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Report Title: Consultation on the Assistive Technology Charging Policy

Portfolio Holder: Cllr Laura Jeuda – Adult Social Care and Health

Senior Officer: Jill Broomhall - Director of Adult Social Care Operations

1. Report Summary

- 1.1. Assistive Technology is an important means by which people can be supported to live independently in their own homes in lieu of traditional care support (such as care at home).
- 1.2. The Council wishes to develop this service; by increasing the number of people who can access it, and the range of devices they can obtain to address their care needs. However, a necessary step in implementing this change, is to review the charging structure for the service. This would see the same charge levied to those aged 85 plus and living alone, as all other users (these users currently pay no charge). It is important to note that these service users could request a financial assessment. This would ensure those unable to pay, would not need to do so.
- 1.3. This paper requests permission to begin consultation with those affected.
- 1.4. A number of priorities detailed in the Corporate Plan 2020-2024 relate to Assistive Technology. These include reducing health inequalities; reducing reliance on long term care and protecting the most vulnerable.

2. Recommendations

- 2.1. That Cabinet:

- 2.2. Agree that a consultation exercise is undertaken on a proposed change to the Assistive Technology charging policy. This proposal would mean that those aged 85+ and living alone would pay the standard charge of £5 per week for this service like all other Assistive Technology service users. No one unable to afford the service, would have to pay for it.
- 2.3. Note that a report will be presented to the Health and Social Care Committee outlining the results of the consultation and seeking a decision on the proposed change.

3. Reasons for Recommendations

- 3.1. Service users have told us that the Assistive Technology is important in supporting them to be independent and safe at home, whilst increasing choice and control. However, access to the service cannot be enhanced without reviewing the current charging policy.
- 3.2. Levelling out the payment structure, would enable us to increase the usage and scope of the service. Thus enabling the offer to people with dementia, carers, those with a physical disability etc, to be improved.
- 3.3. Making a service free of charge, has the side effect of encouraging people who do not really benefit from it, to request it. This has been reflected in anecdotal feedback from social care staff and will be tested through the proposed consultation exercise.
- 3.4. Additionally, individuals who have requested the service have not always benefitted from an overall assessment of need and therefore may require further support. Following the consultation, we would wish to undertake an assessment of all those receiving the service, to ensure their care needs and aspirations are being appropriately met. This step will provide further assurance.
- 3.5. It is also of note that analysis has shown that the current approach disproportionately benefits people in areas where life expectancy is higher, by making the service free to those living longer. This conflicts with the Council's corporate policy of reducing health inequalities.
- 3.6. Additionally, expenditure for the service has exceeded income over the last two years and will continue to do so. Assistive Technology is currently funded via a combination of monies from the Better Care Fund as well as a flat rate charge levied against Assistive Technology service users. The charging proposal would help reduce this pressure.
- 3.7. Undertaking the consultation would allow us to engage with users about the change and to better understand the impact. This would inform the final

proposal. A key message would be that people are eligible to receive a full assessment of need together with a financial assessment. This will ensure that care needs are being proportionally assessed and that only those who are able to pay for the service will be charged.

4. Other Options Considered

- 4.1. *Maintaining current charges* –this would result in the Assistive Technology related savings detailed within the Medium Term Strategy not being achieved, meaning that significant funds would need to be found from elsewhere, which would create a further budget pressure
- 4.2. *Increasing overall charges* – This would impact a far greater number of people and would mean that in effect these users would continue to subsidise those aged 85+ and living alone.
- 4.3. *Graduating the charging structure* – this would be complex and expensive to implement and administer

5. Background

- 5.1. Assistive Technology is an important means to address the assessed care needs of service users by supporting people to stay independent in their own home for longer, whilst providing improved choice and control. For instance, falls detectors can help safeguard individuals more likely to fall due to frailty by alerting a call centre and a mobile response team. It can also provide this support at reduced cost in comparison to traditional care packages. A survey was conducted with users in 2018, in which 74% of respondents either agreed or strongly agreed that it improved their quality of life.
- 5.2. However, it should also be understood that the reassurance Assistive Technology can provide for families/carers, needs to be set against the rights of the individual for self-determination and privacy.
- 5.3. A number of priorities detailed in the Corporate Plan 2020-2024 relate to Assistive Technology. These include:
 - Reducing health inequalities across the borough
 - Reducing the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services
 - A commitment to protect the most vulnerable people in our communities

