

# **Cheshire East Council**

## **Telecare Charging Consultation Survey**

### **Summary of results**

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Production date: July 2021

OFFICIAL

# Introduction

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## Background and Methodology

Between the 27<sup>th</sup> May and 22<sup>nd</sup> July 2021 Cheshire East Council conducted a survey as part of a review of telecare services. Its aim was to capture views on a proposal to introduce a charge for Telecare (also known as Assistive Technology) for those aged 85 and over who live alone. It also gave general feedback about the Telecare Service to help improve it in the future. As such, the findings of this survey will help inform and shape the new Telecare Service Specification for the new service (expected to be launched in April 2022). Telecare devices include items such as falls detectors, lifelines/pendant alarms and beds sensors.

This survey was distributed to all current users of telecare (2,253) by post. The survey and background information were also available on the Cheshire East Council website. Hard copies were also made available in the libraries.

In total, we received and analysed a total of 932 responses. Of these for 701 responses it was indicated that they were from or behalf of someone with telecare. Please note that for the purposes of this report open comments received have been coded and grouped into themes.

The survey was split into three sections as follows:

- Part A – Your views about the Charging Proposal
- Part B – About Telecare Services in General
- Part C – About you

Note: categorising written comments is a complex task, so numbers have been provided as an approximate guide only, in order to give an indication of quantity of comments received on that subject.

## Part A: Your views about the Charging Proposal

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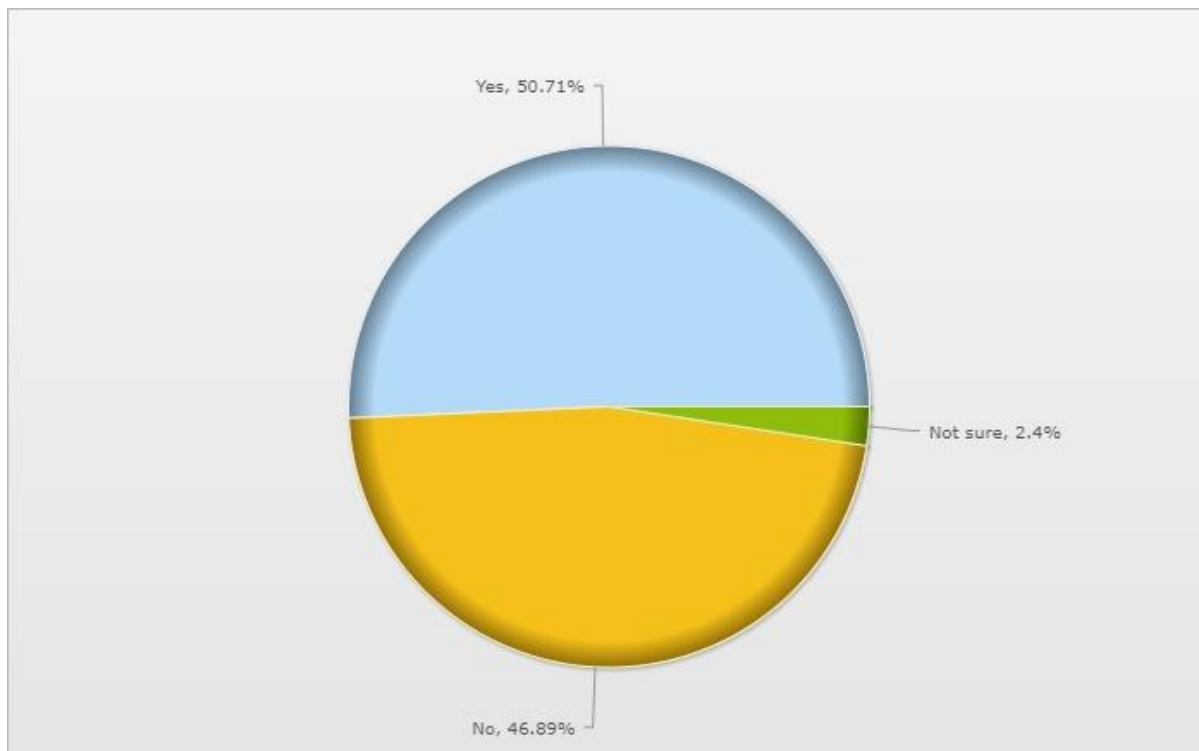
### Key Findings

The first question asked if the respondent was currently receiving telecare for free because they were aged 85 or over and living alone.

This was an important question as it would be these individuals who would be directly affected by the consultation proposal.

