Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	**Adult Social Care Telecare Charging Policy**
Lead officer:	**Daren Mulley, Senior Commissioning Manager**
Approved by:	**Laura Neilson, Acting AD Joint Commissioning Unit**
Version Number	**V5.0**
Date and Key Changes Made	**20th May 2024**
Scheduled date for next review:	**Not applicable**

Did you seek advice from the Corporate Policy & Diversity team? Please note that the Corporate Policy & Diversity and Public Health teams require at least **5 working days** to provide advice on EqHIAs.	Yes
Did you seek advice from the Public Health team?	No
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website? See Publishing Checklist.	No

1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact READI@havering.gov.uk for advice from either the Corporate Diversity or Public Health teams. Please refer to **this Guidance** on how to complete this form.

About your activity

1	Title of activity	*Adult Social Care Telecare Charging Policy*		
2	Type of activity	*Change in Policy*		
3	Scope of activity	*Assistive Technology (also sometimes referred to as Telecare) is a range of electronic devices that can help people to live independently in their own home. This includes things such as sensors/detectors that link to a monitoring centre as well as sensors that can support a person or their carer in and around the home. For example, pendant buttons, door contacts or motion sensors.* *A proposal is being put forward on revising the Council's current Assistive Technology (AT) Charging Policy. This would mean that people who currently have their AT equipment funded by the Council but it is not part of a package of care would pay the same fees as all other AT users who self-fund their telecare package. No one who could not afford to pay this charge would be asked to pay, it would be subject to a financial assessment to ensure that financial support is appropriately targeted.*		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	**Yes**	If the answer to either of these questions is **'YES'**, please continue to question **5**.	If the answer to all of the questions (4a, 4b & 4c) is **'NO'**, please go to question **6**.
4b	Does this activity have the potential to impact (either positively or negatively) upon people from different backgrounds?	**Yes**		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	**Yes**	*Please use the Screening tool before you answer this question.* / If you answer **'YES'**, please continue to question **5**.	
5	If you answered YES:	**Please complete the EqHIA in Section 2 of this document.** Please see Appendix 1 for Guidance.		

6	If you answered NO:	*Not applicable*

Completed by:	*Daren Mulley, Senior Commissioning Manager*
Date:	*May 2024*

2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

Background/context:

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. 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.

This technology helps support elderly and physically disabled residents to continue living independently in their own homes while receiving the care they need. In the London Borough of Havering, the Council's Havering Telecare Centre (HTC) provides the purchasing, installation and provision of telecare that includes a 24 hour emergency response, installation and monitoring service. The table below shows the type of telecare packages, number of current Adult Social Care 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

The Council has faced increased demographic demand and complexity in Social Care at a time when high inflation is also driving up the costs charged by providers. The Government has failed to adequately provide grant funding for Havering for these large increases leaving the authority in the difficult financial situation. Havering has increased Council Tax and has identified over £160m of savings and efficiencies over the last ten years. More recently, the Council has overspent over the last two years due to continued care costs in the aftermath of the pandemic which has then been followed by sharply rising costs due to inflation.

Despite being a well-run, efficient and cost-effective council, the current scale of the financial challenge is significant and without more extensive savings, additional income and extra funding from the Government, it is becoming increasingly difficult to set a balanced budget. In February 2023, the Council approved the 2023/24 budget and 2023-2027 Medium Term Financial Strategy to enable the Council to set future balanced budgets. This included identifying savings and efficiencies to help balance the budget and ensure that the Council can be sustained financially going forward over the medium term. To contribute to this, Adult Social Care's telecare budget has been identified as an area to contribute to these savings and close the budget deficit currently facing the Council. The current proposal to change the Council's charging policy will affect existing telecare users who are currently receiving a telecare only care package. It is proposed that these changes will be introduced in 2024 and will support the Council make an estimated saving of £350k.

In order to inform the Council's proposed decision to introduce charging for telecare, 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 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 and 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) 136 service users wrote comments to respond 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) 215 service users wrote comments to respond 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, health, safety and the sense of reassurance (to self and family) the telecare service provides.

