

Unused equipment

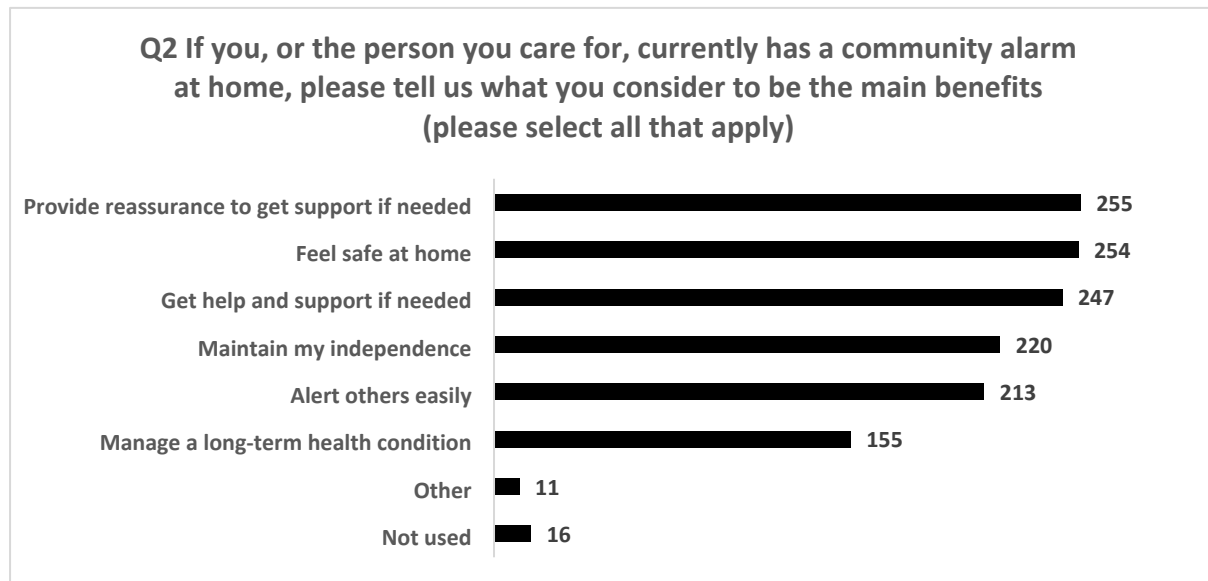
Some respondents made comment that the equipment they have is not used.

Other - Not falling into a theme

There were a number of comments captured which were of a random nature and did not fall into a theme. Some responses particularly in the questionnaire were not addressing the question posed or the proposals in general and therefore were placed under 'other'.

Analysis of the Qualitative and Quantitative data within the questionnaire

The following highlights the quantitative and qualitative responses to the questions asked within the questionnaire. Tick boxes on the questionnaire both on-line and paper version were analysed, and graphs produced from the data. The free text boxes, following questions that requested an explanation of the respondent's choice of answer, were analysed and coded by the SECT to establish themes from the individual questions.

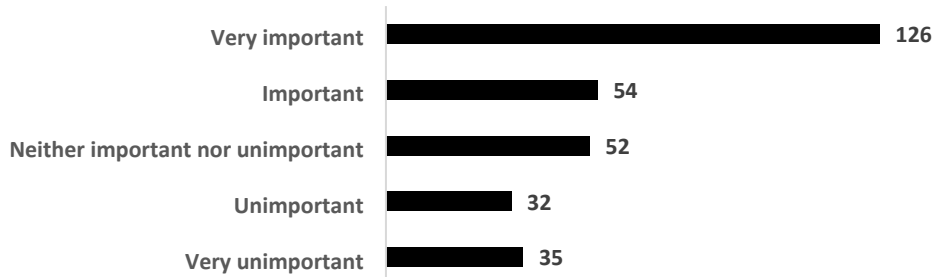


Question 3 - If you told us in Q2 that the alarm is not used please tell us why it is not used?

There were 12 comments in the open text box, there was one overarching theme, which is, they currently don't need the alarm at their stage of lives. Below are 4 examples of comments:

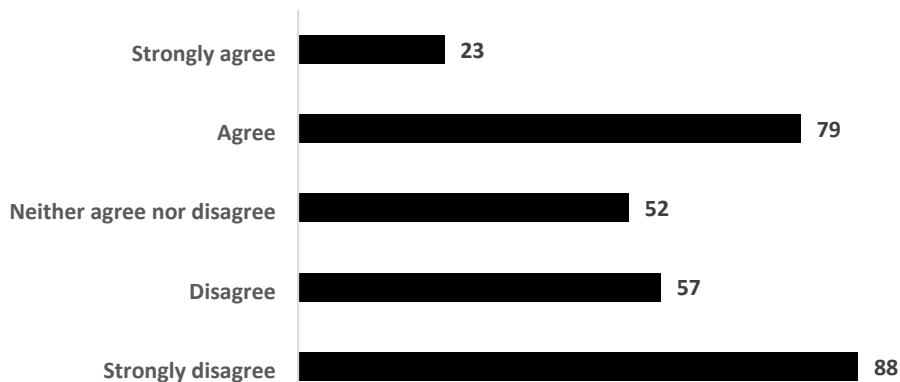
- I am forced to pay for this by careline who insist I have it and pay for it and I have never used it and don't want it
- Never needed it and feel I'd use my mobile phone
- I am unable to use it and my wife is always with me
- I've only used to test if it's working. They are some distance away so if I had a medical emergency, I would call doctor or ambulance.

Q4 How important or unimportant do you think using technology such as applications (apps) on mobile phones, digital equipment and other electronic devices are as part of the overall social care support someone could receive?



YOUR VIEWS ON ELIGIBILITY: Anyone who currently receives the DCC funded community alarm only service because they are in receipt of Housing Benefit or Pension Credit will no longer be automatically eligible for the service. Instead, the consultation proposals are that all those currently in receipt of a DCC funded community alarm only, will be reviewed in accordance with the Care Act 2014 to decide whether they are eligible to continue receiving the service.

Q5 How strongly do you agree or disagree with the proposal about eligibility?



Question 6 - If you have any other comments about the proposal regarding eligibility for the service, please put them in the box below.

Overall, 116 respondents explained their choice. The top themes were as follows:

Appreciation of service, with 49 comments such as:

- You depend on it, the older you get the more you need it
- It is a valuable lifeline to my elderly mother who has dementia
- I live alone. I cannot guarantee my neighbours will be home or the friends on my list will be home
- Well, I don't know what to say, this alarm is needed to keep me safe.

Disagree with the proposal, with 19 comments such as:

- It will put a lot of people in danger. leave it as it is. people are worried enough at is it, don't give them more to worry about
- Having this alarm service is very important to me as I have needed help in the past. I am in receipt of a State Pension and Pension Credits. I feel it is very unfair to have me having to pay towards this service. What with the cost of living and numerous other things taking up my money. I object to this alarm service doing the same
- If a person already requires an alarm then why should they have to be reassessed.

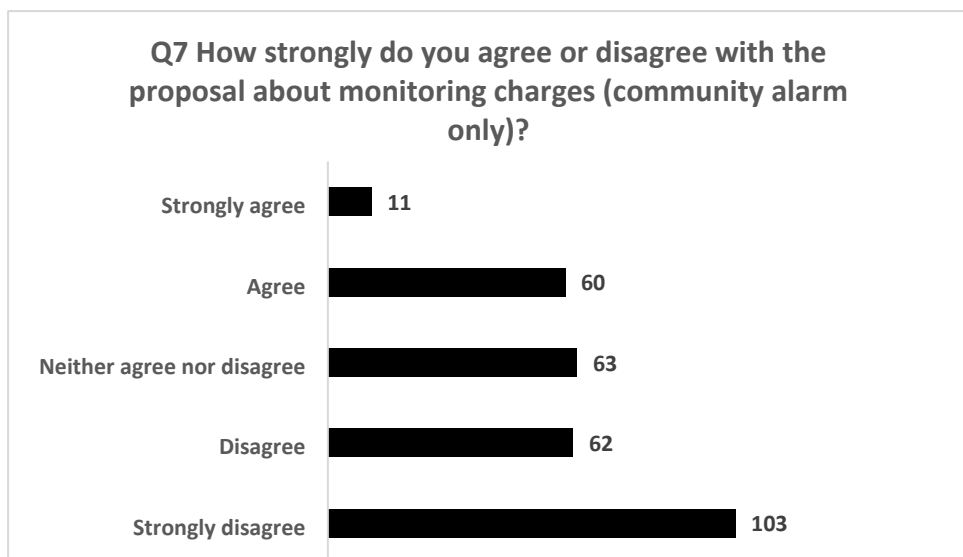
Concern for vulnerable clients, with 16 comments such as:

- I believe there are a lot of people that are struggling with funds already and may cancel if they have to pay and will put them at serious risk
- Anybody receiving housing benefit or pension credit has to be struggling financially already. To put another financial burden on these people is unfair. People who rely on these devices for their safety (possibly lives) could lose this service because they cannot afford it. Others may need to go into residential care because they are not safe without it which will be much more expensive to Derbyshire County Council.

Other, with 15 comments included:

- This is not taking in to account the age group of the people this affects.

YOUR VIEWS ON PAYING MONITORING CHARGES (community alarm only): People assessed as eligible to receive a community alarm that is not part of a wider package of care, will be provided with the equipment free of charge, but will need to pay the monitoring cost (currently £2.50 - £5.00 per week) directly to the provider of the service or the Council.



Question 8 - If you have any other comments about the proposal regarding monitoring charges (community alarm only) please put them in the box below.

