

Central  
Bedfordshire  
Council  
Priory House  
Monks Walk  
Chicksands,  
Shefford SG17 5TQ



**TO EACH MEMBER OF THE  
EXECUTIVE**

22 December 2011

Dear Councillor

**EXECUTIVE - Tuesday 10 January 2012**

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the following:-

**11. Review of Fairer Charging: Phase 2 Telecare Charging**

Attached is the Review of Fairer Charging: Phase 2 Telecare Charging report that was marked 'to follow' in the Agenda.

**14. Delegation of Powers to Provide and Operate the Markets in Dunstable and Leighton Buzzard**

Attached is a revised Specification for the Operation of the Market at Leighton Buzzard.

Should you have any queries regarding the above please contact Sandra Hobbs, Committee Services Officer on Tel: 0300 300 5257.

Yours sincerely

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Committee Services Officer  
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**Meeting:** Executive  
**Date:** 10 January 2012  
**Subject:** Review of Fairer Charging: Phase 2 Telecare Charging  
**Report of:** Cllr Carole Hegley , Executive Member for Social Care, Health and Housing  
**Summary:** The report proposes the introduction of charges for council-provided Telecare Services.

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**Advising Officer:** Julie Ogley, Director of Social Care, Health and Housing  
**Contact Officer:** Tim Hoyle  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:** Executive  
**Key Decision** Yes  
**Reason for exemption from call-in** This report was considered by Social Care Health and Housing Overview and Scrutiny Committee on 12 December 2011.

#### **CORPORATE IMPLICATIONS**

##### **Council Priorities:**

The development of Telecare services is part of the council's priority to support and care for an ageing population.

##### **Financial:**

1. The introduction of charging for Telecare, it is estimated, would deliver an additional £192,000 of gross income to the council in a full year and was included in the 2011/12 efficiencies.

##### **Legal:**

2. None

##### **Risk Management:**

3. None

##### **Staffing (including Trades Unions):**

4. Not Applicable.

**Equalities/Human Rights:**

5. The Equality Impact Assessment prepared during the development of these recommendations identified that these proposals will impact adversely on older and disabled people, particularly those on low incomes.
6. Proposals are set out in the body of this report that will go some way to mitigating these adverse impacts.

**Community Safety:**

7. Not Applicable.

**Sustainability:**

8. Not Applicable.

**Procurement:**

9. Not applicable.

**Overview and Scrutiny:**

10. This matter was considered by Social Care, Health and Housing Overview and Scrutiny on 12 December 2011.

At the meeting it was Recommended to the Executive: That the proposals to introduce a charge for Telecare Services provided by the Council be adopted.

**RECOMMENDATIONS:**

**The Executive is asked to agree that:**

1. **a charge of £4.00 per week is levied on customers who receive Telecare services, along with the concessions as set out in the body of this report; and**
2. **the document “Charging for Non-Residential Social Care Services” attached as Appendix F is updated as set out to reflect this decision.**

|                                    |   |
|------------------------------------|---|
| <i>Reason for Recommendations:</i> | <i>To ensure the continued delivery of Telecare Services to customers on a financially sustainable basis.</i> |
|------------------------------------|---|

**Executive Summary**

11. The introduction of a charge for Telecare Services was identified during the review of charging for non-residential social care services undertaken in 2010. It was also identified as an opportunity in the ‘Revenue Income Optimisation’ (RIO) programme which was also undertaken in 2010.
12. The gross income that could be delivered by the introduction of a charge was estimated to be £192,000 per annum and this was incorporated into the council’s budget for 2011-12 as part of the Efficiencies programme.

13. Consultation with current Telecare customer and stakeholder groups was undertaken from August to November 2011 and the outcome of this consultation is set out in the body of the report.
14. It is calculated that on a 'cost recovery' basis a reasonable charge for Telecare Services is £4.00 per installation per week.
15. Delivery of Telecare Services on this basis will enable the service to expand to meet customer demand and to avoid the need to introduce eligibility criteria for this service.
16. Where a customer receives Telecare following a Community Needs Assessment then it is proposed that the charge will be incorporated into their personal budget along with the costs of any other services. The result of this will be that the customers who are assessed to make a financial contribution of less than the full cost of their services will not need to make any additional contribution as a result of these changes.
17. Where a customer receives Telecare in the absence of a Community Needs Assessment then there is no proposal for a scheme of concessionary charges. However if a customer considers that paying the charge for Telecare Services will result in exceptional hardship then such cases will be considered on their merits and officers will have discretion to reduce or waive charges in these circumstances.