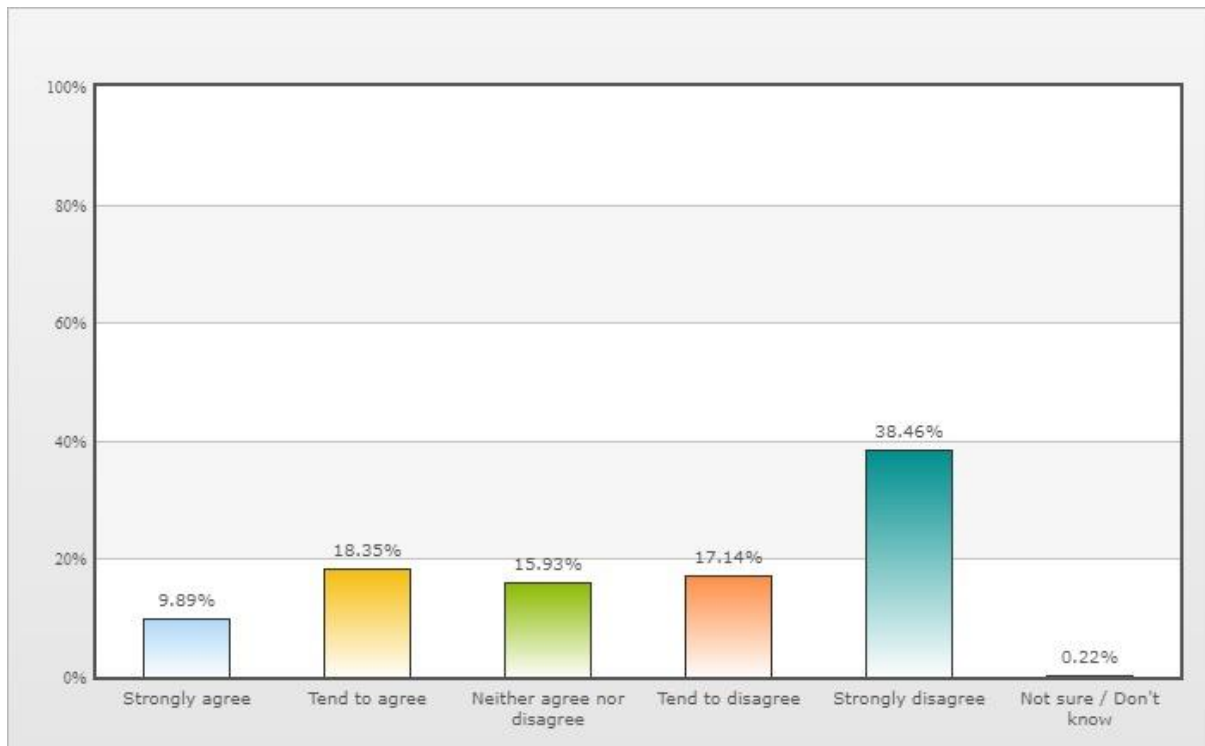
Out of the responses received, the groups were relatively evenly split with 50.7% (465 responses) saying they received telecare for free because they are aged 85 and over and living alone, and 46.9% (430 responses) saying they did not. There was also a very small tranche who were unsure if they fell into this bracket (2.4%, 22 responses).

*Figure 1: Do you currently receive telecare for free, because you are aged 85 or over and live alone?*



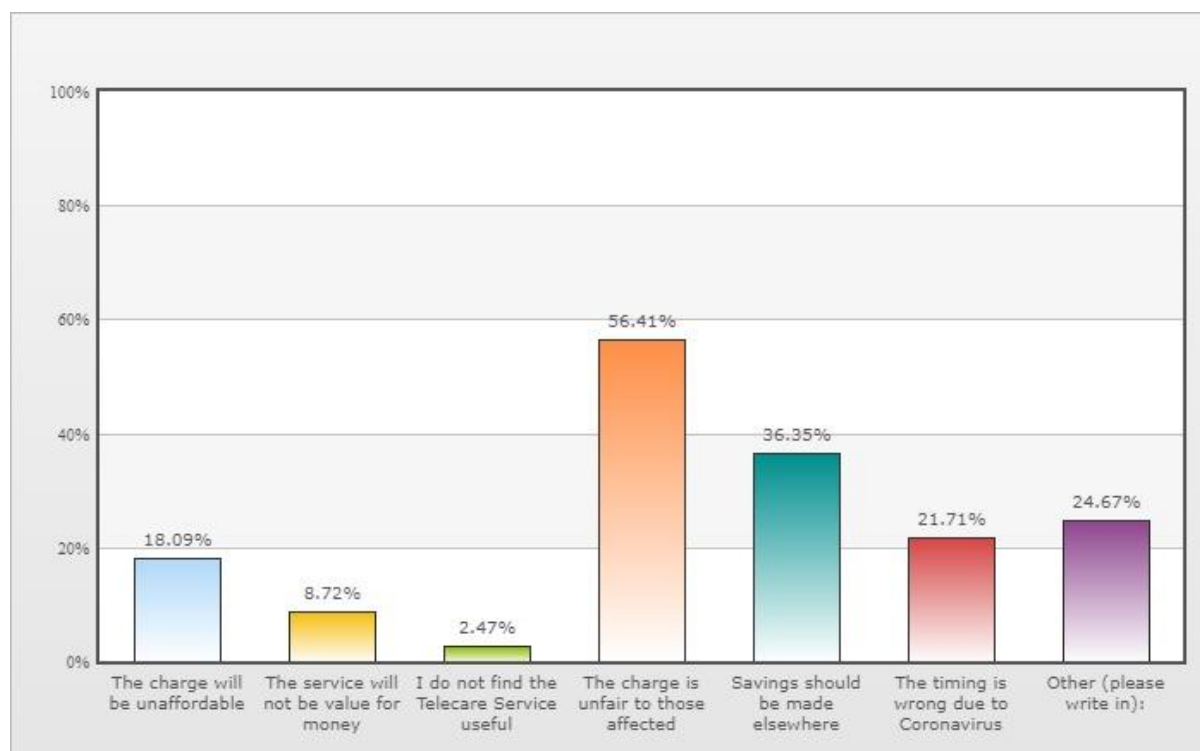
The next question directly asked how strongly respondents agreed or disagreed with the consultation proposal. Overall, a majority was against this, with 55.6% (506 respondents) either strongly disagreeing or disagreeing. A further 28.2% or 257 respondents agreed or strongly agreed with the statement and 15.9% (145 respondents) neither agreed nor disagreed. Figure 2 provides a full breakdown.

