

Notice of KEY Executive Decision

Subject Heading:	Assistive Technology Charging Policy
Decision Maker:	Barbara Nicholls, Strategic Director of People
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services
ELT Lead:	Barbara Nicholls, Strategic Director of People
Report Author and contact details:	Daren Mulley, Senior Commissioning Manager E: daren.mulley@havering.gov.uk
Policy context:	At a local level, this contract supports Havering Council to meet its People Theme priorities in its Corporate Plan 2022/23 – 2026/27. This plan sets out how the Council intends to invest and transform the borough with an emphasis on improving the lives of vulnerable children, adults and families.
Financial summary:	If the charges are introduced and all affected users paid the relevant charge, it is estimated that the Council could save up to £235k in 2024/25 (from 1st August 2024; 8 months) and £377k full year effect in 2025/26.

Key Executive Decision

Reason decision is Key	Affecting more than one ward
Date notice given of intended decision:	6 th June 2024
Relevant OSC:	People
Is it an urgent decision?	No
Is this decision exempt from being called-in?	No

The subject matter of this report deals with the following Council Objectives

People - Things that matter for residents X

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

For the reasons set out in this report, the Strategic Director of People is recommended to agree to the introduction of charges for Assistive Technology from 1st August 2024 as follows:

Basic Package (1 telecare product)	£7.51
Package 2 (2 telecare products)	£10.45
Package 3 (3 telecare products)	£12.01
Package 4 (4 telecare products)	£13.57

AUTHORITY UNDER WHICH DECISION IS MADE

Scheme 3.3.3 Powers common to all Strategic Directors

1. General 1.1 To take any steps, and take any decisions, necessary for the proper management and administration of their allocated directorate, in accordance with applicable Council policies and procedures.

STATEMENT OF THE REASONS FOR THE DECISION

1. Telecare (also known as Assistive Technology) in Havering is a service that helps to support people to live independently giving an additional system of support that Telecare clients and their carers can use to receive support 24 hours a day.

2. Telecare refers to the use of sensors and alarms, they are used to signal when someone is in distress and needs assistance, either automatically or when triggered by the user. Personal alarms are supplied as pendants, wrist straps, or belt units and linked via a base unit to a telephone line and a help centre.

3. Over the years, this technology has been supplemented by a range of sensors and alarms, some linked by mobile phone, including activity, door, and bed or chair occupancy sensors, detectors of falls or epileptic seizures, medication management systems, and detectors of household hazards including fire, smoke, carbon monoxide, domestic gas and floods.

4. Local authorities currently adopt different approaches to charging for telecare services, this ranges from a free service provision for all to a standard charge, regardless of the type of technology.

5. Circa 2010, the Havering Council decided to use the then new NHS support for social care funding 2010/11, to subsidise telecare for residents referred for the service from the NHS or adult social care. This has continued since 2010, with the NHS support for social care grant replaced by the Better Care Fund in 2015. The Better

Key Executive Decision

Care Fund is agreed jointly between the council and NEL Integrated Care Board (formerly Havering then BHR Clinical Commissioning Group) annually.

6. Havering Council currently funds a telecare service for 1650 people, 925 of those people receive the telecare service as a 'standalone' service which means they do not also have an ASC funded package of care. This arrangement has been identified as unsustainable in its current form as rising costs and increased demand for services have added continued pressure on the Council's budget. As a result, the Council has been looking at ways to make savings and recover some of the costs of delivering some services.

7. In the Council's budget setting for the 2023/24 financial year a MTFs savings was proposed regarding the existing Adult Social Care spend on telecare. It was proposed that the subsidy for telecare users not in receipt of care packages funded by ASC should be removed. This meant that this cohort of telecare users would need to pay for their telecare service directly. The table below shows the type of telecare packages, number of current funded telecare users that would be affected, weekly charges (2024-25) for telecare and the annual cost;

Telecare Package	No of Telecare Users	Weekly Rate	Annual Cost
Basic Package (1 telecare product)	701	£7.51	£273,754.52
Package 2 (2 telecare products)	205	£10.45	£111,397
Package 3 (3 telecare products)	15	£12.01	£9,367.80
Package 4 (4 telecare products)	4	£13.57	£2,822.56
Total No of Users	925		
Total Annual Cost			£397,341.88

Source: Council's CONTROCC Software System

8. If the charges are introduced and all affected users paid the relevant charge, it is estimated that the Council could save up to £265k in 2024/25 (from 1st August 2024; 8 months) and up to £398k full year effect in 2025/26.