## Background

18. Legislation provides that councils may charge for non-residential social care services These rules are set out in the document "Fairer charging policies for home care and other non-residential social services: guidance for Councils with Social Services Responsibilities" (Department of Health September 2003). The council's policy is set out in the document 'Charging Policy for Non-residential Social Care Services'.
19. The policy currently covers charging for the following services:
  - Care delivered in the customer's own home - such as home care or the services of a Personal Assistant
  - Care delivered away from the customer's own home (except where it is provided in a registered residential or nursing home)
  - Attendance at Day Care or Day Opportunities
  - Transport to and from Day Centres or Day Opportunities
  - Adult Placement Schemes
  - Services provided under the Supporting People arrangements
  - Reablement Services
  - Carers' Services
  - Meals provided in Day Centres
  - Meals on Wheels
  - Any services not in one of the other categories that are accessed as part of a customer's support plan.

20. The same policy applies whether the service is purchased by the council on the customer's behalf or they purchase it themselves using a Direct Payment.
21. The principles of the policy are that customers pay a contribution to the cost of their service if they can afford it. Under these principles the charge can be anything from zero to the full cost of providing the service. The customer contribution is based on a means test known as a Financial Assessment. Financial Assessments are usually conducted with the customer by Community Finance Advisors (CFA's) who at the same time check that the customer is claiming all of the welfare benefits to which they are entitled. Details of the method of calculation of the contribution and the scale of charges are set out in the policy.
22. Prior to the presentation of the current policy for approval, a programme of work was undertaken to thoroughly examine the drivers, issues and options underlying the development of the policy. This process was overseen by an Overview and Scrutiny Task Force comprising three members. In addition to the report produced by the Task Force at the conclusion of their work many suggestions which were made by Task Force members were incorporated into the proposed policy and the recommendations during the development stages.
23. The process included the following activities:
  - a) Developing an understanding of the drivers for policy change.
  - b) Developing a Equalities Impact Assessment (EIA) which was used to shape the policy recommendations.
  - c) Benchmarking current practice with other authorities.
  - d) Undertaking a public consultation.
24. At its meeting on 28 September 2010 the council's Executive approved the policy. In addition it made the following recommendations for 'Phase 2' of the revisions:
  - a) analysis of the options for charging for Telecare Services with the objective of introducing a charge from 1 April 2011.
  - b) analysis of the options for charging for equipment and adaptations in excess of £1,000 with the objective of introducing a charge from 1 April 2011.
  - c) continue with work to integrate Financial Assessment with Reablement and to deliver other reductions in the costs of assessment and collection of charges.
  - d) identify process efficiencies in determining the customer's charge.

25. Work on items c) and d) are in progress and are being managed and monitored through the directorate's Balanced Scorecard approach and Efficiencies Programme. A summary of actions taken is set out in paragraphs 26 and 27. Work on item b) is ongoing and will be the subject of a further report.
26. The integration of Financial Assessment processes with Reablement has been established and arrangements are now in place to set up financial assessments during a customer's period of reablement. At the same time the Reablement service is growing and developing. The aim is that where a customer has a period of reablement and subsequently needs ongoing services then the financial assessment is completed prior to the commencement of those services.
27. Various process efficiencies have been examined and two significant changes have been made: firstly a role has been established from within the existing establishment to coordinate the arrangement of financial assessment appointments; secondly the process to undertake annual reassessment of customer finances has been modified so that annual increases in benefits are incorporated into a revised assessment, which is then sent to the customer along with a letter inviting them to advise us if any of the figures are incorrect.
28. The remainder of report focuses on recommendations for item a) – the options for the introduction of charges for Telecare Services.

### **Telecare**

29. Telecare is the provision of one or more detector devices in a customer's home which are linked to a control unit. These devices can include fall detectors, temperature sensors and motion detectors. When one of the devices is triggered the control unit sends an alert via the telephone system to a central monitoring centre. Staff in the monitoring centre respond to all alarm calls and have access to a list of people (normally relatives or other informal carers) who can be alerted. It was introduced as a pilot scheme in 2007 by Bedfordshire County Council.
30. Telecare has developed from 'community alarm' services which have been available for many years. The main difference between the two systems is the range of devices that can be used to trigger the alarm - community alarm systems are only activated by a pendant worn by the customer or by a pull cord. There are two community alarm schemes operating in Central Bedfordshire – Careline which is delivered mainly to customers in the former South-Bedfordshire area and which is operated by the council and Lifeline which is delivered mainly to customers in the former Mid-Bedfordshire area and is operated by the Aragon Housing Association.
31. Telecare is currently provided by Aragon Housing Association on behalf of the council. Monitoring is undertaken by North Hertfordshire District Council control centre. The council pays for all of the costs involved.