For the purpose of this report, selected comments from the analysis of the consultation that highlight the above key themes in (f) and (g) are included as evidence in the impact assessment of the socio-economic and health and well-being characteristics.
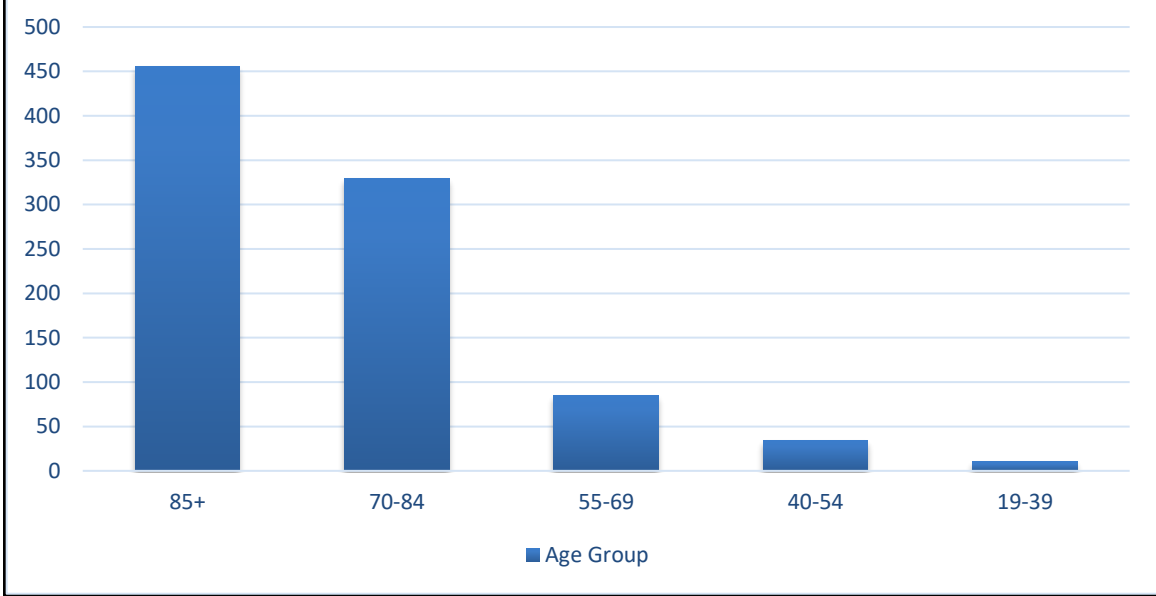
Who will be affected by the activity?

925 existing telecare users would be impacted by this proposed change. This data is derived from a software system called CONTROCC which the Council uses to monitor who receives the service.

Protected Characteristic - Age: Consider the full range of age groups

Please tick (✓) the relevant box:		Overall impact:
Positive		Frailty is known to increase with age. This means that an increasing proportion of people in higher age bands benefit from telecare. This proposed policy change will therefore affect these higher age groups as shown in the evidence section below. However, it aims to do this in a fair way so that only those with the ability to pay are asked to pay. This includes ensuring that there is fair notice and opportunity for people within this category to ask for a financial assessment (for those who would find the charge unaffordable).
Neutral		
Negative	✓	
Evidence:		

Current Telecare Users by Age Groups

Sources used:	