Overall, 126 respondents explained their choice. The top themes were as follows:

Pressure on personal finances, with 55 comments such as:

- That's a lot of money every month and when you are on pension credit that is a lot of money, particularly at a time when bills are rising
- Asking people who are vulnerable and on fixed incomes especially the elderly or live alone with health conditions, to pay for a service they really on is totally unethical and immoral during a cost-of-living crisis where they may already be worried about bills and how to pay for things. people who need service should not be used to help plug the gap in social care
- My wife and I would question paying for a service that we only have as a precaution and peace of mind
- I have worked hard and paid my taxes all my life why should I have to start paying for a little luxury like this that helps to keep me safe in my old age. £5 a week is £240 a year which is a lot of money to a senior citizen.

Disagree with the proposal, with 30 comments such as:

- You have the nerve to put up council tax but are taking services away that are vital especially to the elderly
- I feel strongly it should be free
- People who are eligible shouldn't have to pay.

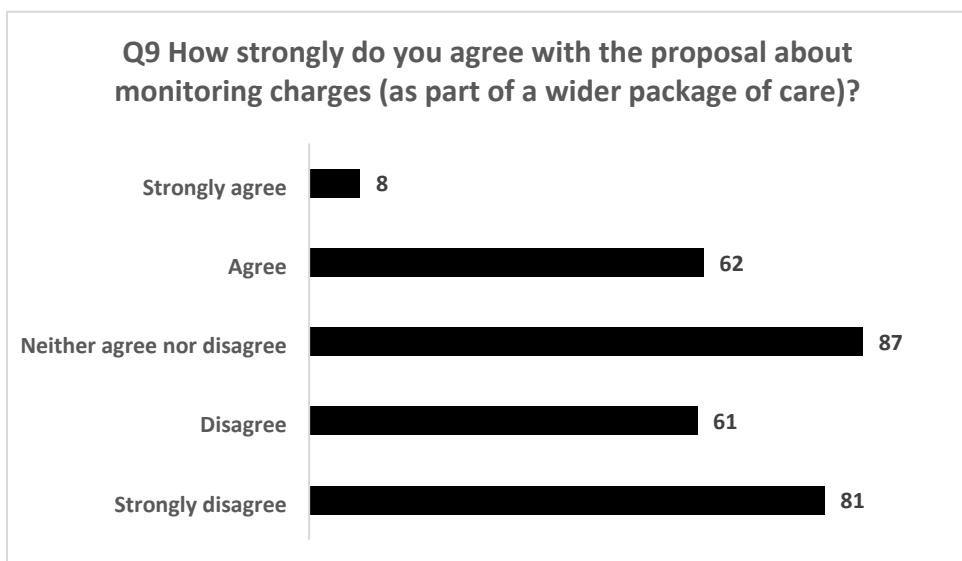
Prepared to pay, with 21 comments such as:

- I would agree to be charged a small amount, as long as i receive the same service
- If I had to pay it, then I would pay it as I need it so desperately.

Other, with 15 comments or less such as:

- I live on my own with just a dog for company and no carers. Without my alarm I doubt I would be found if fallen unless I carried my mobile phone everywhere with me.

YOUR VIEWS ON PAYING MONITORING CHARGES (as part of a wider package of care): People assessed as eligible and requiring a wider package of care, which includes a community alarm, will be provided with the equipment free of charge but in relation to the ongoing monitoring charges, will be assessed in accordance with the Council’s co-funding policy. Further information about co-funding can be found on the Council’s website.



Question 10 - If you have any other comments about the proposal regarding monitoring charges (as part of a wider package of care) please put them in the box below.

Overall, 64 respondents gave an explanation for their choice. The top themes were as follows:

Pressure on personal finances, with 22 comments such as:

- I reiterate that we are elderly people with deteriorating health who really need this aid and should not have yet another cost to add to the already rising cost of living

- People needing this service are often on fixed incomes and could be forced to decide between paying a bill or paying for a service they rely on as they may not be able to afford both
- We could not afford to pay for the charges each week
- Again, it depends on a person's financial circumstances. If they can contribute, then fine - but if it means that they will no longer have the alarm that would be a worry.

Disagree with the proposal, with 19 comments such as:

- We don't have internet we want it to stay the same
- There is very little care available now so taking away this service or paying for it seems like the very last straw for the elderly
- I've received it free since 2003 so why do I have to pay now.

Appreciation of service, with 7 comments such as:

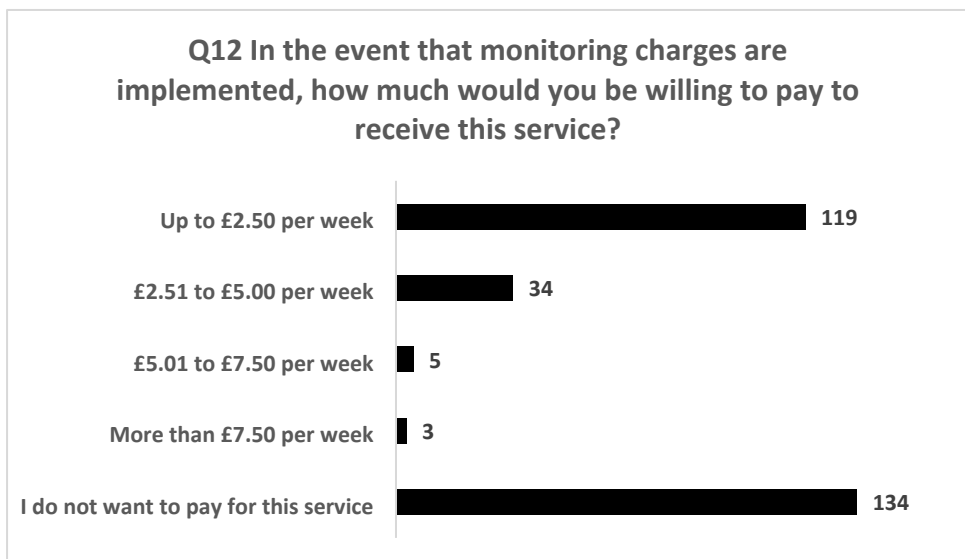
- My illness worsens by the month, and I will rely on it more often
- I want to be able to manage in my own home for as long as I can. The alarm helps with that.

Other, with 16 comments or less such as:

- I feel I live independently without being a burden on anyone. I do get help from my family.

YOUR VIEWS ON PAYING FOR A COMMUNITY ALARM MONITORING SERVICE

Thank you for your comments on the proposals. Should the proposals be agreed by the Council's Cabinet following the consultation, some people who currently receive the service for free may, in future, be required to pay for the monitoring element of the service. In this section, you are asked for your views about this.



Question 13 - If you have any other comments about the proposed changes, please put them in the box below.

Overall, 90 respondents gave additional comments. The top themes were as follows:

Pressure on personal finances, with 38 comments such as:

- Worried that people who can't afford it will end up without one
- Elderly people often worry about money to pay for food heating etc. Charging for this service may put people who need it off getting it installed
- Another bill will cause more upset and stress
- I would sooner have it taken out than pay for it. I can't afford it. I have

enough debt.

Disagree with the proposal, with 14 comments such as:

- People requiring help that are proved not fit to care for themselves should definitely not have to pay
- The gentleman for whom I am completing this for lives on his own, does not have a landline phone, a mobile phone, or a computer. His community alarm is his ONLY method of communication in an emergency. To expect him to pay for this service is shameful
- The service should be available without having to pay if you are vulnerable to falls or disabled.

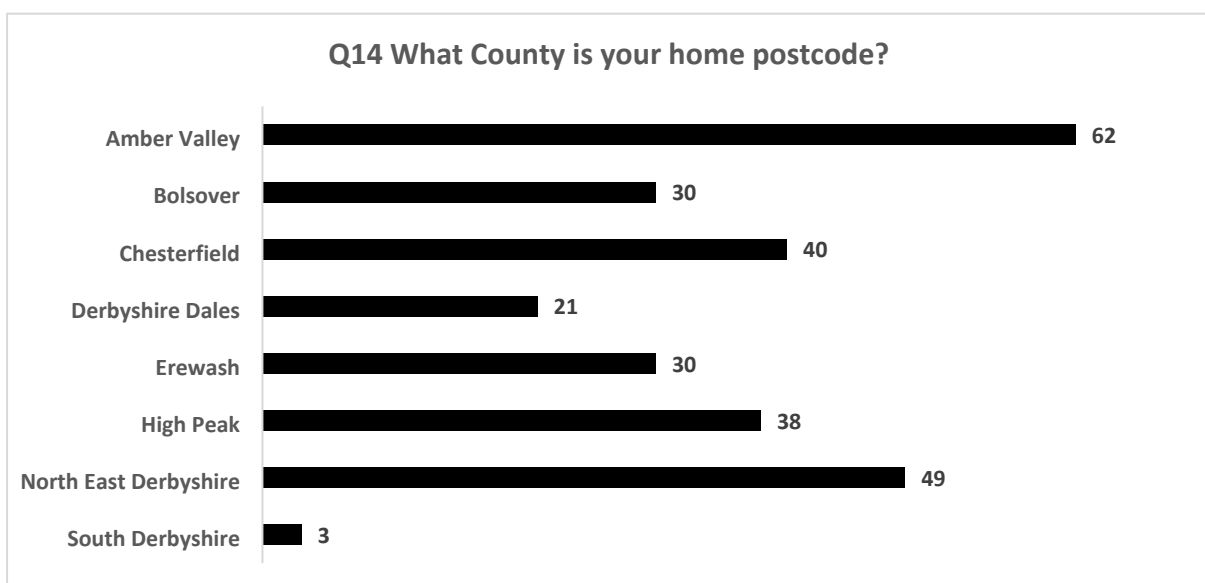
Prepared to pay, with 12 comments such as:

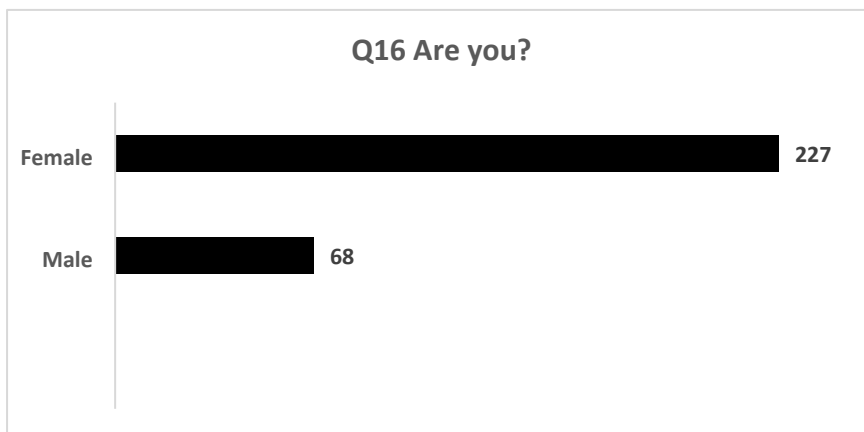
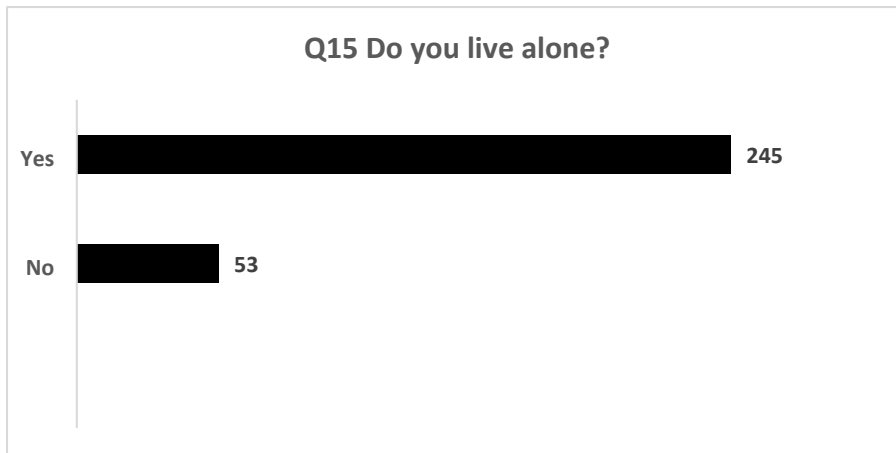
- If I have to pay, I want the charge as small as possible
- I haven't paid so far but would be willing to contribute £10 month. As you are aware all other services are increasing and £10 would be my limit.

Other, with 15 comments or less such as:

- I'd like my personal information to stay within DCC rather than be outsourced to other people.

About you section:





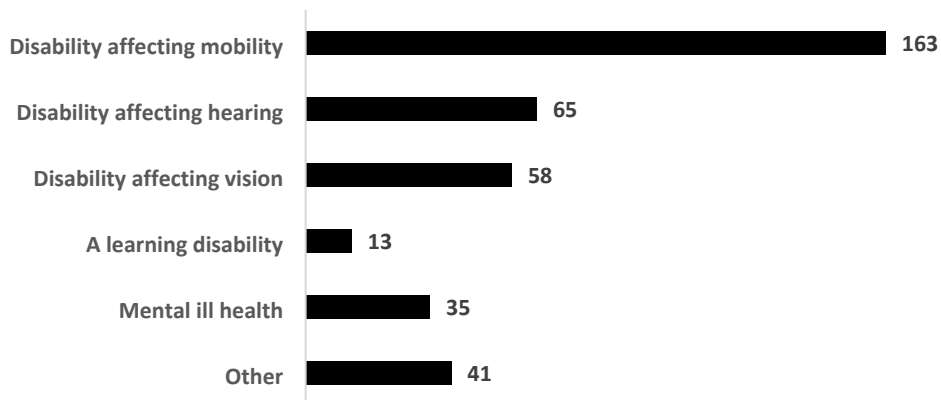
Q17 What was your age at your last birthday?

295 people answered this question. The minimum age was 27 and the maximum age was 101. This gave an age range of 74 and an average age of 75.

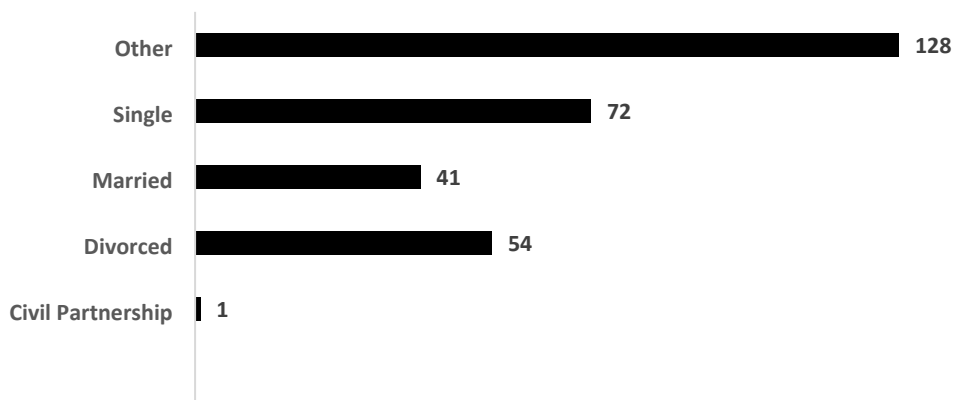
Q18 Do you consider yourself disabled?

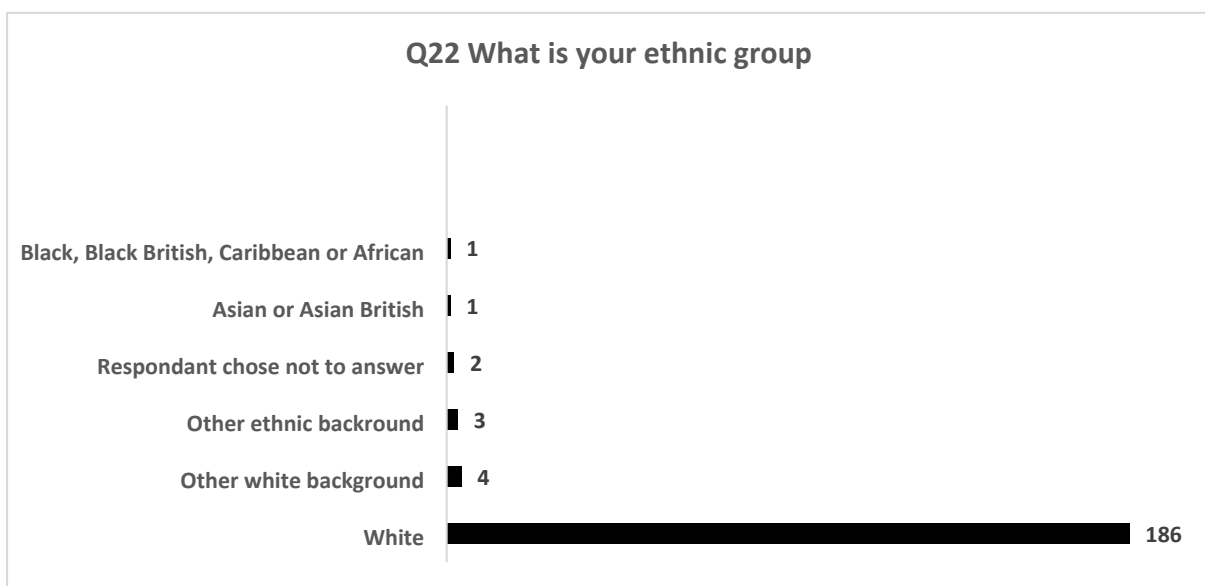
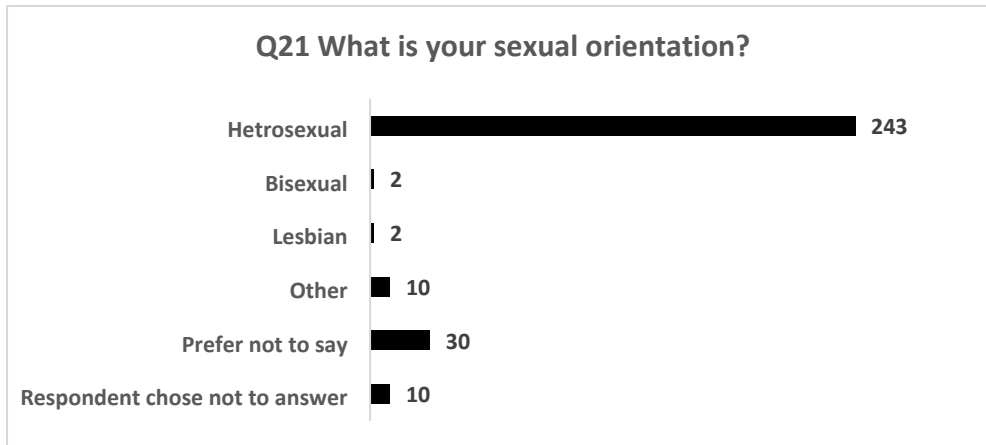


Q19 If you do consider yourself disabled, what type of disability do you have? (please select all that apply)



Q20 Which of the options best describes your marital status?





Letters, Emails, Telephone Calls, and Meetings:

30 Comments were captured from the 14 respondents who chose to respond via email, letter, at a meeting or via telephone call. Of the comments that were captured the following were the top themes:

Appreciation of service, 8 comments such as:

- It allows me to live more independently in the home, yes. I feel safe with it and knowing it's in the place. I still want the system there because it's my lifeline, stops me worrying. You know you've got something and its piece of mind
- I had vertigo; it was causing me to lose cells in the brain. Yes, it did save my life. Otherwise, these brain cells would have died off and I would have been dead.