32. Although there is a weekly charge associated with the provision of community alarm systems, there is currently no charge associated with the provision of Telecare. The reason for this is that when Telecare was introduced as a pilot programme it was grant-funded by central government. This funding has now ceased.
33. The budget for Telecare for 2011-12 is £230,000. This pays for the cost of the staff to undertake Telecare assessments and installations, new and replacement Telecare equipment and the monitoring charge.
34. Telecare both locally and nationally is perceived as a very useful service that provides a degree of peace of mind to vulnerable people and their carers. At the time of preparation of this report there were over 900 Telecare installations in the Central Bedfordshire area and this number increases by approximately 20 per month.
35. The experience of the pilot period is that Telecare has a role both as a 'preventative' service (i.e. one that prevents or delays a person needing more intensive levels of support) and as part of the services provided to people as part of a personal budget or package of care services. The charging mechanism needs to address both of these roles.

### **Charging Options and Considerations**

36. The introduction of a charge for Telecare Services was identified during the review of charging for non-residential social care services undertaken in 2010. It was also identified as an opportunity in the 'Revenue Income Optimisation' (RIO) programme which was also undertaken in 2010.
37. The consultation process undertaken as part of the 2010 review demonstrated a good deal of support for the introduction of a charge for Telecare Services. Of 14 areas of policy proposals consulted on the charging for Telecare was the 4<sup>th</sup> most popular with around 65% indicating agreement with the concept.
38. It was recognised that more work needed to be done before introducing a charge for Telecare Services and the result of this work appears in this report.
39. The gross income that could be delivered by the introduction of a charge was estimated to be £192,000 per annum and this was incorporated into the council's budget for 2011-12 as part of the Efficiencies programme.
40. The basis for the analysis of charging options was one of 'cost recovery' and the two broad options considered under this heading were:
  - a flat rate charge to all customers; and
  - a variable rate that was based on the amount or equipment used and/or the number of calls made to the control centre in a given period.

The option to charge a variable rate was not pursued in detail because of the potential complexity of such a scheme, so all analysis was based on the determination of an appropriate 'flat rate' charge.



41. A charge of £4.00 per installation per week (plus VAT) has been determined as a reasonable charge on a 'cost recovery' basis. The method of calculation is set out in Appendix A.
42. It is possible that the introduction of a charge will lead to some customers asking for the Telecare equipment to be removed to avoid the charge and it may also result in reduced demand for new installations. Extensive modelling of the financial effects of these factors has not been undertaken but it is considered that the charging model remains robust even with relatively large changes in demand.
43. Whilst the commissioning of Telecare Services is beyond the scope of the work undertaken and this report, the effect of the introduction of charging on the demand for Telecare will be an important consideration in the determination of future procurement and contractual arrangements for these types of service.

### **Telecare in the context of other care services**

44. It is proposed that Telecare is considered differently depending on whether it is being offered as a preventative service or as part of services to meet the assessed needs of a person who meets the council's eligibility criteria for social care services. The rationale for this is that the council has a greater duty to the latter group than the former.
45. Where Telecare is being provided as a preventative service the proposed 'flat rate' charge would be made and the service would be available 'on demand' (i.e. without assessment of whether an applicant had eligible needs).
46. Where Telecare is contributing to the meeting of the needs of a person who meets the council's eligibility criteria then the cost of Telecare would become part of the overall package of care services. In these circumstances the customer would be financially assessed (as they are currently) and the effect of introducing a charge for Telecare would be as follows:
  - a) Customers currently assessed to pay a nil charge would continue to pay a nil charge.
  - b) Customers who pay a contribution to the cost of their services based on their disposable income would not have an increase in their charge.
  - c) Customers who pay the 'full cost' of services would pay the additional charge for Telecare.
47. The arrangements set out above would apply where a customer has council-commissioned services, a Personal Budget or a Direct Payment.
48. The effect of these arrangements would be that the council would subsidise services for people who were in the greatest need (as determined by a community needs assessment) and who also lacked the ability to pay (based on the assessment of their financial circumstances).