CONTROCC System, Havering Council

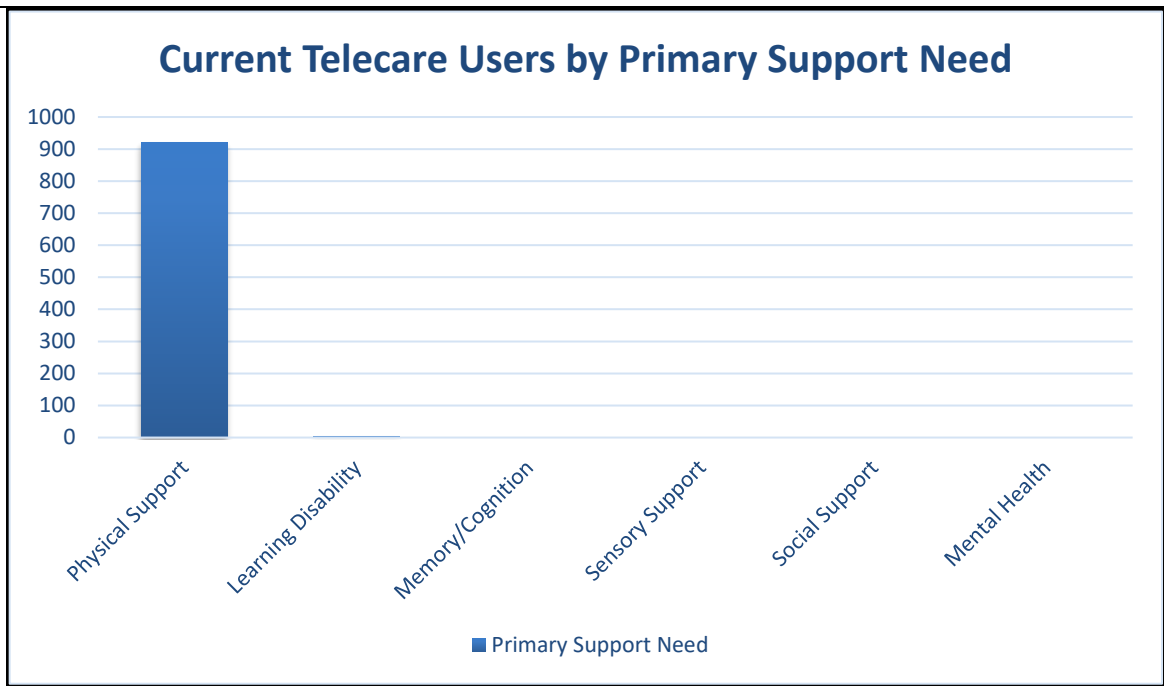| **Protected Characteristic - Disability:** Consider the full range of disabilities; including physical, mental, sensory, progressive conditions and learning difficulties. Also consider neurodivergent conditions e.g. dyslexia and autism.		
Please tick (✓) the relevant box:		**Overall impact:**
Positive		Users of telecare are largely those who have a disability such as physical disability. Implementing changes to the Council's charging policy would therefore not weigh disproportionately on this protected characteristic.
Neutral	✓	
Negative		
Evidence:		

Current Telecare Users by Primary Support Need

Sources used:

CONTROCC System, Havering Council

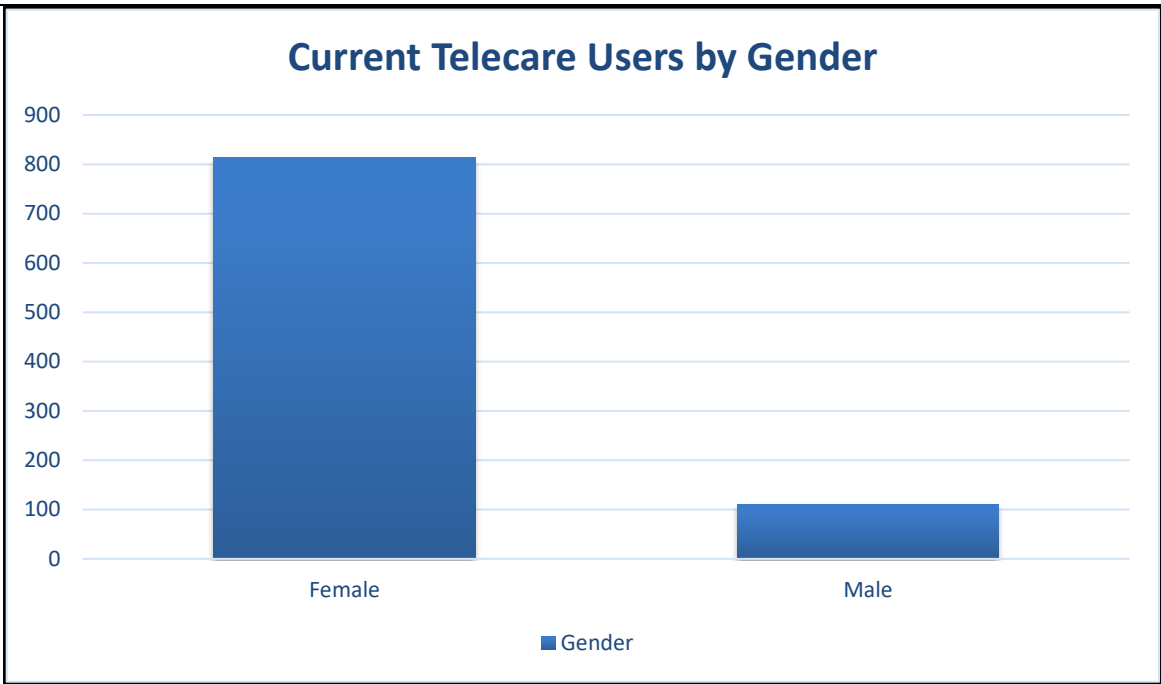| Protected Characteristic – Sex / gender: Consider both men and women		
Please tick (✔) the relevant box:		**Overall impact:**
Positive		Due to the fact that the life expectancies of men and women are different, there are a higher number of women who use the service and who would be affected by the new proposed charges.
Neutral		
Negative	✔	
Evidence:		
Current gender of the potentially affected cohort of users of the telecare service shows that 87% are female.		