*Figure 2: How strongly to you agree or disagree that people aged 85 and over who live alone should pay a charge for telecare, like other telecare users? No one who cannot afford to, would be made to pay the charge (subject to a financial assessment process).*



Those respondents who disagreed with the proposal to introduce a telecare charge for those aged 85 and over who live alone, were asked to select their reasons from a list of statements. Most people selected (343 respondents, 56.4%) “the charge is unfair to those affected”, which was followed in popularity by 36.4% saying “savings should be made elsewhere”. A little under a quarter (21.7% or 132 respondents) said the “timing is wrong due to the coronavirus” and a further 18.1% (110 respondents) said “the charge would be unaffordable”. See Figure 3 for a full breakdown. Note: respondents could tick more than one statement.

Figure 3: If you disagree that a telecare charge should be introduced for those aged 85 and over who live alone, can you tell us why?



An ‘Other’ box was included alongside the main options so that respondents could give arguments which hadn’t been included in the main options. However, many of these individuals used it to underline their previous point relating to the unfairness of the proposal being put forward or that the charge would be unaffordable.

In terms of new arguments: a proportion of respondents (25 responses) stated that the measure would be counter-productive because it would ultimately cost the Council and the NHS more over the long term. An example comment is shown below:

*“The service actually saves money by identifying a fall immediately. Any delay would mean a more severe situation causing additional cost.”*

Additionally, the point was made that the cost of administering the financial assessment process might be higher than the revenue raised from the charge itself (5 responses plus a comment at a telephone meeting). The reassurance that the service gave was also emphasised (6 responses).

In addition to this, individual points were made over the financial assessment process potentially delaying access to the service; that individuals might be reluctant to undertake the financial assessment process and whether the charge could reflect the number of call-outs by an individual.

Seven respondents wrote comments relating to either agreeing with the proposal or agreeing to pay. For instance:

*“I live alone, family live in Surrey. I pay a support worker for cleaning and shopping. I need telecare for reassurance and therefore will pay.”*

### **Equality Impacts**

In the next question individuals were also asked a question regarding the impacts it would have on them due to age, gender, religion, ethnicity or because of a disability. This question was specifically designed to help inform the Equality Impact Assessment for the proposal. However, the majority of respondents interpreted the question differently. A proportion of them either merely stated the disability they had or made a general comment about the proposal. The most relevant remarks to the equality impacts are shown below:

*“Due to physical disability, I might not be able to reach my landline telephone in the event of a fall.”*

*“I don't think it should be subject to a financial assessment of people especially having to supply financial details at that age.”*

*“People with dementia are continuously worried about money and this will adversely impact on mental health.”*

*“My father would not want a financial assessment as he would see it as invasive.”*

*“This would impact on the current benefits I receive such as pension credits etc. £5 a week is a lot of money to me at my age of 96 years.”*

### **Any Other Comments About the Proposal**

The last question in this section asked people to state if they had any other comments about the proposal. A large number of people chose to write something in this section. Again, many individuals elucidated further on why they disagree with the proposal. This included that it was unfair (92 responses) with an argument often repeated that people aged 85 and over had paid taxes throughout their working lives. The problem of the affordability of the charge was also cited by many respondents (38 responses). Illustrative comments to both these points were:

*“When Telecare provision was first offered free for over-85's living alone that must have been considered to be reasonable and fair. I believe that is still the case and withdrawal should not be justified on cost-saving grounds alone...”*

*“Utterly shocking and negligent. How short sighted can you be? All this for a couple of quid a week. Older people will stop using it which could result in unnecessary hospital admission respite etc, peace of mind is so important. Isn't that something you should be trying to prevent?”*

*“They give us a pension, then take it all back.”*

*“Totally disagree with withdrawing and or charging for this service. No financial assessment should be done, some people have paid through council tax, national insurance, and tax all their working lives and yet again penalised for working hard and saving and the ones who have lazed around on benefits etc for most of their working lives get the benefit free.”*

*“It's the cost. I receive guaranteed income support and would struggle paying for the service. I have appreciated the service for 3 years and find it a huge support to my wellbeing.”*

*“It's hard living on a pension, no other income and prices rising as they do. I feel you should think hard about this decision...”*

Furthermore, a few comments were received suggesting that the approach was in some way discriminatory. For example:

*“You know over 85's are vulnerable and wish to make a profit of their immobility and lack of computer literacy. Shameful over £20 a month.”*

Another commonly made point was that money should be saved elsewhere. For instance, by cutting Council staff pay, not spending money on cycle lanes or processing equality information (23 responses). Comments were also made about prevention and that there would be no long-term saving to the Council and NHS from the change due to an individual needing more expensive services in the longer-term (21 responses).

*“Savings will be minuscule. Get your money from capping town hall staff wages.”*

*“Poorly designed policy that ignores the evidence on the benefits of low-cost interventions in reducing risk of loss of independence in older people.”*

The reassurance it provides to family and/or to the service user was also stressed by around 10 responses. For example:

*“My mother has had falls previously she lives alone and the service offers a degree of security to her.”*

Whilst the majority of comments were against the consultation proposal. Around 30 comments were received in favour. These included reference to the policy being fairer (including to deprived areas) and that there was no reason to single people over 85 in particular for a free service. The fact that people who could not afford to pay would still receive the service for free was also seen as an important. In addition to this, a few respondents also stated that they felt the service was good and worth paying for.