### Findings from consultation responses

49. A consultation was undertaken with all current Telecare customers and a large number of stakeholder groups. Each received a consultation document and a response questionnaire. In total 888 customers and 128 stakeholder groups were contacted. As well as being asked about their attitude to the introduction of a charge, consultees were asked about the value they placed on the service and their use of it.
50. Responses were received from 425 (48%) of customers and 6 (5%) of stakeholder groups. The key findings from the survey of customers are below.
- a) 158 (40%) of respondents stated that they received Telecare in addition to other care services. The remainder 241 (60%) do not.
  - b) 280 (75%) of respondents reported using the system less than once a month. Only 11 (3%) reported using the system more than once a week.
  - c) 233 (57%) of respondents described that Telecare gave them 'peace of mind' rather than being 'really important' or 'vital' 118 (29%)
  - d) 130 (32%) were supportive of charging (agreed or agreed strongly), 246 (60%) were against charging (disagreed or disagreed strongly).
  - e) There was almost no correlation between the degree to which people valued Telecare and their support, or otherwise, for the introduction of charging.
  - f) 347 (86%) of respondents supported the idea of the council subsidising Telecare for those on very low incomes.
  - g) 84 (20%) of respondents indicated that the imposition of a charge would cause them to seriously consider continuing with the service.
  - h) A number of respondents suggested that the council should attempt to reduce the cost of the service and pass this saving on to customers.
51. Responses from stakeholder groups were generally opposed to the introduction of a charge but there were no common themes (perhaps because of the relatively few responses from groups as opposed to individuals). Feedback and suggestions received included:
- a) Reviewing the costs of the Telecare Service so as to reduce the charge.
  - b) The service continuing to be free or to have a lower charge of £2.00.
  - c) High costs may result in a lower take up of this service
52. A detailed breakdown of the consultation responses appears in Appendix B.

### **Benchmarking information**

53. Benchmarking work with other authorities was undertaken as part of the RIO programme and it has been updated and added to for this report. The information appears in full in Appendix C
54. The benchmarking data shows a wide range of charges for both Telecare and Community Alarm services. In this context the proposed charge of £4.00 for Telecare would not be unreasonable, although it must be pointed out that there is more data available for the cheaper Community Alarm schemes than for Telecare (which some councils may not offer).
55. In seeking benchmarking data questions were asked about the operation of any concessions for customers on low incomes. Two councils reported offering a formal concession scheme and another two indicated that the charge was 'dependent on income' or 'affordability' but provided no further information.

### **Equality Impact Assessment (EIA)**

56. The full EIA appears in Appendix D. The most significant conclusions are that there would be an adverse financial impact on some customers and this would have a greater impact on those on low incomes.
57. However it should be noted that at present Telecare is not charged for but community alarm services are charged for. This arrangement is inequitable and the introduction of a charge for Telecare will address this.
58. The EIA recommends a series of actions to help to mitigate the impact on people with low incomes. These actions include:
  - a) Consideration of a lower subsidised charge
  - b) Ensure that customers are given due notice of the introduction of a charge
  - c) Monitor the take up of service by new customers and exits from the service
  - d) Ensure that customers have information about the alternative services and associated costs.
59. Actions planned to incorporate these proposals are set out later in this report.
60. The EIA also notes that discouraging customers from having a Telecare Service where needed may ultimately have an adverse effect on customers in the form of increased hospital admissions and that Telecare can be used to support early discharge from hospital and avoid or delay admission into residential care. Therefore the intent of the charging policy should be to avoid discouraging the take up of the services.

### **Alternatives services currently available**

61. Telecare is a relatively recent development that has built on previous technology used to deliver community alarm services. These, in turn, have been developed from 'warden alarm' systems originally installed into sheltered accommodation. This evolution had led to a variety of services being available in the Central Bedfordshire area from either the council or from the other public sector housing providers.
62. In recent years there have been several new entrants to this sector, mainly in the area of Telecare, such as Age UK and Tunstall Telecom. They offer their services on a commercial basis and on a variety of terms.
63. This is an area which is evolving relatively rapidly. For example, during the time when this report was being prepared Aragon Housing Association introduced and enhanced community alarm service (with the option of additional Telecare equipment) and also withdrew its standard 'Lifeline' service to new customers.
64. A list of alternatives and their costs appears in Appendix E.

### **Conclusions**

65. A number of conclusions can be drawn from the consultation responses:
  - a) The zero-cost aspect of Telecare has led to some customers retaining the equipment after it has ceased to be required (for example, after a previously dependent spouse has died or moved into residential care).
  - b) The number of customers reporting use of Telecare for 'peace of mind' and the low usage also suggests that some customers have made a decision to have Telecare installed on the basis of it being zero cost, a decision that they may reasonably wish to reconsider should they be required to pay a charge.
  - c) The number of customers who only have one or two sensors installed and who also have low usage of the system may indicate that for a proportion of current customers Telecare may offer little more to them than a Community Alarm service would.
66. Whilst there is some degree of support for the introduction of charging it is clear that there is also support for a lower charge for customers on very low incomes. Against this perspective it should also be borne in mind that the community alarm services do not have reduced charge for those on low incomes. The operation of a scheme of concessionary charges would also require more administration than a flat rate scheme and it would undermine the principle of cost recovery which could ultimately prove counter-productive.
67. Similarly it would be inappropriate and counter-productive to channel customers who stated that they were unable to afford Telecare charges through the council's community needs assessment processes, unless there were other reasons why such an assessment may be warranted.