9. This charging proposal constitutes a significant change to the service and a consultation was held with those affected (please see pre-decision consultation section below for further information). In assessing the impact of these proposals, the Council has therefore ensured that it has had due regard to its statutory duties under the Care Act 2014 and Equalities legislation. For example, due to the potential impact on service users' ability to pay for the service (a key reason highlighted by service users who responded to the survey; for further information see pre-decision consultation section below), when requested, the Council will undertake a financial assessment of those affected to determine their ability to pay. Depending on the outcome of the assessment, this could result in the Council continuing to pay for the service and therefore ensure that those without the means to pay will continue to have access to the service.

10. If this decision is approved to introduce a charge for the service, everyone affected will be notified in writing in July 2024 and will be given the following information;

Key Executive Decision

- a) A summary of the survey findings from the consultation.
- b) The service charges and how to pay and the amount they will be expected to pay.
- c) Information on contacting the Council for a financial assessment to determine either their ability to pay or to continue to receive the service for free.
- d) Offered the option to cancel their service if they do not wish to use the service anymore.

OTHER OPTIONS CONSIDERED AND REJECTED

1. Do nothing: This is not a practical option and would lead to the Council not making sufficient savings to meet its Medium Term financial Savings (MTFS) target.

PRE-DECISION CONSULTATION

In order to inform the Council's decision to introduce charges, a four week consultation was held between 2nd April 2024 – 3rd May 2024 with the cohort (n=925) of potentially affected service users. A questionnaire was developed with the aim to provide information to service users about the charging proposal but also to encourage comment and feedback which would inform the EQHIA and this decision to introduce the charges. A letter was sent to all telecare users directly affected by the proposal which included a letter with information, questionnaire and a freepost envelope. In total, 329 completed questionnaires were completed and returned to the Council. The key findings of the consultation were;

- a) The survey successfully achieved a response rate of 35%.
- b) A significant proportion (70%) of the respondents were aged 80 or over with 73% of respondents being female.
- c) A significant proportion (85%) of the respondents were either satisfied or very satisfied with the current telecare service.
- d) 43% of the respondents were likely or very likely to continue to use the telecare service if charges were introduced.
- e) 34% of the respondents were unlikely or very unlikely to continue to use the telecare service if charges were introduced.
- f) A total of 136 service users wrote comments to the question in the survey as to why they would not continue to use the service if charges were introduced. The key themes from the comments were that the proposed charges being considered were too expensive, service users had insufficient financial resources to pay the proposed charges and the wider cost of living pressures on household budgets.
- g) A total of 215 service users wrote comments to the question in the survey as to how the introduction of charges would affect them. The key themes from the comments were that the proposed charges would increase pressure on household budgets, compel service users to either leave the service or re-assess household spending priorities and potentially impact independence,

Key Executive Decision

health (e.g. increase in emergency service call outs, hospital admissions), safety and the sense of reassurance (to self and family) the telecare service provides.

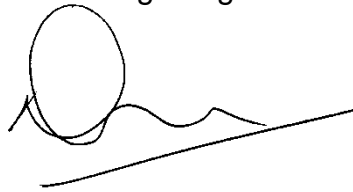
The findings from the survey have informed the development of the Equalities Impact Assessment (see Appendix A) and includes selected comments from survey respondents. In addition, all of the written responses are presented in Appendix B.

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Daren Mulley

Designation: Havering Integrated Team At Place

Signature:

A handwritten signature in black ink, consisting of a large, stylized 'D' followed by a series of loops and a long horizontal stroke extending to the right.

Date: 13th June 2024

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has the power to charge for the cost of provision of telecare to users not in receipt of care and support under the Care Act, provided this is on a cost recovery basis and is not commercial.

The Council could not charge any recipients of telecare if this is in their care and support plan.

It follows that the cohort of recipients who are the subject of this proposal do not have needs which meet the eligibility criteria for care and support under the Care Act.

Before a decision is taken the decision maker must carefully consider all of the consultation responses.

It would be appropriate to consider some of the following issues which arise from the consultation responses:

1. If recipients choose not to pay for the telecare service then it is possible that there may be risks to their lives if assistance does not arrive in good time if they have an incident which means they are immobilised. It is possible that this may engage the Council's positive duty under Article 2 Human Rights Act to take steps to avoid the loss of life.
2. It is also possible that if an individual suffers an incident which results in a deterioration in health, which could have been avoided if assistance had been provided via the telecare system then the Council could then have to provide additional resources to meet their increased needs.
3. The costs of administering the financial assessment process
4. That any charging policy should allow for free provision in exceptional circumstances

FINANCIAL IMPLICATIONS AND RISKS

This decision paper is seeking approval to agree to the introduction of charges for Assistive Technology from 1st August 2024.