For instance:

*“People who have over the capital threshold should pay for all services. Charging would also mean that people return equipment in a timely manner when it is no longer required.”*

*“The policy of giving free telecare only to those over 85 is highly discriminatory against deprived areas where the life expectancy is lower. Putting it bluntly few people from deprived areas live to 85. This policy gives free services to the affluent while making those less well-off pay for the service.”*

*“Not aware that the service was free for over 85's, seems reasonable to apply charge to support the service as population increases.”*

In terms of alternatives to the proposal; a small number of comments suggested that either a reduced charge should be used instead; or that only new users should be charged for the service. It was also suggested that the age on the policy could be raised so that some individuals would still benefit from a free service; and one respondent suggested removing the response facility as this was seldom used.



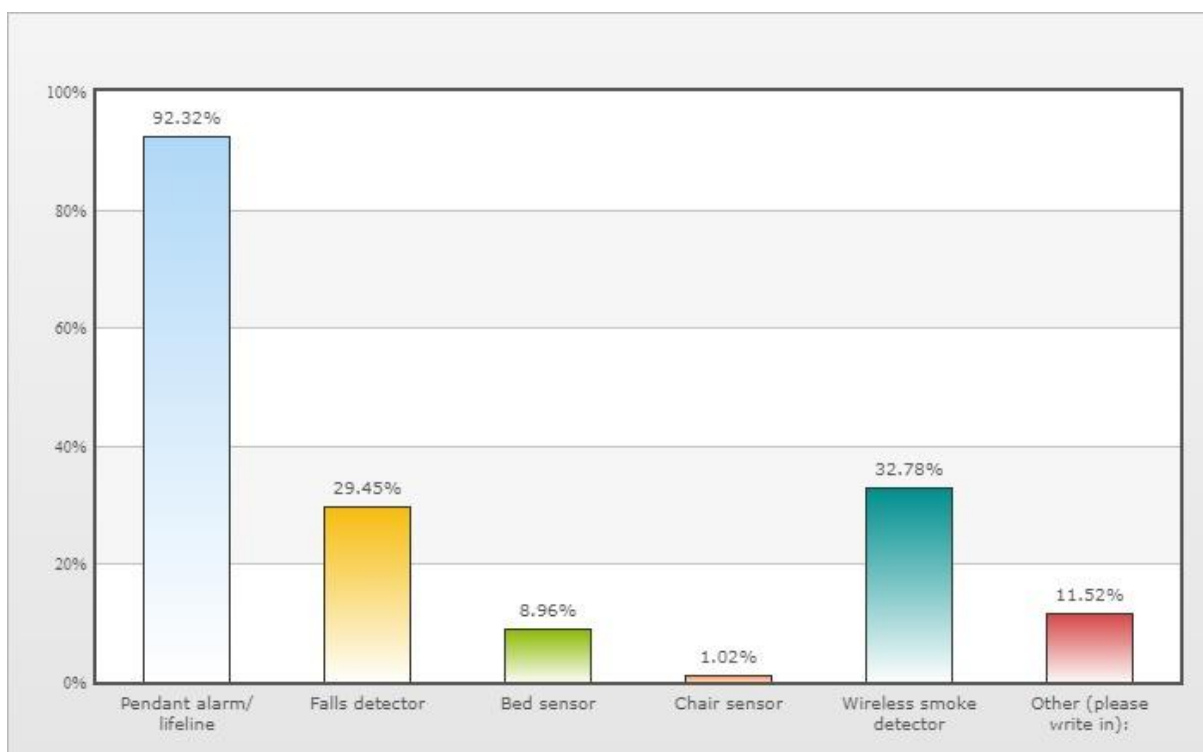
## Part B: About Telecare in General

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This section was for anyone who has telecare from the Council and was to help inform a review of the service and the move to digital telecare (including potential use of mobile phone networks).

The vast majority of respondents, 721 or 92.3% said they have a pendant alarm or lifeline. A third, 32.8% or 256 are in receipt of a wireless smoke detector and a similar number, or 29.5% have a falls detector. Note: people can have more than one device. Figure 4 provides a breakdown.

Figure 4: Which of the following telecare devices do you have?



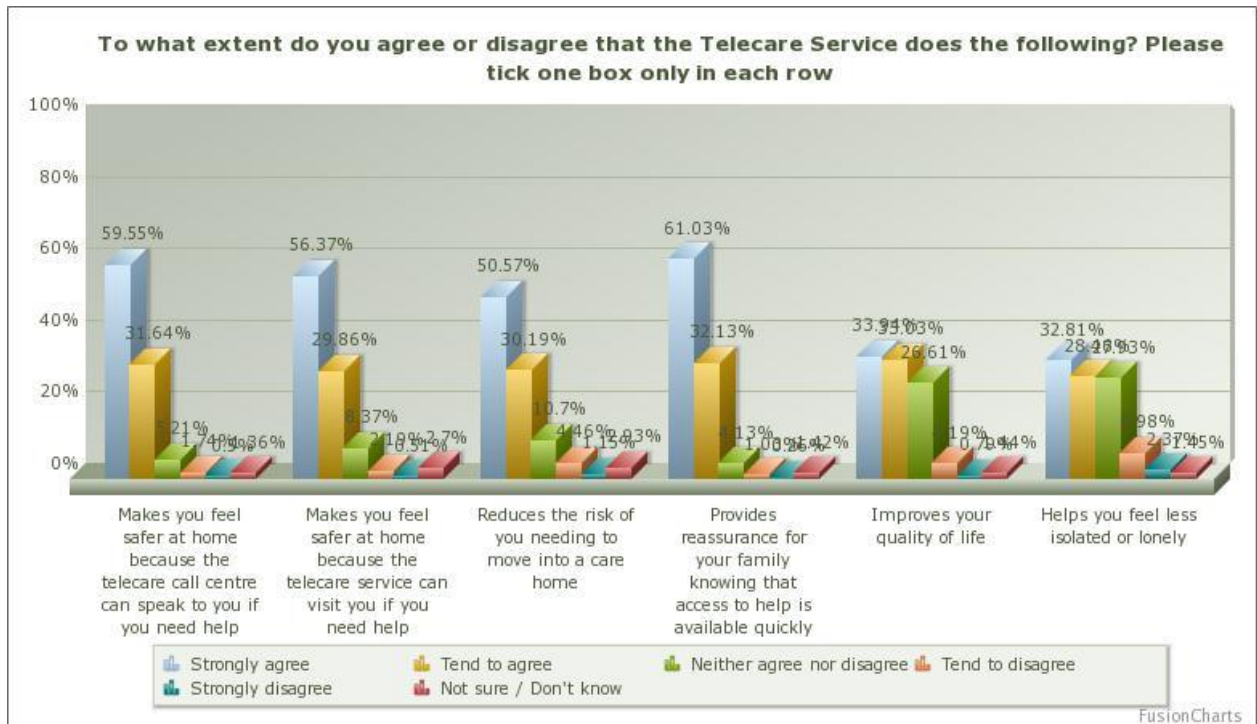
Respondents were asked how much they agreed or disagreed with a series of statements about what the telecare service offers. The overwhelming majority of respondents, 735 (or 91.2%) strongly agreed or agreed that it “makes you feel safer at home”. A similar majority in agreement was also shown for “Provides reassurance for your family knowing that access to help is available quickly“, which was supported by 634 responses (93.1%).