68. However it is clear that the introduction of a charge for a service that has previously been free will have an impact on low income customers, some of whom may be placed at increased risk if they decided to terminate the Telecare Service.
69. It is therefore proposed that the introduction of the charge would include a process whereby, if a customer states that they are unable to afford the charge and/or wishes to terminate the service and have the equipment removed, then the risk to the customer is evaluated and the options explored with them (and their relatives if appropriate). These options would include:
- a) The cost of the service being met by a third party (relative or charity).
  - b) The customer 'downgrading' to a 'Careline' or 'Lifeline' level of service and being charged the current rate for Careline or Lifeline<sup>1</sup>.
  - c) The customer considering an alternative provision.
  - d) The customer being referred for a Community Needs Assessment, if appropriate
  - e) The customer being referred for a check of entitlement to welfare benefits, if appropriate
  - f) Termination of the service.
70. Where the options are being explored with a customer then no charge would be levied until a decision had been made about the service to be provided.
71. In the final analysis, if a customer is at risk, unable to afford the cost and there is no appropriate solution after exploring the options set out in paragraph 69, then it will be possible to consider such cases as policy exceptions and an individual decision made on the level of charge to be paid.

### **Next Steps**

72. If the recommendations are agreed, officers will commence a process of giving 28 days notice to all current Telecare customers of the introduction of the charge.
73. Those customers currently in receipt of other care services from the council will be identified and advised of the impact on them. Those customers who currently have a traditional model of service delivery will be advised that their charge will not increase (except where they pay the full cost of their services). Those customers having a Personal Budget or Direct Payment will have their Personal Budget or Direct Payment increased by the cost of Telecare without there being any increase in the level of their contribution (except where the customer makes a 100% contribution to their Personal Budget).

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<sup>1</sup> In these circumstances officers would explore with the providers the possibility of avoiding the need to swap out equipment to convert from Telecare to Careline or Lifeline.

74. As part of this process, where a customer advises the council that they are unable to afford the charge, officers will explore the alternatives set out in paragraph 69.
75. The effect on the take up of Telecare is may be affected by the introduction of a charge. Data for take up rates over the last three years is available and this will be used as a comparison with take up after introduction of a charge.

**Appendices:**

- Appendix A: Calculation of the Charge for Telecare
- Appendix B: Summary of Consultation Responses
- Appendix C: Benchmarking of Telecare and Community Alarm Charges
- Appendix D: EIA – Charging for Telecare Services
- Appendix E: Telecare and Community Alarm Schemes in Central Bedfordshire
- Appendix F: Revised Policy: Charging for Non-Residential Social Care Services

**Background Papers:** (open to public inspection)

“Fairer charging policies for home care and other non-residential social services: guidance for Councils with Social Services Responsibilities” (Department of Health September 2003)

- Telecare Consultation Document
- Telecare Customer Questionnaire
- Telecare Stakeholder Questionnaire

## Fairer Charging Phase 2: Telecare Charging: Appendix A

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### Calculation of the charge on a 'cost recovery' basis

1. The charge is calculated by taking the total costs and dividing by the average number of installations in place during the year and then dividing again by 52 to produce the weekly charge per installation. These are set out in the table below:

|                                 | 2011-12         | 2012-13         | 2013-14         |
|---------------------------------|-----------------|-----------------|-----------------|
| Average number of Installations | 964             | 1,188           | 1,387           |
| Staff                           | £85,487         | £85,487         | £85,487         |
| Monitoring charges              | £50,128         | £61,776         | £72,124         |
| Equipment                       | £94,218         | £91,517         | £ 88,973        |
| <b>Total Costs</b>              | <b>£229,833</b> | <b>£238,780</b> | <b>£246,584</b> |

|                              |         |         |              |
|------------------------------|---------|---------|--------------|
| Annual cost per installation | £238.42 | £200.99 | £177.78      |
| Weekly cost per installation | £4.58   | £3.87   | £3.42        |
| <b>Average over 3 years</b>  |         |         | <b>£3.96</b> |

2. These estimates assume that the number of installations continues to increase along with the monitoring charge but that the monitoring charge per customer remains the same. They also assume no increase in the number of staff required to deliver the service. The cost of equipment reduces as this only includes the cost of new and replacement equipment and it is assumed that a good deal of the equipment can be re-used when a customer no longer requires it.
3. It is possible that the introduction of a charge will lead to some customers asking for the Telecare equipment to be removed to avoid the charge and it may also result in reduced demand for new installations. Extensive modelling of the financial effects of these factors has not been undertaken but it is considered that the charging model remains robust even with relatively large changes in demand.
4. Whilst the commissioning of Telecare Services is beyond the scope of the work undertaken and this report, the effect of the introduction of charging on the demand for Telecare will be an important consideration in the determination of future contractual arrangements.