Pressure on personal finances, with 5 comments such as:

- Every year, even when we had a rise, everything goes up by more than the rise in pension. So, we get less than the rise. Get less and less, big worry on gas and electric. I need more as I don't have immune system to keep warm. Every time you have a rise it's taken off you, supermarket puts price up. Before you've got it, it's taken. It's going to be difficult; I pay £60 per month for gas and electric. I know I haven't got enough in. Always had money as a standby. By time it goes up.

The remaining comments were stand-alone comments and did not fit in with or constitute any other themes e.g.

- "I understand. It's very little pension when you think about it. There's no rise this year. £5 a week, don't even buy bread and milk. When you've worked all your life from 15 to 60. I had cancer and couldn't carry on, had no choice."
- "we are fortunate that there is 2 off use, what about people on there own who are trying to stay in there own home this system will help them stay longer and keep hospital beds free i do under stand the plight of to day but please try keeping this open and free for all who need it."

Equality Impact Analysis Record Form 2021 – Derbyshire County Council

Part 1. Introduction and context

| | | | | | |
|---|----------------------------|--|---------------------------|----------------|---------------------------|
| Policy/ Service under development/ review | | Assistive Technology Service | | | |
| Department/ Enterprising Council Workstream | | Adult Social Care and Health | | | |
| Lead officer/ Workstream Lead | | Natalie Davidson – Commissioning Service Manager (AT) | | | |
| EIA Team: | | Angela Donnachie – Community Care Worker (Carer Liaison Worker) Helen Weston – CEO Derbyshire Carers Association Steve Ball – Commissioning Service Manager (Learning Disability) Eastre Leedham – Public Health Practitioner (Financial Inclusion) | | | |
| Date analysis commenced: | 15 th June 2022 | Date completed: | 20 th Feb 2023 | Date approved: | 20 th Feb 2023 |
| Aims/ objectives of the policy/ service | | | | | |
| The Assistive Technology (AT) service (previously called community alarm and telecare service) had been in place since 2003, when the Council inherited the Supporting People programme. 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 a community alarm and/or telecare. | | | | | |

The current service model has not been competitively procured since the Council took over responsibility for funding these services in 2003. Therefore, the current service model has not been subject to a value for money assessment as part of a commissioning exercise.

The Council's AT service currently offers an analogue range of equipment with a traditional approach to support people to live independently for longer - such as activity monitoring, community alarms and telecare.

The aims of the Service

To ensure the people of Derbyshire are provided with a high quality, mainstreamed, innovative service that uses technology, monitoring and support to:

- Empower and enable people with increasing care needs to live as independently as possible in the community, in their own home or residential settings
- Support people to manage risk better in the home, including reducing the number and severity of falls and other incidents
- Provide increased reassurance for carers, including those living apart from the person they care for and/or those wishing to remain in employment, and including supporting young carers to remain in education. This will lead to reduced stress and improved quality of life
- Reduce reliance on home care through supporting people to feel assured and manage their conditions independently for longer
- Prevent, reduce and delay the escalation of needs
- Avoid unplanned hospital attendance or admission by enabling people to have greater involvement in their own health and wellbeing
- Facilitate hospital discharge as quickly and safely as possible, to reduce the number of bed days and delayed transfers of care and to improve outcomes for patients
- Provide a service for individuals who are eligible for DCC funded services

Intended outcomes of the Service

- To allow individuals to live independent lives for longer by preventing, reducing and delaying the need for care and support.
- To support individuals to live safely in their own homes for longer
- To reduce the number of hospital admissions or re-admissions
- To facilitate individuals to have improved wellbeing
- To enable carers to have time out from their caring responsibilities, feeling reassured that the person they support is safe and well

The service covers the geographical area of Derbyshire (excluding Derby). It is a short to long term offer, delivered along the eight district and borough boundaries in Derbyshire. Each area has a distinct geographic and demographic profile which results in variable need and demand for the service. The user groups will be those covered by Adult Social Care and Health and Children's Services (assessed by CS not ASC), which includes those with current or future support needs resulting from (any combination of):

- Older people
- Physical or sensory impairment
- Acquired Brain Injury
- Learning disability and/or Autistic Spectrum Condition
- Mental health issues, including dementia
- Long term conditions
- Preparing for Adulthood (children aged 16 and 17 years)
- Children
- Other vulnerabilities, impairments or disabilities

Whilst the AT service does administer equipment for Children's Services, they are not relevant to any proposed changes as they are not assessed by Adult Care and do not have a device that requires a monitoring charge.

The Service should meet the needs of diverse groups, for example by providing specialist or translated literature, providing language support or arranging visits compatible with religious preferences (e.g. avoiding certain days). Groups include (but are not limited to):

- Black and ethnic minority communities
- Religious communities
- People with visual and/or auditory impairments, including deaf blind people
- End of life/palliative care
- People with communication difficulties
- People who use languages other than English, including people who use BSL or Makaton
- People with learning and/or physical disabilities
- People with mental health issues
- People with various cognitive impairments including dementia

The summary below provides an overview of the AT service provision across the County, it includes analysis of current users, current providers delivering different elements of the service and ownership of the community alarm and telecare equipment. (Figures are changeable due to service starters and leavers but are largely the same at any one time.)

| Area | Provider | Total number of AT current clients | Number of community alarm only clients |
|-----------------------|--|---|---|
| Amber Valley | Futures Housing Group (FHG) | 698 | 567 |
| Bolsover | Bolsover District Council (BDC) | 716 | 623 |
| Chesterfield | Chesterfield Borough Council (CBC) | 714 | 350 |
| Derbyshire Dales | DCC Adult Social Care (DCC) | 188 | 116 |
| Erewash | DCC Adult Social Care | 465 | 235 |
| High Peak | High Peak Borough Council (HPBC) | 636 | 387 |
| North East Derbyshire | DCC Adult Social Care | 523 | 308 |
| South Derbyshire | South Derbyshire District Council (SDDC) | 441 | 29 |

In June 2019, the Council approved a new eligibility criteria for any new referrals from 1 November 2019. However, they agreed to continue funding the service for the legacy clients. Legacy clients are those that received a fully funded service by virtue of their eligibility for certain benefits, regardless of their Care Act eligibility. The new criteria limited eligibility to only those who were aged 18 and over, assessed under the Care Act 2014 as having eligible needs and warranting use of the AT equipment and service. Eligibility for support since November 2019 is now also subject to a co-funding assessment which will mean that some individuals will have to pay for their support.

Approval is now being sought to reassess the community alarm only clients (approximately 2600) to bring their eligibility for the service in line with people who have been assessed under the Care Act (2014) criteria since November 2019 and to implement the following:

- 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 to receive the service 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 included 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.
- Those people receiving only a community alarm (under s18/s2) would also have a light touch financial assessment their income would not fall below the minimum income guarantee (MIG), set by legislation, by paying the monitoring charges. Should this arise a referral to the Council's hardship fund would be undertaken
- 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 deemed as not eligible following the Care Act 2014 assessment 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 were assessed as responsible for their ongoing monitoring charges, to identify any alternative arrangements they wish to put in place.

What outcomes will be achieved with the new or changing policy/ service?

- To ensure the eligibility criteria for the AT service is fair and equitable across Derbyshire. Currently, 95% of the clients accessing a community alarm only are legacy clients; assessment of these clients will remove the two-tier approach going forward.
- To ensure value for money in light of reducing budgets. Adult Social Care and Health is tasked with creating further efficiencies which requires the review of current provision, eligibility criteria and service redesign where necessary to ensure the Council commissions and provides quality services which also deliver value for money. Other local authorities have already revised their AT offer and currently only provide bespoke AT packages for Care Act eligible clients with an ongoing support package. In light of reducing budgets Derbyshire now needs to consider similar proposals.
- To reduce the financial impact of the Digital Switchover by reducing the number of analogue services provided.
- To enable reinvestment in a wider support package for Care Act eligible clients through the use of new technologies. By utilising the Enterprising Council approach, the Council is exploring creative solutions to delivering high quality and efficient services by ensuring the operating model is fit for purpose. The approach will also see the Council modernise and take advantage of new technology and modern ways of working to the benefit of both residents and employees. There are opportunities to explore how the authority develops its AT offer to support people by increasing the use of AT as part of a person's Care Act eligible support package. There is a growing range of new technologies that enables people with disabilities and/or sensory impairments to live as independently as possible.
- To uphold the Council's responsibilities under the Care Act (2014).
- To support a strengths-based approach.

Please list any associated policies, services, or functions?

Legislation and National Policy:

Care Act 2014

Section 2 requires local authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- contribute towards preventing or delaying the development by adults in its area of needs for care and support.
- contribute towards preventing or delaying the development by carers in its area of needs for support.
- reduce the needs for care and support of adults in its area.
- reduce the needs for support of carers in its area.

Section 2(3) Care Act 2014 provides that Regulations may permit a local authority for providing or arranging the provision of services, facilities or resources, or for taking other steps under this section. Charges are restricted to the local authority's outlay / incurred costs.

Section 18 requires the local authority to meet an adult's eligible needs. The eligibility criteria is set out within the Care and Support (Eligibility Criteria) Regulations 2015.

An adult's needs meet the eligibility criteria if:

- the needs arise from or are related to a physical or mental impairment or illness.
- as a result of the adult's needs, they are unable to achieve two or more of the outcomes (outcomes defined below); and
- as a consequence, there is, or is likely to be, a significant impact on the adult's well-being.

The outcomes referred to above are:

- 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.

Where an adult is assessed as having eligible needs, the local authority must consider what can be done to meet those needs; this may include the provision of AT

Section 14 Care Act 2014 permits a local authority to charge for meeting needs under Section 18 Care Act 2014

The Care and Support Statutory Guidance ([link](#) to guidance) is clear that the care and support system must work to actively promote well-being and independence and does not wait to respond until people are in crisis by ensuring early interventions which prevent need or delay deterioration wherever possible. The importance of preventative services is highlighted further within Section 1(3)(c) Care Act 2014, which requires local authorities to have regard to the importance of preventing or delaying the development of needs for care and support. Adults who are in receipt of preventative services will not necessarily require a wider package of care and may receive this support in isolation.

