

Adults and Health Committee

Date of Meeting:	27 September 2021
Report Title:	Consultation on the Assistive Technology Charging Policy
Report of:	Nichola Thompson, Director of Commissioning
Report Reference No:	AH/30/21-22
Ward(s) Affected:	All

1. Executive 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 more effectively. However, a necessary step in implementing this change is to review the charging structure for the service. As such, a consultation has been carried out on a proposal for the same charge to be levied on those aged 85 plus and living alone as all other users (individuals aged 85 plus and living alone currently pay no charge). Those affected could request a financial assessment. This would ensure those unable to pay, would not need to do so.
- 1.3.** This report carefully considers the consultation feedback received from a variety of methods including a consultation survey, telephone surveys and other discussions with stakeholders. However, the case for the proposal remains compelling, given the need to make the service sustainable over the long-term.
- 1.4.** A number of priorities detailed in the Corporate Plan 2020-2025 relate to Assistive Technology. These include reducing health inequalities; reducing reliance on long term care and protecting the most vulnerable.

2. Recommendations

- 2.1. To implement the consultation proposal that people aged 85 and over who are living alone are charged £5 per week for the Assistive Technology service. This will be the same levy as for all other users of Assistive Technology. This is subject to users being able to ask for a financial assessment, which would check their ability to pay. People with a cognitive impairment will be appropriately supported in this process.

3. Reasons for Recommendations

- 3.1. Levying the same charge on all users, would allow the service to be sustainable in the longer term. This would enable the service to grow and to be accessed by additional vulnerable people. Without this, financial pressure will build, given the welcome projected 15% increase in those people aged 85+ by 2025 (in comparison to 2020) and 36% by 2030¹.
- 3.2. Currently, half of users are paying for the service and half are not, thus meaning one set of users are effectively subsidising others (including 212 people aged 85+ living with others). This is unfair. In implementing the change, the financial assessment process will ensure that no one who cannot afford to pay, would have to pay.
- 3.3. Consultation responses have been carefully considered including the clear message over how valued Assistive Technology is. Nonetheless, it is deemed not unusual that some people would object to paying for a service in the future that they have had for free, even if this concession is not offered by other Councils.
- 3.4. Care Act guidance specifically references the need for charging to be “sustainable...in the long-term”. It also emphasises a need to, “apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings”².

4. Other Options Considered

- 4.1. *Raising the charge to £8 for users currently paying* – this could raise a similarly large amount of income but might be deemed unfair by those having to pay this
- 4.2. *Removing the physical response service* – however, users expressed strong support for this facility in consultation feedback.

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

¹ Projecting Older People Population Information System, www.poppi.org.uk

² Care and Support Statutory Guidance, www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#charging-and-financial-assessment

instance, devices such as pendant alarms can help safeguard individuals more likely to fall due to frailty by alerting a call centre who can in turn trigger the service's mobile response team. Other examples include falls detectors, bed sensors and GPS devices.

- 5.2.** 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.
- 5.3.** Currently, a charge of £5 a week is levied on users of the Council's Assistive Technology service unless the user is aged 85+ and living alone. The level of the charge has not changed since 2015.
- 5.4.** A consultation was launched on a proposal to implement a single charge for all users. The consultation took place from 27 May-22 July 2021 (8 weeks). This followed Cabinet approval to undertake this exercise at a meeting on 13 April 2021.
- 5.5.** A total of 932 responses were received to the consultation. 51% of these were from people who received the service for free.
- 5.6.** The number of service users utilising the service fluctuates over time, as does the portion of clients who are aged 85+ and living alone. At the start of the consultation period; there were 2,253 in receipt of Assistive Technology, with 1,128 receiving this at no charge (50%). Out of these; there are 212 people aged 85 and over who are subject to the charge because they do not live alone. Similarly, there are also 534 users aged 75-84; 197 users aged 65-74 and 182 users aged less than 65 who also pay the weekly charge.
- 5.7.** The consultation questionnaire served two purposes: to provide information from the public about the consultation proposal but also to provide valuable feedback which would inform the recommissioning of the Assistive Technology service (and also the digital switchover). A separate Committee Report has been submitted on this.
- 5.8.** The full consultation report is available in Appendix 1. However, the following paragraphs give headlines. It is to be remembered that, "...effective consultation allows...informed decisions on matters of policy, to

improve the delivery of public services, and to improve the accountability of public bodies” (Government Consultation Code of Practice)³. As such it is not a referendum, but an opportunity to review the business case for a proposal based on any new information provided by respondents.