Current Telecare Users by Gender

Sources used:

CONTROCC System, Havering Council

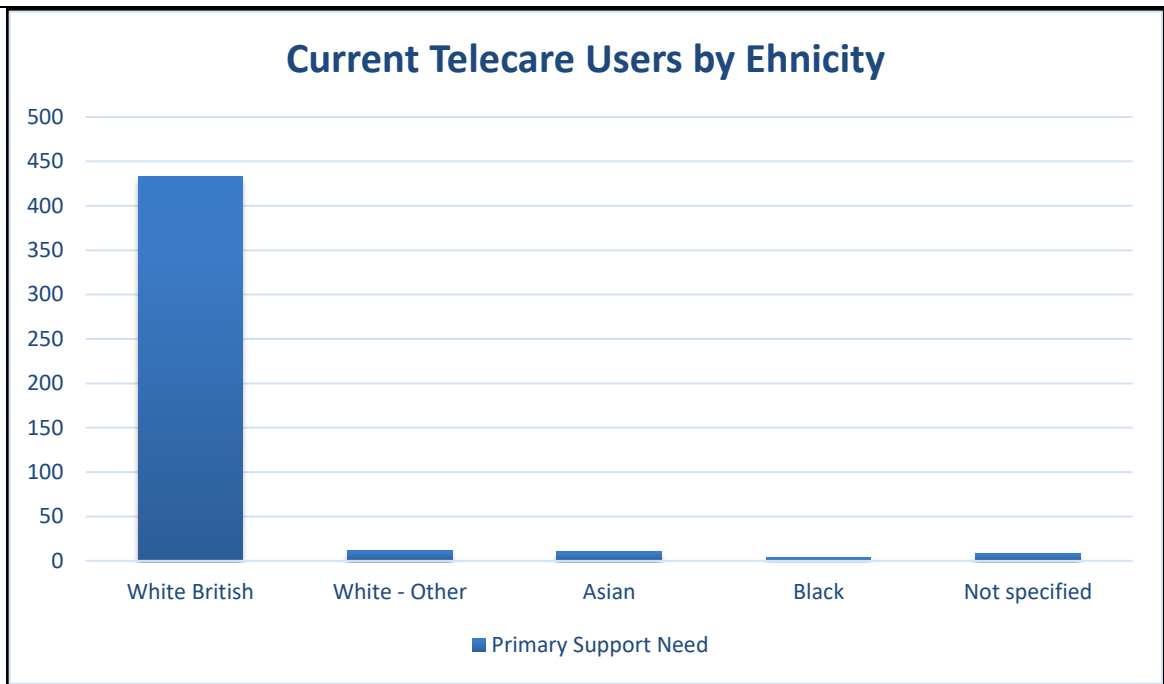| Protected Characteristic – Ethnicity / race / nationalities: Consider the impact on different minority ethnic groups and nationalities		
Please tick (✓) the relevant box:		**Overall impact:**
Positive		It is not anticipated that the proposed changes to the Council's Telecare Charging Policy will have a differential impact on the grounds of ethnicity/race/nationalities.
Neutral	✓	
Negative		
Evidence:		

Current Telecare Users by Ehnicity

White British	White - Other	Asian	Black	Not specified

■ Primary Support Need

Sources used:

CONTROCC System, Havering Council

Protected Characteristic – Religion / faith: Consider people from different religions or beliefs, including those with no religion or belief		
Please tick (✓) the relevant box:		**Overall impact:**
Positive		It is not anticipated that the proposed changes to the Council's Telecare Charging Policy will have a differential impact on the grounds of religion/faith.
Neutral	✓	
Negative		
Evidence: Not applicable		

Sources used:
Not applicable

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual		
Please tick (✓) the relevant box:		**Overall impact:**
Positive		It is not anticipated that the proposed changes to the Council's Telecare Charging Policy will have a differential impact on the grounds of sexual orientation.
Neutral	✓	
Negative		
Evidence:		
Not applicable		
Sources used:		
Not applicable		

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth		
Please tick (✓) the relevant box:		**Overall impact:**
Positive		It is not anticipated that the proposed changes to the Council's Telecare Charging Policy will have a differential impact on the grounds of gender reassignment.
Neutral	✓	
Negative		

Evidence:
Not applicable

Sources used:
Not applicable

Protected Characteristic – Marriage / civil partnership: Consider people in a marriage or civil partnership	
Please tick (✓) the relevant box:	**Overall impact:**
Positive	It is not anticipated that the proposed changes to the Council's Telecare Charging Policy will have a differential impact on the grounds of marriage/civil partnership.
Neutral ✓	
Negative	

Evidence:
Not applicable

Sources used:
Not applicable

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are taking maternity or paternity leave	
Please tick (✓) the relevant box:	**Overall impact:**
Positive	It is not anticipated that the proposed changes to the Council's Telecare Charging Policy will have a differential impact on the grounds of pregnancy, maternity and paternity.
Neutral ✓	
Negative	

Evidence:

Not applicable

Sources used:

Not applicable

Socio-economic status: Consider those who are from low income or financially excluded backgrounds		
Please tick (✔) the relevant box:		**Overall impact:**
Positive		The proposed changes to the Council's Telecare Charging Policy would have a negative impact on the grounds of low income or financially excluded backgrounds. However, if the introduction of the charges presented a serious hardship to any resident, via a financial assessment of their means, the Council could decide to continue paying for the service on an ongoing basis.
Neutral		
Negative	✔	

Evidence:

In response to the Council's telecare charging proposal consultation, 136 service users wrote comments to respond 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. Some of the selected comments from the survey respondents below highlight these themes in more detail;

'I will be unable to afford it. My rise in pension and disability does not compare to my other increases for bills coming in which is much more to pay out.'

'Proposed amount equates to my pension increase for this year and as such makes the cost prohibitive.'

'This charge would affect me greatly. I am 92 years old living on a pension. I do not live an extravagant lifestyle and watch the pennies where I can. This service is

really important to me and my children who worry about me when I am alone. I have a heart condition and need this service. To charge me for this service would greatly affect my income and put me under financial stress.'

'Thankfully I haven't needed to use the call out service so far, but having it it there is a great comfort as I live alone. I thought it would always be provided free. The only benefit I claims is the state pension as I try to support myself financially. I am a pensioner with many health issues and mobility problems; this charge seems excessive'.

'The cost involved is too much to pay. My outgoings will not meet or add up. Sometimes I buy medication for my needs. Cost of living is rising and with other expenses including saving for maintenance, repairs, house-keeping, gardening costs, security and a lot of financial needs'.

'My wife is in a care home. I have paid £3,800 per month since 2023 and will have to continue to do so until the well runs dry. With everything going on I don't want another expense.'

'I can't afford to pay for it. The cost of living is so high I already have to budget for food, gas, electricity, etc.'

'As a 90 year old woman I have worked and lived in Havering since 1964. With the cost of living this is unacceptable.'

'I am afraid my money will not stretch to pay it. I am quite unwell enough another expense is more than I can cope with this. I have had many falls and been unable to get up. 50 falls is about the least I had.'

'It's a case of necessity for my elderly mother s we must continue with the service but I think that charge is rather high for pensioners on a low or limited income - it is a life line for emergency help - really, surely there is somewhere else to get the money - pensioners have paid tax all their lives and are charged for everything as they get older. Of all the things to charge for you choose emergency care for the elderly. I think it's outrageous.'