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**Telecare Consultation (15<sup>th</sup> August to 4<sup>th</sup> November 2011)**

**Final Results**

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**Customer Responses**

- 888 Letters + questionnaire sent to current Telecare customers
- 4 Notifications of death received (where equipment not taken over by surviving spouse)
  - 2 Notifications received that customer has moved into permanent residential care
  - 3 Letters returned to sender as undeliverable by Royal Mail
- 425 Completed questionnaires received (47.9% return rate)

Following the mailing, 60 telephone/e-mail enquiries were received which mainly related to the following:

- Status regarding care assessment/financial assessment in connection with Telecare
- Telecare records requiring update
- Customers no longer requiring the service
- Uncertainty as to whether customer has Telecare or Careline/Lifeline
- Customers already paying for Lifeline service
- Expressing an opinion regarding the proposed charge prior to returning the survey

Where necessary, issues have been notified to Aragon Housing Association.

**Fairer Charging Phase 2: Telecare Charging: Appendix B**

Customer responses to survey questions. All percentages based on number of respondents to the relevant question:

**Q1: Please indicate which of the following social care services you receive.**  
*(Multiple answer)*

|     |             |                            |
|-----|-------------|----------------------------|
| 399 | Respondents |                            |
| 107 | 26.8%       | Home Care                  |
| 36  | 9.0%        | Day Care/Day Opportunities |
| 17  | 4.3%        | Respite Care               |
| 42  | 10.5%       | Other                      |
| 241 | 60.4%       | None                       |
|     | 39.6%       | Receive services           |

**Q2: Before you had Telecare, did you have a community alarm system (for example 'Lifeline' or 'Careline')**  
*(Single answer)*

|     |             |            |
|-----|-------------|------------|
| 420 | Respondents |            |
| 46  | 11.0%       | Yes        |
| 366 | 87.1%       | No         |
| 8   | 1.9%        | Don't know |

**Q3: How long have you had Telecare?**  
*(Single answer)*

|     |             |                  |
|-----|-------------|------------------|
| 415 | Respondents |                  |
| 109 | 26.3%       | Less than a year |
| 192 | 46.3%       | 1- 2 years       |
| 100 | 24.1%       | 3 years or more  |
| 14  | 3.3%        | Don't know       |

**Q4: How many Telecare sensors do you have installed?**  
*(Single answer)*

|     |             |             |
|-----|-------------|-------------|
| 414 | Respondents |             |
| 252 | 60.9%       | 1 - 2       |
| 140 | 33.8%       | 3 - 5       |
| 9   | 2.2%        | More than 5 |
| 13  | 3.1%        | Don't know  |

Fairer Charging Phase 2: Telecare Charging: Appendix B

**Q5: On average, how often do you use your Telecare system to alert the control centre?**  
(Single answer)

375 Respondents

|     |       |                               |
|-----|-------|-------------------------------|
| 3   | 0.8%  | More than once or twice a day |
| 2   | 0.5%  | Once or twice a day           |
| 6   | 1.6%  | Once or twice a week          |
| 38  | 10.1% | Once or twice a month         |
| 280 | 74.7% | Less than once a month        |
| 46  | 12.3% | Don't know                    |

**Q6: What is the most common reason for the control centre being alerted?**  
(Literal answer)

373 Respondents

The full list of responses is available in a [separate spreadsheet](#). However, the most common reasons for the call centre being alerted relate to falls and testing/checking the system. As an indication, below is a list of the number of responses containing specific text:

|     |       |  |
|-----|-------|--|
| 115 | 30.8% | “fall”, “falling”, “fell”                  |
| 86  | 23.1% | “test”, “testing”, “check”, “checking”     |
| 21  | 5.6%  | “accidental”, “by accident”, “false alarm” |
| 22  | 5.9%  | “never used”, “not used”                   |

**Q7: When the control centre is alerted, who do they contact on your behalf?**  
(Multiple answer)

402 Respondents

|     |       |                                       |
|-----|-------|---------------------------------------|
| 54  | 13.4% | Spouse                                |
| 268 | 66.7% | Other Relative                        |
| 34  | 8.5%  | Carer                                 |
| 113 | 28.1% | Neighbour                             |
| 58  | 14.4% | Friend                                |
| 40  | 9.9%  | Other ( <i>paramedics, hospital</i> ) |

Fairer Charging Phase 2: Telecare Charging: Appendix B

**Q8: Which of the following best describes how you feel about your Telecare service?**  
(Single answer)

412 Respondents

|     |       |  |
|-----|-------|--|
| 32  | 7.8%  | It's not important / I don't really use it   |
| 233 | 56.5% | It gives peace of mind but I don't actually use it very often                                      |
| 21  | 5.1%  | It's quite important to me but I could get by without it   |
| 64  | 15.5% | It's really important to me and it would be difficult to manage without it                         |
| 54  | 13.1% | It's vitally important to me – I wouldn't be able to stay in my home without it                    |
| 8   | 1.9%  | Other (see literal responses to "Other – please specify" in <a href="#">separate spreadsheet</a> ) |