The **white paper**, [People at the Heart of Care – Adult Social Care Reform White Paper \(publishing.service.gov.uk\)](#) sets out an ambitious 10-year vision for how support and care in England will be transformed over the next ten years. The vision puts people at its heart and revolves around 3 objectives:

1. People have choice, control and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

People who draw on care and support have said that the core purpose of adult social care should be to help them to maintain or gain their independence, allowing them to have control over their lives. Rather than focusing on approaches to delivering care that intervene at a time of crisis, care and support services should intervene early to support individuals, helping people retain or regain their skills and confidence, and prevent needs from developing. When care supports people's independence, it allows them to have real choice and control over the things that matter, enabling them to live healthier, happier and more fulfilling lives in the place that they choose.

The Care and Support (Preventing Needs for Care and Support) Regulations 2014 explicitly prohibits making a charge for a service which consists of the provision of community equipment (aids and minor adaptations). Community equipment is defined within the Regulations as an aid, or a minor adaptation to property, for the purpose of assisting with nursing at home or aiding daily living and, for the purposes of these Regulations, an adaptation is minor if the cost of making the adaptation is £1,000 or less. Any charge for the first 6 weeks of intermediate care and reablement support services is also not permitted.

Regulation 7 of the Care & Support (Charging and Assessment of Resources) Regulations 2014 also stipulates that a charge must not reduce the income of the adult concerned below the minimum income guaranteed ('MIG') amount.

Local:

[Derbyshire Council Plan 2021-2025](#)

At the heart of our plan is ensuring we provide maximum value for money for the council tax our residents pay. We'll do this by delivering the most efficient and effective services we can. Our key priorities are:

- resilient, healthy and safe communities
- high performing, value for money and resident focused services
- effective early help for individuals and communities
- a prosperous and green Derbyshire

Adult Social Care and Health Departmental Service Plan

[Adult Social Care and Health Service Plan 2021-2025 2022-23 refresh \(derbyshire.gov.uk\)](#)

- Continuing to meet as the system leader for social care our statutory duties under the Care Act (2014), the Mental Health Act (2017) and the Mental Capacity Act (2005) and the new requirements outlined within People at the Heart of Care: adult social care reform white paper and ensure the department is ready for the new inspection regime.
- Working as part of Joined Up Care Derbyshire and alongside system partners to provide a seamless experience for individuals and joined-up, efficient provision of services.
- Continue to deliver and develop the 'Better Lives / Best Life Derbyshire' transformation programme alongside system partners to provide both improved outcomes for people and make more effective use of resources.

Best Life Derbyshire (formerly Better Lives) [Adult social care strategy 2022-2025 \(derbyshire.gov.uk\)](#)

The Council commenced a transformational programme, now called Best Life Derbyshire, in November 2019. The programme was established to redesign existing services to ensure that the Council is putting people at the heart of everything we do, to embed strengths-based approaches to assessments and the provision of care and support, by making sure the right solutions are available in the right place, at the right time. AT is an essential consideration when taking a strengths-based approach to supporting an individual's independent living in the community.

The outcomes are defined as:

- A place people call home
- Making it simpler and easier to stay independent
- Connecting people and communities
- A connected system of support
- Our service is delivered by our well-trained, engaged workforce

Falls Recovery Service. The FRS is delivered by a number of providers across the County. Currently, the Falls Recovery Service (FRS) is coupled to the Older People's Independent Living Services (OPILS) and is only open to those that call for assistance via their community alarm. As the OPILS is coming to an end on 31 March 2024, and will

not form part of the new Low Level Support Services (LLSS), a clinical oversight will be required going forward. A system-wide review of the current and future provision of the FRS is ongoing.

In October 2022, the Department of Health and Social Care mandated all Integrated Care System's (ICS's) to have an enhanced falls recovery service in place, and work in this area is in development. There are currently three pilot schemes running across Derbyshire, in Chesterfield, South Derbyshire and Derby City, for an Enhanced Falls Recovery Service (EFRS) which commenced in December 2022. These pilot schemes are being overseen by the JUCD Clinical Lead for Urgent Care Response and a multi-agency steering group including representation from health and social care and current providers of the service. The intention of the pilots is to test a new integrated delivery model for the EFRS prior to wider implementation. The pilots are being constantly reviewed and fine-tuned as part of the wider system approach, with the aspiration to widen to all areas in preparation for Health commissioning an EFRS.

Within the pilot, when a person calls 999 and has had a non-injurious (and currently non-soiled) fall they are directed to Urgent Care teams, who will alert the falls recovery service in that area to attend the property. As part of the pilot, a community alarm and falls detector is being provided by the pilot areas, which is reviewed after a number of weeks to determine whether the person would benefit from provision of Assistive Technology going forward.

The intention would be for a new EFRS to be embedded within community-based Urgent Care Teams, providing access to a multi-disciplinary team to support people who fall to access the correct interventions. These would be designed to prevent further falls, reduce unnecessary EMAS call outs and/or conveyance to hospital or the need for more intensive social care support. This may include medication reviews, occupational therapy assessment, prescription of telecare / falls detectors and/or community alarm and/or access to falls prevention information and support for small aids and adaptations or a combination of all. Referrals would be made into the proposed new low level support offer where applicable.

[Derbyshire Carers Strategy 2020-2025](#)

Within the delivery plan of the Carers Strategy, there are two priorities that reflect the importance of Assistive Technology:

Priority 4 – Improving Carer Health and Wellbeing

Priority 6 – Recognising and Supporting Carers in the wider community and society

Please list the main people or groups that this policy/service is designed to benefit and any other stakeholder involvement?

The provision of the community alarm service (both for current clients and under the Council's proposals for changes to eligibility for legacy clients) is intended to support people who have been assessed as having eligible care and support needs under the Care Act (2014) or who would benefit from preventative services. This includes:

- Older adults (82.5% of those accessing the service are 65 and over)
- People at risk of falling in their home environment and their families and/or carers
- People who live alone and are at risk of isolation
- Vulnerable and/or disabled people
- Carers
- Wider services/providers inc. EMAS, GPs, Acute Health Service, Police, District and Boroughs – due to the interrelated and preventative elements of the community alarm only provision.

Will the policy/service and any changes impact on any other organisations such as community and voluntary sector groups?

Changes to the eligibility criteria for legacy clients could impact:

- District and borough providers
- Futures Housing Group (provider)
- Medequip (installers)

We may require continued clarification and support from them about their community alarm clients to support the assessment process. Equally, as a result of the assessment, their client numbers may reduce.

Some community and/or voluntary sector groups may be impacted by changes. For example, people may reach out to organisations such as Citizen's Advice Bureau or Derbyshire Carers Association for support during the assessment process, or to other groups offering financial advice and support after assessment, such as Rural Action Derbyshire or Derbyshire Unemployed Worker's Centres.

Part 2. Supporting evidence

Please list and/or link to below any recent and relevant consultation and engagement that can be used to demonstrate clear understanding of those with a legitimate interest in the policy/service and the relevant findings:

Best Life Derbyshire citizen engagement 2021/22 . Click [here](#) to see summary document.

Relevant key findings are:

- People want to live where they live now
- People want to live in a house / with their partner or spouse
- People want their home to be safe
- There is a need for more digital support

Assistive Technology Service Public Consultation

Following approval of the Assistive Technology Service Cabinet paper on 10th February 2022, a 10-week consultation took place, between the 21 February 2022 and 1 May 2022. A second targeted consultation was completed (due to an administrative error in the first consultation), between 27th September and 5th December 2022 to ensure all clients had the opportunity to give their views. See below for details:

<https://democracy.derbyshire.gov.uk/documents/s12818/Assistive%20Technology%20Service.pdf>

As many people as possible were enabled to take part, by offering a range of ways in which they could share their views. 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, containing a link to a questionnaire in relation to the current service and the proposed changes.

People were also given the opportunity to request a paper copy of the questionnaire, write to the Council, hold a telephone interview or attend one of six virtual meetings via the Stakeholder Engagement and Consultation Team. The questionnaire was also available in different formats, such as other languages or larger print.

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

The SECT consultation report can be found in Appendix 2.

Analysis of the quantitative data:

The consultation used a quantitative and qualitative approach to gather people's views about the proposed changes. Overall, a total of 313 people responded to the consultation, including 299 respondents who completed questionnaires, and 14 who chose to respond via email, letter, at a meeting or via telephone call. In total, 434 comments were received about the consultation.

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'.

Changes to 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. Overall, 51.5% either agreed, or neither agreed or disagreed with the proposals to assess all those legacy clients currently in receipt of a community alarm only, in accordance with Care Act (2014) criteria. Of these, 34.1% agreed or strongly agreed.

Monitoring charge

Overall, 46.2% agreed or neither agreed or disagreed with the proposals to introduce a monitoring charge. More specifically, this was 44.9% for those with a community alarm only and 47.5% for those with a wider package of care.

Overall, 20.8% of respondents said they would be happy to pay the monitoring charges for their community alarm, with 26.4% being neither happy or unhappy and 52.8% being unhappy to do so. However, when asked what they would be prepared to pay in the event that monitoring charges are implemented, 51.9% said they would be willing to pay up to £5 per week, a small number of respondents said they would be willing to pay over £5. 45.4% of respondents stated they did not want to pay.

Summary of themes from qualitative comments:

SECT analysed the comments received, theming them under the following categories in alphabetical order. In the development of the themes, some contained within them a range of responses rather than a set of tightly aligned responses. Others were responses highlighting the same issue.

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. They said that 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 being addressed. There was 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.

Unused equipment:

Some respondents made comment that the equipment they have is not used.