An MTFs saving of £100k has been put forward for the 24/25 financial year.

Assistive Technology is currently provided free of charge and is funded from the Better Care Fund. The proposal is to charge clients who receive assistive technology as a standalone package.

Key Executive Decision

Assistive Technology is currently provided to 1650 clients of which 925 receive assistive technology as a standalone service and therefore would be liable to be charged for the service.

The table below shows the current number of service users who would be liable to be charged and the weekly amount that they would be charged.

Telecare Package	No of Telecare Users	Weekly Rate	Annual Cost
Basic Package (1 telecare product)	701	£7.51	£273,754.52
Package 2 (2 telecare products)	205	£10.45	£111,397
Package 3 (3 telecare products)	15	£12.01	£9,367.80
Package 4 (4 telecare products)	4	£13.57	£2,822.56
Total No of Users	925		
Total Annual Cost			£397,341.88

The full year saving could be in the region of £397k per annum, however this is based on current users of the services and demand may fluctuate either up or down which could change the savings figures. The savings figure could also be reduced due to client undertaking financial assessments and where the cost of Assistive Technology is not affordable for the service users then Havering will continue to fund the service.

The part year saving for 24/25 that is available if this policy is implemented on 1st August is up to £256k, this again is dependent on fluctuating demand and the impact of any financial assessments that are undertaken.

The savings figures are estimates and are based on best case scenario and the maximum saving than can be achieved but it is likely to be less following financial assessments, however this cannot be quantified until financial assessments have been undertaken.

The expectation is that 500 service users out of 925 will require a financial assessment with the outcome of these not known until they are undertaken. A business plan is being drawn up for an additional resource for 6 months to support the additional financial assessments, the cost of this post will be £20.8k.

It is anticipated that 425 clients will not require a financial assessment, if these clients continue with their service and pay the basic rate weekly charges or these clients end their service this will make a saving in the region of £166k in a full year and a part year effect of £111k. The saving is therefore achievable without knowing the outturn of the financial assessments.

Including the cost of the additional resources for 6 months the maximum savings that could be achieved in 24/25 is £235.2k and £377.3k for 25/26.

This saving is not directly a general fund saving as Assistive Technology is fully funded from the Better Care Fund. A review of the Better Care Fund and a reallocation of expenditure will be undertaken following approval at Health and Wellbeing Board

Key Executive Decision

level to ensure the BCF is fully utilised and that the saving can be applied to the general fund.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

This decision has been informed by an Equalities Impact Assessment (see appendix) to assess the impact on the needs of all affected service users and protected characteristics.

HEALTH AND WELLBEING IMPLICATIONS AND RISKS

Telecare or assistive technology (AT) devices in the form of pendant buttons, door contacts or motion sensors prevents safety risks of the users and intervene early adverse situations such as falls. With the policy change, people who currently have their AT equipment funded by the Council but it is not part of a package of care would be affected. The proposed changes to the Council's Telecare Charging Policy can have a negative impact on the health and well-being of the users if they have a clinical need such as moderate to severely frailty, dementia or the risk of falls. It was noted that more women currently used the devices which coincides with the fact that women are more prone to men to sustain severe falls that result in hospital and care home admissions.

Financial assessment needs to be carried out to those who have frailty or dementia yet could not afford to continue using Telecare. As a mitigation measure, NHS commissioners could be asked to incorporate the funding of the devices to those who have a clinical need such as moderate to server frailty or dementia. Information must be provided as to other funding sources (if any) or mobile phones Apps or cheaper assistive technology.

An evaluation needs to be carried out one year after implementation of the policy to see if the mitigation has worked and the benefits outweigh the costs due to the events occurred on those who came off Telecare.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

Key Executive Decision

Not applicable

BACKGROUND PAPERS

None

APPENDICES

Appendix A: Equalities & Health Impact Assessment

Appendix B: Telecare Consultation Analysis Report

Key Executive Decision

Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed

Name: Barbara Nicholls

Cabinet Portfolio held:

CMT Member title:

Head of Service title

Other manager title:

Date: xx July 2024

Lodging this notice

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____