The percentage dropped slightly for the statements, “Reduces of risk of you needing to move into a care home” to 80.8% (634 responses in agreement) and “makes you feel safer at home because the telecare service can visit...” 670 responses agreeing (83.6%). However, both proportions were still high.

The last two options were still supported by a majority of respondents but far less overwhelmingly. These were: “Improves your quality of life” (455 responses in

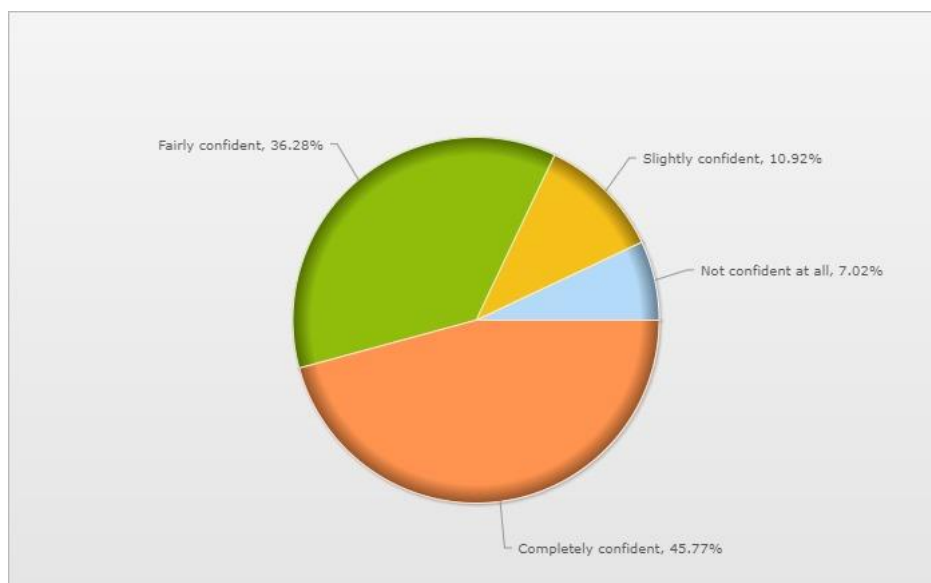
agreement, 66.90%) and “Helps you feel less isolated or lonely” (428 responses in agreement, 61.30%). For a full breakdown, please see Figure 5.

Figure 5: To what extent do you agree or disagree that the Telecare Service does the following?



When people were asked how confident they felt in being able to use their telecare equipment, the majority 82.1% (631 respondents) said they were completely or fairly confident. However, a notable minority of 17.9% (138 respondents) said they were slightly confident or not confident at all.

Figure 6: How confident do you feel in using your telecare equipment?