- 5.9.** A majority of respondents disagreed or strongly disagreed that people aged over 85 and over who live alone should pay a charge for telecare (56%). A further 28% of respondents agreed or strongly agreed with the statement and 16% neither agreed or disagreed. The percentage of those disagreeing or strongly disagreeing with the proposal amongst those aged 85+ and living alone (those directly affected) was marginally higher at 60%.
- 5.10.** The most selected reason for disagreeing was, ‘the charge is unfair to those affected’ at 56%; followed by at 36%; ‘savings should be made elsewhere’. No ‘reasons in favour’ options were included for those who agreed with the proposal. However, feedback received highlighted both that the service was valued and that some people felt able to pay the proposed charge.
- 5.11.** As part of work alongside the consultation, comparison has been made of charges in other areas. This is available in Appendix 2. No other Local Authority applies an aged 85+ and living alone exemption.
- 5.12.** Analysis has also found that there are 516% more people accessing the service in areas at an Index of Multiple Deprivation level of 9 and 10 (least deprived) in comparison to those at level of 1 and 2 (most deprived). This pattern can be viewed as the direct consequence of areas of deprivation having lower levels of life expectancy. 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.
- 5.13.** It has also disclosed that the free telecare policy for those 85+ and living alone has contributed to a 273% increase in take up by this cohort since January 2016. This has created a position where around half of users are receiving the service for free.
- 5.14.** Of further note, is that Assistive Technology predominantly offers secondary prevention for falls. This means its impact on prevalence of falls is highly limited. Therefore, the more vital focus needs to be on stopping them to begin with.

5.15. Examples of preventative work conducted by the Council, include an increase in One You Cheshire East falls prevention capacity to 900 places following a recommissioning process (the original figure was 380). This has been further enhanced to around 1,200 places this year as part of a COVID-19 recovery plan. It has also involved (driven by the Cheshire East Falls Prevention Strategy) increasing the number of falls hazard checks conducted in people's homes and raising public awareness of this health issue e.g. via dissemination of a falls prevention booklet.

5.16. There was estimated to be 12,300 people aged 85+ in Cheshire East in 2020 (note: 43% of people aged 85 are estimated to fall each year). As such, the percentage of people receiving the service at no charge is currently around 9.2%. Residents can also obtain a less comprehensive Assistive Technology service privately by using an alternative provider. However, it is not possible to estimate how many are currently choosing to do this.

5.17. Partnership working is continuing to take place on the issue of falls (including with the Integrated Care Partnership) given the knock-on effect it can have on other services such as the Acute Trusts and North West Ambulance Service.

6. Consultation and Engagement

6.1. The following measures were taken to encourage service users and the general public to participate in the consultation:

- A letter was sent to all Assistive Technology users directly affected by the consultation proposal. This included a consultation information pack, questionnaire and freepost envelope.
- A letter was sent to all other Assistive Technology users with the same supporting materials.
- Reminder letters were sent a few weeks after these to encourage further response.
- A briefing meeting was held which was open to all Councillors on 21 June.
- Copies of the consultation information pack, questionnaire and freepost envelopes were distributed to local libraries.
- Social media was used to build awareness of the consultation. This included four separate pushes.
- Face to face, online and telephone meetings were offered to users. Note: the offer of the six face to face meetings had to be amended during the consultation due to the rise in COVID-19 cases.

- The consultation was accessible from the home page of the Council's website.
- Additionally, articles about the consultation have been featured in the press.

7. Implications

7.1. Legal

- 7.1.1.** There are no immediate legal implications arising from this proposal.

7.2. Finance

- 7.2.1.** 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 overspend in 2020/21 was £471k.

- 7.2.2.** 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.

- 7.2.3.** Assuming that 80% of the 1,128 over 85 service users were to be charged the additional income could be up to £235k per year.

- 7.2.4.** 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.

- 7.2.5.** 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.

7.3. Policy

- 7.3.1.** The paper concerns a change to the Council's Assistive Technology charging policy.

7.4. Equality

- 7.4.1.** An Equality Impact Assessment has been completed on the consultation proposal and was updated to take account of comments made by respondents in the consultation. This is available in Appendix 3.

7.5. Human Resources

7.5.1. There are no human resource related implications.

7.6. Risk Management

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

7.7. Rural Communities

7.7.1. Assistive Technology is helpful in supporting vulnerable people in rural locations to live independently. This includes providing reassurance to carers.

7.8. Children and Young People/Cared for Children

7.8.1. This report only relates to changes to charges for older people aged 85+ and living alone.

7.9. Public Health

7.9.1. Reducing health inequalities is a key principle of a Public Health approach. This is referenced within paragraphs 5.12-5.13.

7.10. Climate Change

7.10.1. None.

Access to Information	
Contact Officer:	Nichola Thompson Nichola.thompson@cheshireeast.gov.uk 01270 371404
Appendices:	Appendix 1: Consultation Report Appendix 2: Charges Levied by Other Local Authorities Appendix 3: Equality Impact Assessment
Background Papers:	Cheshire East Corporate Plan 2021-2025