Other – not falling into a theme:

There were a number of comments captured which were of a random nature and did not fall into a theme. Some responses particularly in the questionnaire were not addressing the question posed or the proposals in general and therefore were placed under 'other'.

If there is insufficient consultation or engagement information, please explain what action is being taken to obtain this information and when this consultation/ engagement will be completed and available:

Not applicable

Please list or link to any relevant research, data or intelligence, Observatory or any other information that is available and will be used to help complete the analysis?

[poverty in later life briefing june 2021.pdf \(ageuk.org.uk\)](#)

[Impact of increased cost of living on adults across Great Britain - Office for National Statistics \(ons.gov.uk\)](#)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#) – Fingertips data re gender.

[Derbyshire Observatory – Population Religion](#)

[Derbyshire Observatory – Rural Urban District](#)

[Impact of increased cost of living on adults across Great Britain - Office for National Statistics \(ons.gov.uk\)](#)

[Cost of living: Impact of rising costs on disabled people - House of Lords Library \(parliament.uk\)](#)

Please list or link below to any relevant service user/ customer or employee monitoring data and what it shows in relation to any Protected Characteristic (Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race and ethnicity, Religion and belief including non-belief, Sex or gender, Sexual orientation)

The breakdown of current clients can be seen below:

(Source: DCC MIT 2023)

| Age band | Count of Age band | Percentage |
|--------------|-------------------|------------|
| Up to 64 | 311 | 11.9 |
| 65 – 74 | 661 | 25.3 |
| 75 – 84 | 947 | 36.2 |
| 85 – 94 | 574 | 22 |
| 95 plus | 89 | 3.4 |
| No age given | 1.2 | 1.2 |

| Gender | Count |
|--------|-------|
| Female | 1659 |
| Male | 956 |

| FROM CONSULTATION: CONSIDER THEMSELVES TO HAVE A DISABILITY | |
|---|----|
| Yes | No |
| 229 | 68 |

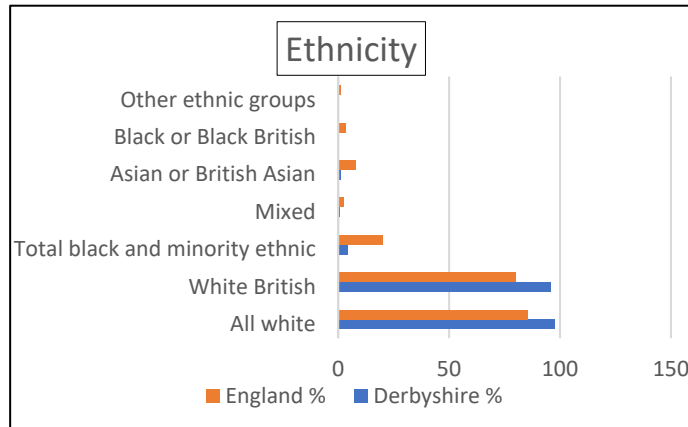
| FROM CONSULTATION: TYPE OF DISABILITY | |
|---------------------------------------|----|
| Disability affecting mobility | No |
| Disability affecting hearing | 68 |
| Disability affecting vision | |
| Learning disability | |

| PSR | Count of PSR | Percentage |
|---------------------------------------|---------------------|-------------------|
| Carer | 22 | 0.8 |
| PSR Learning Disability Support | 23 | 0.9 |
| PSR Mental Health Support | 40 | 1.5 |
| PSR Non-PSR | 1136 | 43.4 |
| PSR Physical Support | 1229 | 47 |
| PSR Sensory Support | 59 | 2.3 |
| PSR Social Support | 68 | 2.6 |
| PSR Support with Memory and Cognition | 23 | 0.9 |
| NULL | 15 | 0.6 |

| Geographical Area | Count of Geographical Area | Rural urban classification |
|--------------------------|-----------------------------------|-----------------------------------|
| Amber Valley | 567 | Urban with minor conurbation |
| Bolsover | 623 | Urban with significant rural |
| Chesterfield | 350 | Urban with city and town |
| Derbyshire Dales | 116 | Mainly rural |
| Erewash | 235 | Urban with minor conurbation |
| High Peak | 387 | Largely rural |
| North East Derbyshire | 308 | Urban with city and town |
| South Derbyshire | 29 | Urban with significant rural |

Data from the current client list OF community alarm only clients cannot be relied upon as 30.2% of people have no ethnicity registered. However, 98.1% of those with an ethnicity recorded are white British.

Data from the 2011 Census indicates that the black and minority ethnic groups are substantially under-represented in Derbyshire in comparison to the national average. Figures indicate that only 4.2% of Derbyshire residents are from black and minority ethnic groups compared to 20.2% in England, and those that are 'all white' make up 97.5% of Derbyshire, compared to 85.4% for England.



(Source: [Derbyshire Observatory – Population Ethnicity](#))

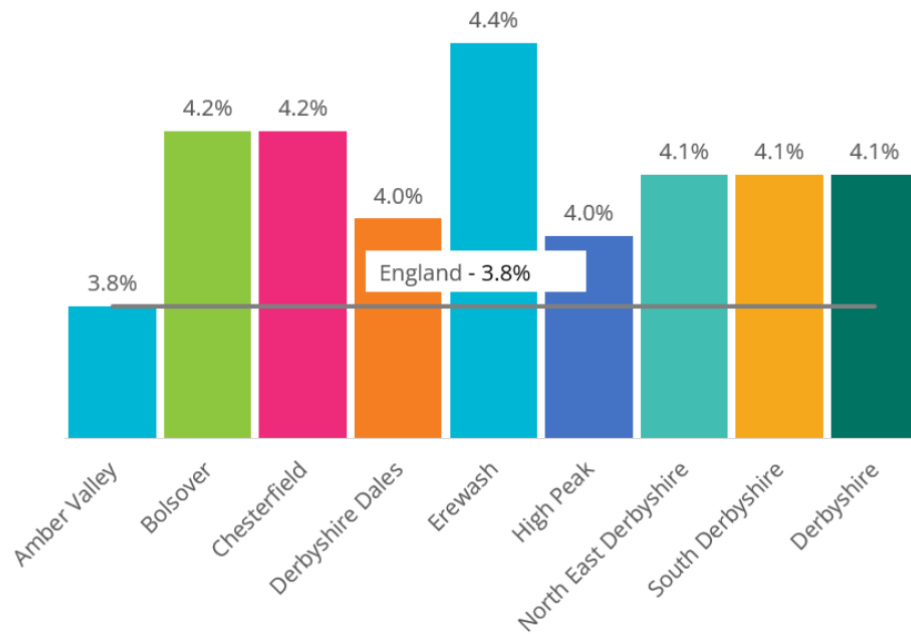
Data from the 2011 Census (see table below) suggests that, although there are marginal differences between Derbyshire and national averages (with a slightly higher number identifying as Christian), they tend to follow a similar trend. This implies that the religious beliefs of Derbyshire residents are fairly representative of national trends.



(Source: [Derbyshire Observatory – Population Religion](#))

[What is happening to life expectancy in England? | The King's Fund \(kingsfund.org.uk\)](#)

[Older women bearing the burden of a lifetime of lower pay and unequal working conditions | Centre for Ageing Better \(ageing-better.org.uk\)](#)



Source: 2021 Census datasets: TS071 Previously Served in the UK Armed Forces, ONS

If there is insufficient information, please outline any plans to remedy this?

Part 3. Analysing and assessing the impact by equality Protected Characteristic group

Use the information, customer feedback and other evidence to determine upon whom the policy/ service and any proposed changes will impact upon and how, highlighting where these are negative or positive, including where this could constitute unfair treatment, additional inequality or disadvantage or result in hardship and exclusion.

Against any identified negative potential impacts, you must provide details of any action or options which could mitigate against this, and in serious cases, you should highlight where the Council would be advised not to proceed with a new or changing policy or service, including any proposals which are being considered.

Please use your action plan attached to this analysis to record the action and the monitoring which will take place to deliver such mitigation.

| <i>Protected Characteristic or Group</i> | <i>Actual or potential positive outcome/ impact</i> | <i>Actual or potential neutral/negative outcome/ impact</i> |
|---|--|---|
| 1. Age | <ul style="list-style-type: none"> • As many older clients that currently have a community alarm only have had the service since 2003 onwards, some of these clients may have had care and support needs that have not been addressed. Therefore, an assessment may support them to access additional services to support them to stay at home for longer. • More targeted services will enable resources to be utilised to develop a wider offer of Assistive Technology; less traditional approaches increasing the scope for supporting clients of ALL ages, including working age adults, with new technologies and products whereas the | <ul style="list-style-type: none"> • The current community alarm only users are predominantly (86.9%) aged 65 and over (see Supporting Evidence section above). As a result, it is likely that a larger number of older adults will be impacted by the potential changes, if they are assessed as not Care Act eligible. • Changes to the current service provision and an assessment process for legacy clients may be more difficult to negotiate for older adults, and may cause a degree of concern, particularly considering they |

| Protected Characteristic or Group | Actual or potential positive outcome/ impact | Actual or potential neutral/negative outcome/ impact |
|--|---|---|
| | <p>current, more traditional offering is targeted more towards older adults.</p> <p>Add section re ‘importance of tech’ question when Dawn gets back to me</p> | <p>may have been accessing the service for many years at no cost.</p> <ul style="list-style-type: none"> • Some clients may have no care and support needs but have been able to access the community alarm only service without charge because they are in receipt of pension credit and/or Housing Benefit. An eligibility review or Care Act assessment may result in some people no longer being eligible to receive the service without charge. This could result in financial concerns and/or leave people feeling vulnerable, isolated or unsafe if they choose not to retain the service • The elderly population are particularly affected by the current ‘cost of living crises’, especially those on pension credit/housing benefit and therefore paying a monitoring charge may have more of a negative impact on their finances. <p>Age UK (2021) notes that “18% of pensioners in the UK live in poverty” which corresponds with ONS data which suggests that in early 2022, around 80% of people aged 65 and over reported their</p> |