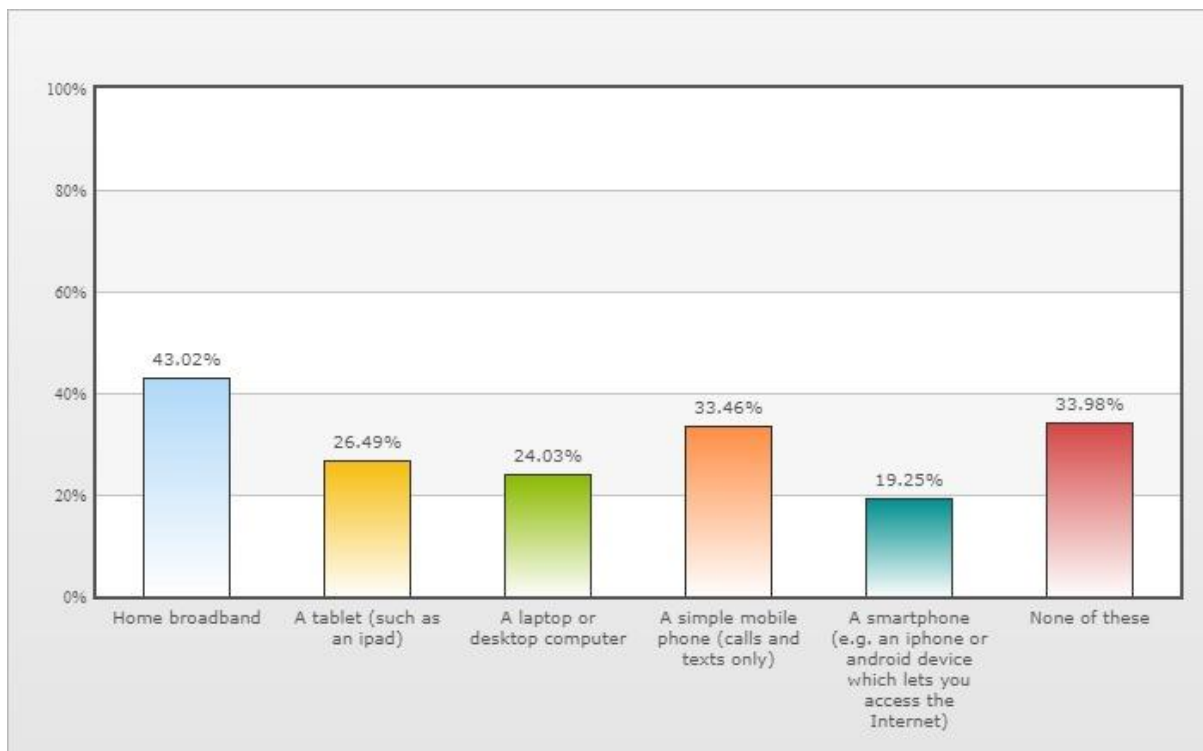
## Access to Devices

Respondents were asked if they had any of the following devices in their home that are not currently provided through the Council's telecare service. Note: respondents could select more than device.

Under half, 43% (333 respondents) said they have home broadband. A third (33.4% or 259 respondents) said they had a simple mobile phone (for phone calls or texts) and 19.3% said they had a smartphone (149 respondents). In total, 391 respondents said they had one of these options [note: some respondents ticked both].

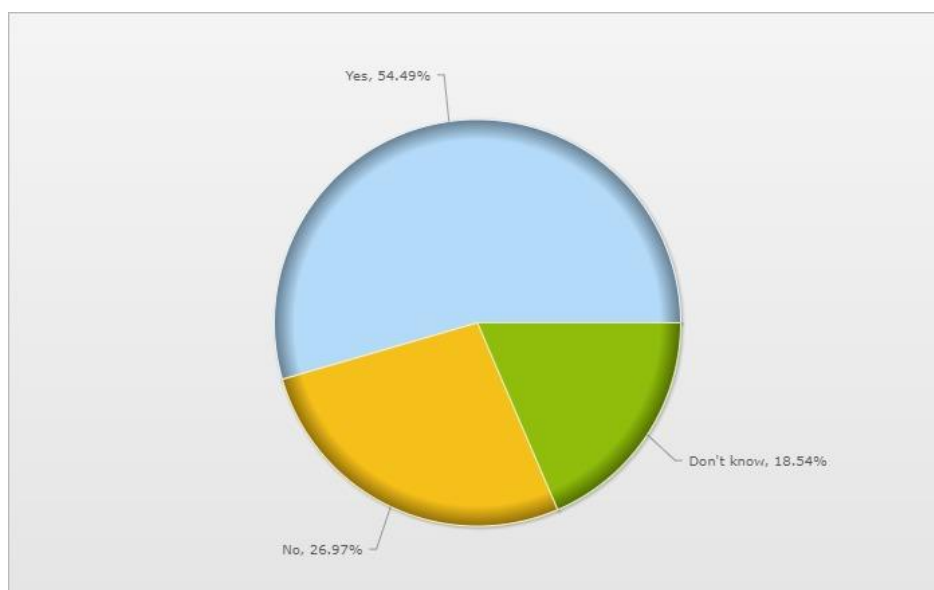
In addition to this, just over a quarter (26.5% or 205) of respondents had a tablet device (such as an ipad) and 24% (186 respondents) said they had a laptop or desktop computer. Around a third of the respondents (263 or 34%) said they had none of these devices.

Figure 7: Do you have any of the following devices? Please tick all that apply



For those who had a mobile phone, we asked if they had good mobile phone reception in all parts of their home. Over half, 54.5% said they did, but a quarter (27%) disagreed and 18.5% didn't know. Note: the Council may explore using more devices making use of the mobile phone network, which would enable them to be more portable. Therefore, having this information is really valuable.

*Figure 8: If you have a mobile phone, do you have good mobile phone reception in all parts of your home?*



### **Technology which might be incorporated**

Respondents were also requested to state any devices which they felt might be included into the Assistive Technology service offer. The number of responses received was less than the written comments in the first part of the survey. But there was still a great deal of information provided.

Around 39 respondents stated that they had limited skills with technology so would not be able to utilise new equipment. 10 respondents stated that they would need more information on what was available in order to comment.

9 respondents stated that they had sensory needs. As such, it was stated both that use of devices was difficult and secondly that devices which were suitable for these needs would be helpful.

Around 8 respondents made comments relating to the need for devices to be more portable. This would allow them to be used both in different locations in the house and in the community.

In terms of specific devices which it was felt might be useful, the following were mentioned: voice controlled devices, broadband, tablets and simple mobile phones, video security (including for the front door) and movement sensors. A wellbeing call was also mentioned by one individual.