**Q9: What do you consider to be the best aspect of Telecare?**  
(Literal answer)

347 Respondents

The full list of responses is available in a [separate spreadsheet](#). However, the most common themes relate to peace of mind, security and reassurance that help is at hand quickly, at all hours of the day, should it be needed. Some respondents also commented on the efficient/quick response. As an indication, below is a list of the number of responses containing specific text:

|     |       |  |
|-----|-------|--|
| 114 | 32.8% | "peace of mind", "reassurance", "security" |
|-----|-------|--|

**Q10: What do you consider to be the worst aspect of Telecare?**  
(Literal answer)

215 Respondents

The full list of responses is available in a [separate spreadsheet](#). However, the most common answer is that there are no bad aspects. As an indication, the following number of responses contain the text shown:

|     |       |                     |
|-----|-------|---------------------|
| 141 | 65.6% | "none", "N/A", "no" |
|-----|-------|---------------------|

Fairer Charging Phase 2: Telecare Charging: Appendix B

**Q11: To what extent do you agree or disagree with the Council's proposal to introduce a charge of £4 per household per week for most people who use Telecare?**  
*(Single answer)*

410 Respondents

|     |       |                   |
|-----|-------|-------------------|
| 14  | 3.4%  | Strongly agree    |
| 116 | 28.3% | Agree             |
| 100 | 24.4% | Disagree          |
| 146 | 35.6% | Strongly disagree |
| 34  | 8.3%  | Don't know        |

**Q12: How do you think the charge for Telecare would impact on you?**  
*(Literal answer)*

334 Respondents

The full list of responses is available in a [separate spreadsheet](#). However, the emerging theme is that the charge will have an impact because of being on a fixed income/pension. Whereas some respondents comment that they will have to budget and this could affect money available for food/fuel, others state that they cannot afford it and will consider having it removed. There are a few respondents who say it will have little impact or they will pay it because of the reassurance it gives. Some suggest that the figure of £4 is too high and suggest what they consider to be a more realistic figure.

**Q13: Do you think the Council should subsidise Telecare for those people on very low incomes?**  
*(Single answer)*

406 Respondents

|     |       |            |
|-----|-------|------------|
| 347 | 85.5% | Yes        |
| 19  | 4.7%  | No         |
| 40  | 9.8%  | Don't know |

Fairer Charging Phase 2: Telecare Charging: Appendix B

**Q14: Do you have any other comments about Telecare and the proposed charge or any other views that we should take into account?**  
*(Literal answer)*

193 Respondents

The full list of responses is available in a [separate spreadsheet](#). There is a variety of responses, some of which reiterate comments made under Q12. Some respondents believe the Council is hitting the most vulnerable with cuts, whereas others mention the preventative role of Telecare enabling people to stay safely in their own homes. Concern is also expressed about elderly and disabled residents having the system removed due to the cost and the potential problems this might cause.

**Q15: What type of accommodation do you live in?**

416 Respondents

|     |       |   |
|-----|-------|---|
| 232 | 55.8% | House   |
| 123 | 29.6% | Bungalow  |
| 37  | 8.9%  | Flat/Maisonette                                 |
| 9   | 2.1%  | Sheltered/Supported Housing                     |
| 15  | 3.6%  | Other ( <i>park home, mobile home, annexe</i> ) |

**Q16: Do you live alone?**

409 Respondents

|     |       |     |
|-----|-------|-----|
| 243 | 59.4% | Yes |
| 166 | 40.6% | No  |

**Q17: Are you male or female?**

392 Respondents

|     |       |        |
|-----|-------|--------|
| 151 | 38.5% | Male   |
| 241 | 61.5% | Female |

**Q18: What is your age?**

410 Respondents

|    |      |              |
|----|------|--------------|
| 30 | 7.3% | Under 60 yrs |
| 8  | 1.9% | 60-64 yrs    |

**Fairer Charging Phase 2: Telecare Charging: Appendix B**

|     |       |           |
|-----|-------|-----------|
| 56  | 13.7% | 65-74 yrs |
| 316 | 77.1% | 75+ yrs   |

**Q19: Do you consider yourself to be disabled?**

384 Respondents

|     |       |     |
|-----|-------|-----|
| 281 | 73.2% | Yes |
| 103 | 26.8% | No  |

**Q20: Are you?**

403 Respondents

|     |       |                        |
|-----|-------|------------------------|
| 384 | 95.3% | British                |
| 9   | 2.2%  | Irish                  |
| 6   | 1.5%  | European               |
| 1   | 0.3%  | Other White background |
| 3   | 0.7%  | Other ethnic group     |

**Additional Information from literal responses to Q12 and Q14:**

84 responses indicated that if Telecare was subject to a charge, they would consider having it removed as they would not be able to afford it.