| <i>Protected Characteristic or Group</i> | <i>Actual or potential positive outcome/ impact</i> | <i>Actual or potential neutral/negative outcome/ impact</i> |
|---|--|--|
| | | cost of living had increased, compared to 40-80% within other age ranges. |
| 2. Disability | <ul style="list-style-type: none"> • Criteria changes and the targeting of resources will enable service development, which will allow the Council to support more people with care and support needs, particularly those with a disability. • There are many opportunities within Assistive Technology to support a strengths-based approach for those with sensory, cognitive, learning disability, mental health, and social support needs but these areas are under-represented currently due to the limited service offering. A more targeted service will provide opportunity to offer a wider range of technologies to support disabled people to live independently in their chosen communities. • Many disabled clients that currently have a community alarm only service since 2003 onwards, may have not had their care and support needs assessed for some time. Therefore, an assessment may support them to access additional services to support them to stay at home for longer. | <ul style="list-style-type: none"> • Clients with a disability may have more difficulty negotiating changes to the current service provision and an assessment process. The process may cause concern for some people and/or require the provision of additional support. • There could be an adverse impact on clients with a disability if they cancel their service as a result of the need to pay a monitoring charge, as they may be unable to summon assistance when needed. Someone with a physical support need may be more likely to fall, or to require urgent support due to ill-health. • ONS (2021) figures suggest that a higher percentage of disabled people are struggling to pay their bills, compared to non-disabled people and that they earn almost 15% less when working (Weston 2022). Therefore, any potential |

| Protected Characteristic or Group | Actual or potential positive outcome/ impact | Actual or potential neutral/negative outcome/ impact |
|--|--|--|
| | | monitoring charge may have more of a negative impact on their finances. |
| 3. Gender re-assignment | <ul style="list-style-type: none"> The proposal will ensure that access to the service is equitable and fair for all people in Derbyshire who may need a community alarm service. Providers are required to adhere to relevant equality legislation within the standard contract terms and conditions. It is not believed that the proposed changes will affect people who identify differently to birth sex than any other group. | <ul style="list-style-type: none"> Not known The service does not currently collect data relating to this protected characteristic. This data may be collected by MOSAIC in future. However, the service is offered to people on the basis of need and this protected characteristic is not a determining factor and does not exclude people from fair access. |
| 4. Marriage & civil partnership ¹ | <ul style="list-style-type: none"> The proposal will ensure that access to the service is equitable and fair for all people in Derbyshire who may need a community alarm service. Providers are required to adhere to relevant equality legislation within the standard contract terms and conditions. It is not believed that the proposed changes will affect people as a result of their marriage or civil partnership more than any other group. | <ul style="list-style-type: none"> Data on this protected characteristic is not collected by all providers. However, the service is offered to people on the basis of need and this protected characteristic is not a determining factor and does not exclude people from fair access. Data is only available on the relationship status of 62% of the current community alarm only clients, although of the data available, more than twice as many of |

¹ Under EA 2010 – someone in a CP must not be treated less favourably than a married person

| Protected Characteristic or Group | Actual or potential positive outcome/ impact | Actual or potential neutral/negative outcome/ impact |
|--|---|--|
| | <ul style="list-style-type: none"> • An assessment may identify care and support needs in the partner or spouse of the registered user of the community alarm, therefore contributing to the wellbeing of the wider household. • As the service would be offered on the basis of need, it could be available to single occupant households or households with 2 adults, such as a couple etc. | <p>these clients live alone. In terms of relationship status specifically, there is only data on 59% of those clients, so the figures within the specific client group cannot be accurately identified.</p> <ul style="list-style-type: none"> • The community alarm only service may be a reassurance to more than one member of a household, but only registered to one. If the current user becomes ineligible, the decision could negatively impact on both parties. However, this doesn't not relate to solely those who are married / in a civil partnership but to those in a domestic partnership or household. |
| 5. Pregnancy & maternity | <ul style="list-style-type: none"> • The proposal will ensure that access to the service is equitable and fair for all people in Derbyshire who may need a community alarm service. • Providers are required to adhere to relevant equality legislation within the standard contract terms and conditions. It is not believed that the proposed changes will affect people who are pregnant more than any other group. • | <p>Not known</p> <ul style="list-style-type: none"> • The service does not collect data relating to this protected characteristic. However, the service is offered to people on the basis of need and this protected characteristic is not a determining factor and does not exclude people from fair access, therefore there is no evidence to suggest that people would be adversely impacted by the proposals. |

| Protected Characteristic or Group | Actual or potential positive outcome/ impact | Actual or potential neutral/negative outcome/ impact |
|--|---|---|
| | | <ul style="list-style-type: none"> Only 1.3% of those affected are aged between 16 and 45 (24 clients), the most likely age group for pregnancy. As a result, this protected characteristic does not feature significantly due to the predominant age group of people using the service, so the potential impact is minimal. |
| 6. Race & ethnicity | <ul style="list-style-type: none"> The proposal will ensure that access to the service is equitable and fair for all people in Derbyshire who may need a community alarm service. Providers are required to adhere to relevant equality legislation within the standard contract terms and conditions. It is not believed that the proposed changes will affect any race or ethnic group more than any other group. | <ul style="list-style-type: none"> The service is offered to people on the basis of need and this protected characteristic is not a determining factor and does not exclude people from fair access, therefore there is no evidence to suggest that people would be adversely impacted by the proposals. However, the majority of people with an ethnicity recorded (see above section for details) who are accessing a community alarm only service currently are White British. |
| 7. Religion/ belief ² | <ul style="list-style-type: none"> The proposal will ensure that access to the service is equitable and fair for all people in Derbyshire who may need a community alarm service. | <ul style="list-style-type: none"> The service is offered to people on the basis of need and this protected characteristic is not a determining factor and does not exclude people from fair access, therefore there is no evidence to |

² Under EA 2010 – must also consider non-religious belief

| Protected Characteristic or Group | Actual or potential positive outcome/ impact | Actual or potential neutral/negative outcome/ impact |
|--|--|--|
| | <ul style="list-style-type: none"> Providers are required to adhere to relevant equality legislation within the standard contract terms and conditions. It is not believed that the proposed changes will affect people who have a particular religion or belief more than any other group. | <p>suggest that people would be adversely impacted by the proposals.</p> <ul style="list-style-type: none"> Specific client data cannot be relied upon for comparison due to significant gaps in reporting. However, religious beliefs in Derbyshire follow a similar trend to national averages therefore it can be assumed that those potentially impacted by the proposals are largely Christian or have no religion. |
| 8. Sex or gender ³ | <ul style="list-style-type: none"> The proposal will ensure that access to the service is based on one standard criteria and is therefore equitable and fair for all people in Derbyshire who may need a community alarm service. Providers are required to adhere to relevant equality legislation within the standard contract terms and conditions. It is not believed that the proposed changes will affect people with a particular sex or gender more than any other group. Criteria changes and the targeting of resources will enable service development, which will allow the Council to support more people with care and support needs, with a wider range of | <ul style="list-style-type: none"> A greater proportion of clients who currently access a community alarm only are female. Equally, according to data on current users, of all those that live alone, therefore having no immediate support, almost three quarters are female, which supports the assumption that more women than men could be deemed to not be eligible for the service. As women live an average of 3 more years in 'not good health' and have an average life expectancy of 3.7 years more than men, they may be financially |

³ Sex and gender can be used at different times depending upon whether you are referring to the EA 2010 and the different duties which exist

| Protected Characteristic or Group | Actual or potential positive outcome/ impact | Actual or potential neutral/negative outcome/ impact |
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| | <p>digital technologies. As it may be less targeted towards older adults, and men have higher rates of disability at the younger age range, it could be concluded that it will enable proportionately more men to access the service than currently.</p> | <p>disadvantaged if they are required to pay a monitoring charge King's Fund 2022).</p> <ul style="list-style-type: none"> • Older women are more vulnerable to financial difficulties than older men, with both their employment history and family circumstances impacting on pension income and ability to save (Centre for Ageing Better 2017) • Therefore, although the service is offered to everyone regardless of their sex or gender, it could be concluded, by virtue of the proportion of females to males using the service currently, that more females may be affected by the proposed changes to the community alarm only service. |
| <p>9. Sexual orientation</p> | <ul style="list-style-type: none"> • The proposal will ensure that access to the service is based on one standard criteria and is therefore equitable and fair for all people in Derbyshire who may need a community alarm service. • Providers are required to adhere to relevant equality legislation within the standard contract terms and conditions. It is not believed that the proposed changes will affect people with any | <ul style="list-style-type: none"> • Not known • The service does not currently collect data relating to this protected characteristic. This data may be collected on MOSAIC in future. • However, the service is offered to people on the basis of need and this protected characteristic is not a determining factor and does not exclude people from fair access, therefore there is no evidence to |

| Protected Characteristic or Group | Actual or potential positive outcome/ impact | Actual or potential neutral/negative outcome/ impact |
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| | particular sexual orientation more than any other group. | suggest that people would be adversely impacted by the proposals. |
| 10. Human Rights | <ul style="list-style-type: none"> • Overall, the proposed changes will enable the Council to ensure parity and fairness to all, by ensuring that everyone is subject to the same assessment process in determining eligibility for an alarm. • The assessment process proposed adopts an appropriate legal framework in determining eligibility ensuring consistency and equality. | <ul style="list-style-type: none"> • This service is offered to people to support their right to live independently in their home, therefore it is considered the proposals may potentially infringe the Human Rights Act for individuals who no longer receive the alarm, following a Care Act assessment, concluding they do not have eligible needs under s2/s18 or choose to no longer receive the service. This may reduce their opportunities to maximise independent living. • It is likely that a number of people will no longer be eligible following Care Act assessments. Some may be put at risk if the alarm is no longer available and they are unable to summon help, if an alternative community support offer not identified. • The cost associated with proposed monitoring charges has the potential to result in financial difficulties for individuals affected. |