## Comments on how the telecare service could be improved

A number of general positive comments were received about the telecare service (41 responses). Representative quotes are shown below:

*"I don't think it could be improved. It gives a wonderful lifeline to my mum and myself knowing that they are there if she needs them."*

*"I think the service is excellent and I have been very well looked after - how lucky we are!!"*

However, there was criticism of the service as well, including in relation to how long it took for some calls to be answered, and the time the mobile response service took to come out (26 responses).

*"The response time was too long to answer the call."*

*"Response time to alarm calls is often too long. I only used it for testing but the call centre didn't know and once took nearly 10 mins."*

*"It takes 20mins to get through and then you wait an hour and a half for someone to attend, causing my carer to hurt her back."*

A small number of respondents also felt that the staff manner could be improved together with their knowledge about the service (3 responses).

Responses were also received relating to the ability to use the equipment in other parts of the house (11 responses). There was also some criticism of some of the equipment (16 responses). This particularly centred on the falls detector/wristband being too sensitive. One respondent also mentioned that the wriststrap for this device was also uncomfortable.

Comments were also made that equipment needed to be checked more often. This could be either via the phone or via a visit in person.

Finally, approximately 23 respondents used this response box as a further means to explain why they were against the proposal.

## Part C: About You

The overwhelming majority of people completing the survey said they have telecare to support them (42.3%, 356 responses) or a family member/friend or paid carer had completed it on their behalf (38.5%, 324 responses). A further 107 members of the public or 12.7% of respondents said they were not in receipt of telecare services.

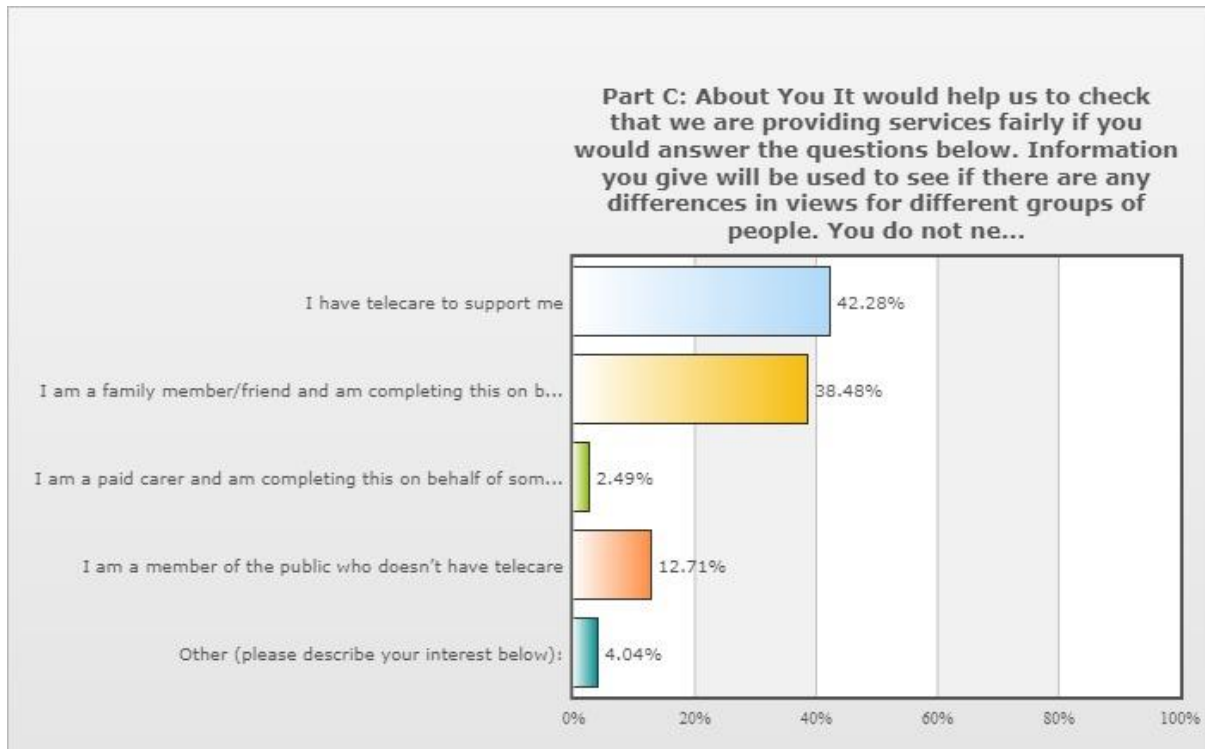
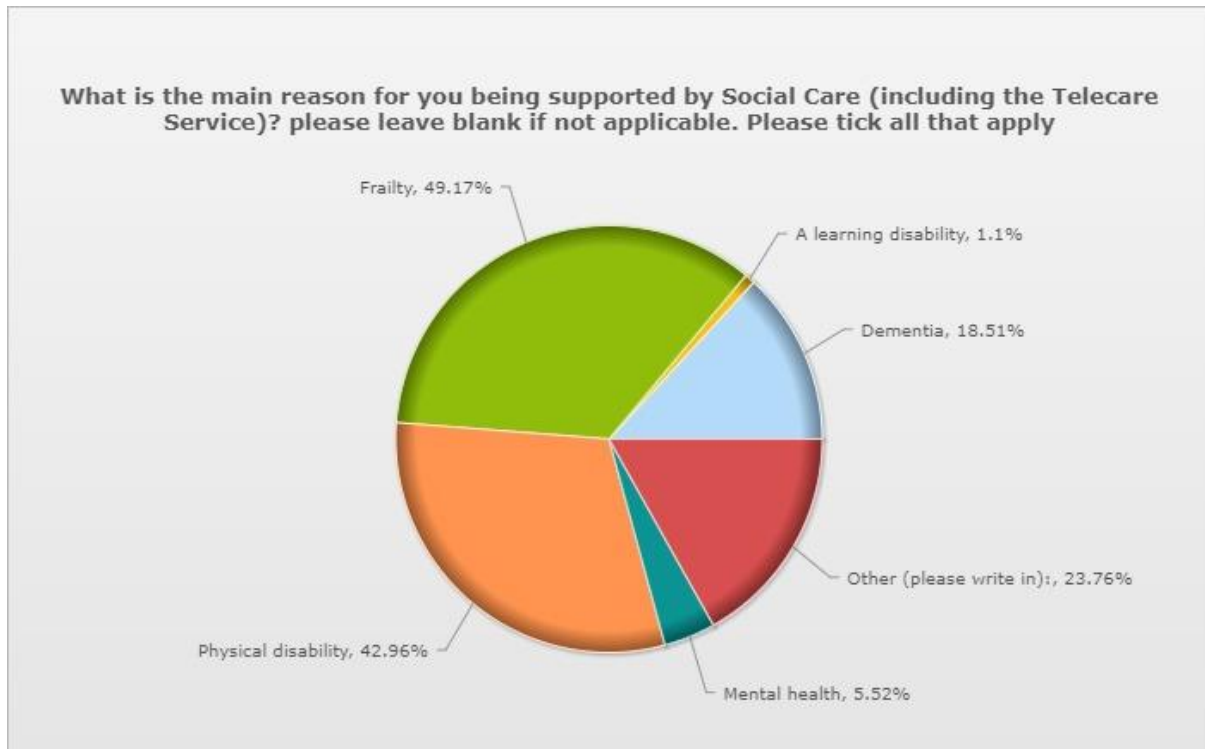