Sources used:

Havering Council, Telecare Charging Consultation Survey, May 2024

Health & Wellbeing Impact:	
Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and well-being be positively promoted through this activity?	
Please tick (✓) all the relevant	**Overall impact:**

boxes that apply:		The proposed changes to the Council's Telecare Charging Policy would have a negative impact on the health and well-being of users who stopped using the service. However, if the introduction of the charges presented serious hardship to any resident, via a financial assessment of their means, the Council could decide to continue paying for the service on an ongoing basis.
Positive		
Neutral		
Negative	✓	**Do you consider that a more in-depth HIA is required as a result of this brief assessment?** Please tick (✓) the relevant box Yes　　　　　No　✓

Evidence:

The Council's Health & Well-Being Screening Tool was used to identify any potential impact of the proposed changes to the charging policy. This tool identified that the personal safety, income and wealth of current and future telecare service users could be affected. The findings of this assessment have also been confirmed by the Council's telecare consultation.

In response to the Council's telecare charging proposal consultation, 215 service users wrote comments to respond 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, health, safety and the sense of reassurance (to self and family) the telecare service provides. Some of the selected comments from the survey respondents below highlight these themes in more detail;

'A 93 year old living on small pension worried the cost will impact on my health if I need to cut down on other services'.

'I will not be able to afford this service. I live on my own and at risk of falls. It will take my protection away.'

'The introduction of a charge will affect me as it may mean that I will no longer continue to use the telecare service for what I consider could be the difference between life and death for me. It has been reassuring to my family and I knowing that I am able to call for help if necessary. It gives me a feeling of security knowing that I have the pendant.'

'I am currently on many income support packages both from the government and local council and could not afford any charge that maybe imposed for the service. I have many ailments including severely partially sighted. My confidence to live alone without the comfort of telecare would be totally devastated.'

'It would affect my independence. It would be impossible for me to pay the charge. I would have to pay with it from my NHS continuing care personal health budget again otherwise I can't afford it! I previously collapsed in the kitchen and broke my tibia and it resulted in a bone infection which is still present.'

'If I give up the pendant because of the cost then it will place me in a much more vulnerable position with potential costs to the NHS far outweighing the extra revenue you are hoping to raise.'

'I think it's very unfair to charge for this service as it is the older disability persons that require it more. For me, I will not feel as safe and secure on my own. But will have to take a chance.'

'I am 90 years old and blind and I need to have the telecare service but would not be able to afford to pay for the services. If I have to cancel the service I would be in a vulnerable position without any support.'

'Puts me at higher risk as would not be able to call for help if needed as I would not be able to have the alarm as could not afford it so I could fall and be on a floor for hours until found and be in serious medical distress.'

'It will make my life harder if I have to pay. But I could not live in my home without it as I have a lot of falls and cannot pick myself up.'

'I do worry and get stressed a lot particularly regarding money and it would seem I am in a catch 22 situation now. If I pay it now money worries. If I don't it's possible future health problems. The pendant is a great comfort to me should I need emergency care but the proposed charge seems a little unfair.'

Sources used:

Havering Council, Telecare Charging Consultation Survey, May 2024
Health & Well-Being Screening Tool, Havering Council (see below)

3. Health & Wellbeing Screening Tool

Will the activity / service / policy / procedure affect any of the following characteristics? Please tick/check the boxes below
The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES ☐ NO ☐	Personal circumstances YES ☐ NO ☐	Access to services/facilities/amenities YES ☐ NO ☐
☐ Diet	☐ Structure and cohesion of family unit	☐ to Employment opportunities
☐ Exercise and physical activity	☐ Parenting	☐ to Workplaces
☐ Smoking	☐ Childhood development	☐ to Housing
☐ Exposure to passive smoking	☐ Life skills	☐ to Shops (to supply basic needs)
☐ Alcohol intake	✔ Personal safety	☐ to Community facilities
☐ Dependency on prescription drugs	☐ Employment status	☐ to Public transport
☐ Illicit drug and substance use	☐ Working conditions	☐ to Education
☐ Risky Sexual behaviour	✔ Level of income, including benefits	☐ to Training and skills development
☐ Other health-related behaviours, such as tooth-brushing, bathing, and wound care	✔ Level of disposable income	☐ to Healthcare
	☐ Housing tenure	☐ to Social services
	☐ Housing conditions	☐ to Childcare
	☐ Educational attainment	☐ to Respite care
	☐ Skills levels including literacy and numeracy	☐ to Leisure and recreation services and facilities