| Protected Characteristic or Group | Actual or potential positive outcome/ impact | Actual or potential neutral/negative outcome/ impact |
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| 11. Thriving Communities | <ul style="list-style-type: none"> The service works with individuals in their own homes not with communities. | <ul style="list-style-type: none"> None identified. |
| 12. Rural communities | <ul style="list-style-type: none"> Criteria changes and the targeting of resources will enable service development, which will allow DCC to support clients with a wider range of technologies that allow people with impaired mobility, disabilities (physical or learning) and sensory impairments. This could have a positive impact for those in rural communities, where they have less access to community and/or family support by virtue of their location. Responders from rural areas do not appear to highlight greater disadvantages. They have not reflected more concerns for the proposals for changes to eligibility or about monitoring charges than from more urban areas. Assessment of needs may give opportunities to increase support for those in rural communities who may not have come into contact with services. | <ul style="list-style-type: none"> Clients in rural communities may feel less isolated by having access to a community alarm to summon assistance when/if required. Therefore, these clients may feel more worried and vulnerable at the prospect of having to pay to continue receiving the service than those in more urban areas. 45% of clients live in an area considered to have at least some significant rural areas; this does not mean that all clients in those areas live in rural locations. Only 19% of clients live in an area considered to be mainly or largely rural. |
| 13. DCC Employees | <ul style="list-style-type: none"> Clearer and more equitable eligibility criteria reducing confusion for social care staff Criteria changes and the targeting of resources will allow for service development, enabling staff to offer a wider, more appropriate service to clients, contributing to | <ul style="list-style-type: none"> Assessments may create additional pressure on some staff groups including Client Financial Services (CST), Welfare Rights, Area P&P teams, Call Derbyshire. |

| Protected Characteristic or Group | Actual or potential positive outcome/ impact | Actual or potential neutral/negative outcome/ impact |
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| | <p>their strengths-based approach supporting clients to live more independent lives and requiring less social care intervention.</p> | |
| <p>14. Community and Voluntary sector organisations working with protected characteristic groups</p> | <ul style="list-style-type: none"> Criteria changes and the targeting of resources will enable service development and the adoption of a wider range of technologies will allow more collaboration and co-production with groups that support clients to live more independent lives, e.g., dementia, carers groups. VSCE organisations will have a clearer understanding of the Council's offer and be able to signpost people for a service that can meet their care and support needs. | <ul style="list-style-type: none"> As a consequence of the proposed assessments, some people may seek advice, guidance and reassurance from community groups such as Derbyshire Carers Association and the Alzheimer's Society, resulting in increased demand for their services. |
| <p>15. Other not listed above</p> | <p>Armed Forces:</p> | <p>Not known:</p> <ul style="list-style-type: none"> The service does not currently collect data on this specifically. Derbyshire residents have a marginally higher proportion of previously serving residents than the national average(4.1% vs 3.8%). However, the service is offered to people on the basis of need and this protected characteristic is not a determining factor and does not exclude people from fair access, therefore there is no evidence to |

| <i>Protected Characteristic or Group</i> | <i>Actual or potential positive outcome/ impact</i> | <i>Actual or potential neutral/negative outcome/ impact</i> |
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| | | suggest that people would be adversely impacted by the proposals. |

Part 4. Summary of main findings

The proposed changes to the eligibility criteria in accordance with the Care Act 2014, and the introduction of a monitoring charge for those that have a community alarm only service, will enable the AT service to develop options for service delivery. There is an appetite for the use of technology, even within is would allow a wider range of clients with care needs to be supported to access assistive technology that will enable them to live at home for longer and delay an escalation of their need for further social care or hospitalisation.

The focus for social care will be on supporting a strengths-based approach, for those with the greatest need. The service is largely focused on solutions for older adults currently and does not take advantage of an ever-growing market of options for a wider Care Act eligible group, including those with mental health and learning disabilities, and a wider working-age group.

It is clear that there could be some negative impacts on those that are elderly and/or disabled, who make up a large proportion of the current users. For current clients that may no longer be eligible if the proposed changes are implemented, they may be a negative financial impact, if they wish to continue receiving a service. The assessment process may also cause worry to some.

The changes will create an opportunity for many people who may not have come into contact with other services and sources of support for some time. There will be the opportunity for all community alarm only clients to receive information, guidance and assessment.

Part 5. Equality Action Plan

Please complete this Action Plan for any negative or unknown impacts identified in the Analysis above.

| Issue identified | Action required to reduce impact/ mitigate | Timescale and responsibility | Monitoring and review arrangements |
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| <p>Most current users are over 65 years. A large proportion of those receiving a service also are identified as having a disability. These groups may find it more difficult to negotiate the assessment process and cope with changes to the service, which could cause worry and confusion.</p> <p>However, mitigations will be of benefit to all people affected.</p> | <ul style="list-style-type: none"> • Reassurance and good written and verbal communication with regards to how the process will impact current users and their carers, including details of Care Act eligibility criteria and charging policies. • Prompt assessment and clear communication of process to ensure smooth transition and to reduce worry. • 12-week transition period before all clients will need to pay for service if not eligible under co-funding. • Clear signposting to other sources of support, including Derbyshire Carers Association, and community alarm providers where required. This can include advice and guidance regarding mobile phones, virtual assistants and smart home devices. • Offer of referral to First Contact could offer support and reassurance with benefits, staying safe and secure, housing and energy advice, | <p>Ongoing – in line with implementation of Cabinet report recommendations.</p> | |

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| | <p>social inclusion, work and learning, Live Life Better Derbyshire etc.</p> <ul style="list-style-type: none"> • For those who have previously served in the Armed Forces, signposting to relevant organisations, such as The British legion or SSAFA may be appropriate. | | |
| <p>Cost of living crisis having most profound impact on elderly and disabled households but felt by all users due to the extent of the crisis.</p> | <ul style="list-style-type: none"> • Ensure all individuals are offered benefits maximisation check, regardless of whether they choose to have a Care Act assessment. This should be instigated at the earliest opportunity when contact is made with client and followed up as part of their assessment. • There is statutory protection insofar as any charges arising must not reduce the client's income below the minimum income guarantee (MIG). A financial assessment would be undertaken if the Care Act identifies support needs under Section 2 or Section 18, where client's circumstances are considered. This process will vary dependent on eligibility under Section 2 or 18 but would consider people's finances in relation to the Minimum Income | <p>Ongoing – in line with implementation of Cabinet report recommendations.</p> | |

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| | <p>Guarantee (MIG). Part of the financial assessment includes a referral to welfare rights.</p> <ul style="list-style-type: none">• Where the community alarm provision is identified under Section 2 or Section 18, but does not form part of a wider package of care/co-funding arrangement, where income is identified as below the MIG, a hardship application via Client Financial Services (CFS) would be applicable.• Ensuring new service provision after re-procurement allows for best value for monitoring costs.• Where carers are involved, ensure they are referred to DCA, where they may be able to apply for a Carers Personal Budget to cover maintenance cost as well as other carer grants.• For those who have previously served in the Armed Forces, signposting to relevant organisations, such as The Royal British Legion or SSAFA may be appropriate for benefits checks and sources of alternate grant funding. | | |
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| <p>People may no longer be eligible under the Care Act and are unable or unwilling to pay a monitoring cost. These clients may feel less safe or be more at risk of harm.</p> | <ul style="list-style-type: none">• Signposting to other sources of support in the community.• Information with regards to other ways to summon help if required, including mobile phone or smart home devices.• NHS pilot currently underway for an 'enhance falls recovery service'. This will enable those that call 999 but have had a non-injurious fall to be supported by a county-wide falls recovery service where other immediate support is not available.• Signposting to other potential sources of financial support as listed above, including benefits maximisation, to ensure they can make an informed decision on retaining their service.• Referral to First Contact for additional support will give an opportunity to ensure people are connected to all available.• For those who have previously served in the Armed Forces, signposting to relevant organisations, such as The Royal British Legion or SSAFA may be appropriate. | | |
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| <p>Women are more likely to be impacted by potential monitoring charges.</p> | <ul style="list-style-type: none"> • Mitigations for women are in line with those listed above. No additional mitigation is required specific to gender. | | |
| <p>Those in rural communities are often more isolated therefore may be more reliant on a community alarm than those in urban areas who may have support options more locally</p> | <ul style="list-style-type: none"> • Mitigations for those in rural communities are largely in line with those listed above. • If particular issues are identified due to rural isolation or specific rural issues, e.g. Community oil buying schemes, a referral can be made to Rural Action Derbyshire and/or the Council's health and wellbeing officers. | | |
| <p>Additional pressure created on DCC employees by assessment process</p> | <ul style="list-style-type: none"> • Dedicated team employed to undertake reviews and assessments. • Ensure good ongoing communication and information sharing with other departments regarding process and timeline and a clear line of communication should capacity issues arise. | | |
| <p>Additional pressure on community and voluntary groups created by client's concerns regarding the assessment process</p> | <ul style="list-style-type: none"> • Ensure relevant groups are aware of rationale for changes, the review/assessment process, timeline and where to access further information to ensure consistent | | |

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| | approach to support and advice offered. | | |
| Community alarm provides reassurance for more than one member of a household. | <ul style="list-style-type: none"> • Ensure any other household members are considered as part of the potential assessment process, where they may benefit or have been informally reliant on the community alarm. Where both have identified needs, ensure one is added as a secondary user. • Ensure regular assessment of the service provision includes query regarding other household members. • Where the current user is no longer eligible but the other is identified as having wider care needs, ensure the seamless transition of identified users. | | |

Part 6. Date of any Cabinet/ Cabinet Member or Council Report to which this was attached and their decision:

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| 27 / 07/ 2023 |
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