Figure 9: Person completing the form

The main reason given for receiving support from Social Care (including the Telecare Service) was frailty (49.2% or 356 respondents). This was followed by 311 respondents (43%) stating a physical disability. Note: there is likely to be some overlap between how respondents defined these conditions. A further 18.5% (134 respondents) selected dementia. Note: people could state more than one condition. A full breakdown is given in Figure 10.

Appendix 1 gives a summary of the demographics of respondents. A comparison of all telecare users against those responding shows that an identical proportion of those aged 85 or over submitted a questionnaire (59%). The proportion of male (33.4%) and females (64.4%) responding was also very similar to the overall user base (males 31.3%; females 68.9%) with 1.6% preferring not to say and 0.6% stating 'Other'. Direct comparison by condition is more difficult as 'Primary Support Reason' is captured by the social care record system in comparison to indicating a number of conditions.

Figure 10: What is the main reason for you being supported by Social Care (including the Telecare Service) (including the Telecare Service)?



## Next Steps

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Feedback from this survey will help inform the decision about the charging proposal and the service specification which will describe the new Assistive Technology service that the Council is planning to put in place.

It is currently planned a decision will be made on the consultation charging proposal in September 2021.



## Appendix One: Demographic Tables

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Gender Identity:

No.	Category	%	No. of Responses
1	Male	33.37%	290
2	Female	64.44%	560
3	Prefer not to say	1.61%	14
4	Other (please write in):	0.58%	5

Age Group:

No.	Category	%	No. of Responses
1	16 - 24	0.11%	1
2	25 - 34	1.03%	9
3	35 - 44	1.37%	12
4	45 - 54	4.00%	35
5	55 - 64	5.15%	45
6	65 - 74	9.73%	85
7	75 - 84	17.62%	154
8	85 and over	59.50%	520
9	Prefer not to say	1.49%	13

Ethnic Origin:

No.	Category	%	No. of Responses
1	White English/Welsh/Scottish/Northern Irish/ Irish	95.66%	815
2	Any other white background	0.82%	7
3	Mixed: White and Black Caribbean / African / Asian	0.23%	2
4	Asian/Asian British	0.35%	3
5	Black/African/Caribbean/Black British	0.59%	5
6	Prefer not to say	2.00%	17

7	Any other ethnic group (please write in below):	0.35%	3
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## Appendix Two: Telecare Equipment Provided

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<ul style="list-style-type: none"> <li>▪ Lifeline unit</li> <li>▪ Bed sensor*</li> <li>▪ Smoke detector</li> <li>▪ PIR (passive infrared sensor) movement detector - detects changes in infra red heat when an intruder walks into the protected area,</li> <li>▪ Personal alarm wrist</li> <li>▪ Chair sensor</li> <li>▪ Temperature extremes</li> <li>▪ Universal sensor</li> <li>▪ Personal alarm neck (pendant)</li> <li>▪ X10 for table lamp</li> <li>▪ CO detector (property with gas only)</li> <li>▪ T/care meds disp - linked to lifeline</li> <li>▪ Exit sensor inc PIR</li> <li>▪ Auto ceiling light</li> <li>▪ Gas detector mains/ hard-wired</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stand alone meds</li> <li>▪ Care Assist Pager - a portable device that provides carers with a means to receive instant alerts from a range of telecare sensors. With a typical range of up to 200m. Means individuals and their informal carers do not have to be connected to a 24 hour monitoring centre service.</li> <li>▪ Gas detector plug-in</li> <li>▪ Bogus Caller alert</li> <li>▪ Falls detector WRIST</li> <li>▪ Enuresis detector (bedwetting detector)</li> <li>▪ Flood detector</li> <li>▪ Key Safe</li> <li>▪ Falls detector multi -clip/pendant</li> <li>▪ Radio pull cord</li> <li>▪ Epilepsy mon</li> <li>▪ Timed voice prompts</li> </ul>
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