- Increasing the life opportunities for young adults and adults with additional needs.
- 5.4. The current Assistive Technology charging structure was implemented in December 2015 following a public consultation. This sees each service user charged £5 per week for receiving the service, unless they are aged 85+ and living alone, in which case the service is provided at no charge. There are 1,234 service users benefitting from this currently, in comparison to a total Assistive Technology user base of 2,426.
- 5.5. However, the number of people receiving the service at no charge is unsustainable in the future, particularly as the Council wishes to increase the number of people obtaining the service, as well as the level of support. This will help increase choice and control for people, as well as addressing rising demand, due to the ageing population in the Borough.
- 5.6. Moreover, there is evidence that users have opted to take up the service in part because it is free and not always because it significantly addresses their care needs or serves a genuinely preventative function. This has been reported in a range of anecdotal feedback from staff.
- 5.7. A review is currently being undertaken of Assistive Technology which is exploring how a greater range of need can be supported in the future through technology. For instance, many more older people use mobile phone based apps which could be utilised, and smartwatches provide a non-medicalised means of providing support. This is with a view to recommissioning the service. However, improving support will also put increased strain on the service budget.
- 5.8. As part of this review, analysis has also found current uptake of the service to be uneven. For instance, the number of people (per thousand, of those aged 65+ receiving the service) is 9 in the most deprived wards (Index of Multiple Deprivation Score of 1 or 2) in comparison to 56 in the least deprived wards (Index of Multiple Deprivation Score of 9 or 10).
- 5.9. This can be viewed as a nature consequence of lower life expectancy in areas of deprivation. For instance, average life expectancy in the most deprived ward in the Borough: 'Crewe Central' is only 72.6 in comparison to the least deprived area 'Wilmslow East' where it is 84.3. But it also means that the policy is widening rather than reducing health inequalities.
- 5.10. It is proposed that a consultation is conducted on the change to the charging policy to explore the impact on users. This consultation would be as

comprehensive as possible, whilst taking account of COVID-19 risks. As such, it is proposed that:

- A letter would be sent to Assistive Technology users aged 85+ and living alone informing them of the proposed policy change.
- This letter would give them the opportunity to comment via a bespoke telephone or online meeting; paper survey or by providing comments via the Council's website.
- Follow-up would take place with those not providing feedback, to encourage them to participate.
- Members of the public would have the opportunity to give views by completing a survey on the Council's website.
- The Equality Impact Assessment would be updated to take account of views.

5.11. Following the consultation, a report would be produced on findings. This would then be taken to the Health and Social Care committee together with final recommendations.

5.12. Additionally, assessments would take place with all users in receipt of the service. This would ensure that they were receiving support in line with their care needs and aspirations. It would also check that individuals were benefitting from the service and not being controlled by it.

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. There are no immediate legal implications arising from this proposal.

6.2. Finance Implications

6.2.1. The Assistive Technology service should be funded in full via the Better Care Fund and by client contributions. However, the service has been significantly overspent for the last few years. The forecast overspend in 2020/21 is around £480k at Third Quarter Review.

6.2.2. The current value of client income received for Telecare services is around £280k per year, which means that for the under 85 cohort we charge around 80% of clients. The reason for this is that although Telecare services are not formally financially assessed if a person can truly not afford to contribute to the costs then the charge is waived.

6.2.3. Assuming that 80% of the 1,234 over 85 service users were to be charged the additional income could be up to £257k per year.

6.2.4. However many clients who are 85+ may also have care packages that they already make client contributions towards. This could mean that Telecare income could increase, but contributions to their other care costs could decrease, as their financial assessment of affordability would be impacted.

6.2.5. This means the overall increase in income will be lower, but we are not able to estimate accurately what the likely additional income will be at this time as each person's circumstances will be different.

6.3. Policy Implications

6.3.1. The paper concerns a change to the Council's Assistive Technology charging policy

6.4. Equality Implications

6.4.1. An Equality Impact Assessment has been completed. However, consultation feedback will be used to update this.

6.5. Human Resources Implications

6.5.1. There are no human resource related implications

6.6. Risk Management Implications

6.6.1. A risk management process will be followed when implementing this work to ensure that risks are properly managed and mitigated where possible.

6.7. Rural Communities Implications

6.7.1. Assistive Technology is helpful in safeguarding and supporting vulnerable people in rural locations

6.8. Implications for Children & Young People/Cared for Children

6.8.1. There are no implications for children and young people.

6.9. Public Health Implications

6.9.1. Reducing health inequalities is a key principle of a Public Health approach

6.10. Climate Change Implications

6.10.1. There are no implications for this theme

7. Ward Members Affected

7.1. All wards

8. Consultation & Engagement

8.1. The paper specifically addresses the subject of consultation

9. Access to Information

9.1. The following documents were fundamental to the recommissioning process:

- Joint Strategic Needs Assessment
- People Live Well for Longer Commissioning Plan
- Cheshire East Council Corporate Plan 2020-2024

10. Contact Information

10.1. Any questions relating to this report should be directed to the following officer:

Name: Nichola Thompson

Job Title: Director of Commissioning

Email: Nichola.Thompson@cheshireeast.gov.uk