Social Factors YES ☐ NO ☐	Economic Factors YES ☐ NO ☐	Environmental Factors YES ☐ NO ☐
☐ Social contact	☐ Creation of wealth	☐ Air quality
☐ Social support	☐ Distribution of wealth	☐ Water quality
☐ Neighbourliness	☐ Retention of wealth in local area/economy	☐ Soil quality/Level of contamination/Odour
☐ Participation in the community	☐ Distribution of income	☐ Noise levels
☐ Membership of community groups	☐ Business activity	☐ Vibration
☐ Reputation of community/area	☐ Job creation	☐ Hazards
☐ Participation in public affairs	☐ Availability of employment opportunities	☐ Land use
☐ Level of crime and disorder	☐ Quality of employment opportunities	☐ Natural habitats
☐ Fear of crime and disorder	☐ Availability of education opportunities	☐ Biodiversity
☐ Level of antisocial behaviour	☐ Quality of education opportunities	☐ Landscape, including green and open spaces
☐ Fear of antisocial behaviour	☐ Availability of training and skills development opportunities	☐ Townscape, including civic areas and public realm
☐ Discrimination	☐ Quality of training and skills development opportunities	☐ Use/consumption of natural resources
☐ Fear of discrimination	☐ Technological development	☐ Energy use: CO2/other greenhouse gas emissions
☐ Public safety measures	☐ Amount of traffic congestion	☐ Solid waste management
☐ Road safety measures		☐ Public transport infrastructure

4. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

	1. The initial screening exercise showed a strong indication that there will be no impacts on people and need to carry out an EqHIA. 2. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u>	→	**Proceed with implementation** of your activity
	3. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u>	→	**COMPLETE SECTION 5:** **Complete action plan** with measures to mitigate the and finalise the EqHIA
	4. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level	→	**Stop and remove** the activity or **revise** the activity **thoroughly.** **Complete an EqHIA on the revised proposal.**

5. Action Plan

The real value of completing an EqHIA comes from identifying the actions that can be taken to eliminate/minimise **negative** impacts and enhance/optimise positive impacts. In this section you should list the specific actions that set out how you will mitigate or reduce any **negative** equality and/or health & wellbeing impacts, identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; if required, will amend the scope and direction of the change; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristics	Identified impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes & Monitoring	Timescale	Lead officer
Age, Gender	Negative	a) Detailed letter outlining the Council's introduction of charges to ensure that; 1) Users understand that a fee will be required if they wish to take up this service 2) Users can decline the use of the service and can ask for equipment to be de-installed. 3) Users are given opportunity to ask for a financial assessment due to their ability to pay. 4) Information will be available in a range of formats, e.g. large print text, someone to speak to via the telephone, face to face meetings. b) Ensure that the implementation of the financial assessment takes account of the particular needs of this group e.g. postal and digital, on-line forms, large print text, someone to speak to via the telephone, face-to-face meetings.	**Outcomes:** a) Letters sent to affected telecare service users **Monitoring:** a) Regular monitoring of communications by the Project Team	tbc	Daren Mulley
Socio-Economic Status, Health & Well-being		a) Ensure that the implementation of charges includes the financial assessment of service users that takes into account current financial circumstances such as income, savings, outgoings and any other capital. b) Commit additional funding for a temporary full-time post to lead on the financial assessment of the affected cohort of telecare users.	**Outcomes:** a) No of Adults receiving financial assessments for telecare b) No of Adults receiving/declining financial support for telecare		

			Monitoring: Regular monitoring of data extracted from the Controcc System by the Project Team			19

6. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

Review:

If the proposed charging policy changes are implemented, these will commence from August 2024 onwards. It is therefore proposed that the EqHIA will be reviewed after a full year of the changes.

Scheduled date of review: September 2025

Lead Officer conducting the review: Daren Mulley