**Partner and Stakeholder Responses**

Emails or letters were sent to 128 organisations and groups. These are listed below:

|  |  |
|--|--|
| Advocacy Alliance                              | Carers Support Bureau                    |
| Age Concern Bedfordshire                       | Chalgrave Parish Council                 |
| Aldwyck Housing Association                    | Chalton Parish Council                   |
| Alzheimer's Society                            | Christian Family Care                    |
| Amphill and Biggleswade Citizens               | Clifton Parish Council                   |
| Advice Bureau                                  | Clophill Parish Council                  |
| Amphill Town Council                           | Community & Voluntary Service            |
| Aragon Housing Association                     | Cranfield                                |
| Arlesey Town Council                           | Cranfield Parish Council                 |
| Aspley Guise Parish Council                    | DEGA Project Age Concern                 |
| Aspley Heath Parish Council                    | Disability Resource Centre               |
| Astwick Parish Meeting                         | Down's Heart Group                       |
| Barton-le-Clay Parish Council                  | Dunstable Town Council                   |
| Battlesden Parish Meeting                      | Dunton Parish Council                    |
| Bedford African Community Support Project      | East Beds Befrienders                    |
| Bedford Association of Senior Citizens         | Eaton Bray Parish Council                |
| Bedfordshire & Luton Community Foundation      | Edworth Parish Meeting                   |
| Bedfordshire & Luton Mind                      | Eggington Parish Council                 |
| Bedfordshire Local Involvement Network (LINK)  | Embrace                                  |
| Bedfordshire Advice Forum                      | Eversholt Parish Council                 |
| Bedfordshire Advocacy Service for Older People | Eyeworth Parish Meeting                  |
| Bedfordshire and Luton MIND                    | Flitton & Greenfield Parish Council      |
| Bedfordshire Down's Syndrome Support Group     | Flitwick Town Council                    |
| Bedfordshire Primary Care Trust                | Gravenhurst Parish Council               |
| Bedfordshire Race Equalities Council (BREC)    | Harlington                               |
| Bedfordshire Rural Affairs Forum               | Harlington Parish Council                |
| Charity  | Haynes Parish Council                    |
| Bedfordshire Rural Communities Charity (BRCC)  | Heath & Reach Parish Council             |
| Beds and Luton Mental Health Trust - CAMHS     | Henlow Parish Council                    |
| Biggleswade Town Council                       | Hockliffe Parish Council                 |
| Billington Parish Council                      | Home Start South Bedfordshire            |
| Blunham Parish Council                         | Houghton Conquest Parish Council         |
| Bosnian Community Group                        | Houghton Regis Town Council              |
| Brogborough Parish Council                     | Hulcote & Salford Parish Council         |
| Caddington Parish Council                      | Husborne Crawley Parish Council          |
| Campton & Chicksands Parish Council            | Hyde Parish Council                      |
| Carers in Bedfordshire                         | Kensworth Parish Council                 |
|  | Langford Parish Council                  |
|  | Leighton-Linslade Citizens Advice Bureau |
|  | Leighton-Linslade Town Council           |
|  | Lidlington Parish Council                |
|  | Luton Rights                             |
|  | Macmillan Welfare Rights Service         |
|  | Marston Moretaine Parish Council         |



**Fairer Charging Phase 2: Telecare Charging: Appendix B**

- |   |   |
|---|---|
| Maulden Parish Council                                      | Sight Concern                                   |
| Meppershall Parish Council                                  | Silsoe Parish Council                           |
| Millbrook Parish Meeting                                    | Slip End Parish Council                         |
| Milton Bryan Parish Meeting                                 | South Beds Dial-A-Ride                          |
| Moggerhanger Parish Council                                 | Southill Parish Council                         |
| Monday Club for the Blind, Houghton Regis                   | Stanbridge Parish Council                       |
| Multicultural Women's Coalition & Purbachal The Eastern Sky | Steppingley Parish Council                      |
| Multiple Sclerosis Therapy Centre                           | Stondon Parish Council                          |
| NHS Bedfordshire  | Stotfold Town Council                           |
| Northill Parish Council                                     | Streatley Parish Council                        |
| Old Warden Parish Council                                   | Stroke Association                              |
| Older Peoples Reference Group                               | Studham Parish Council                          |
| Parkside Voice Stakeholder group                            | Sundon Parish Council                           |
| POhWER  | Sutton Parish Council                           |
| Potton Town Council   | Tempsford Parish Council                        |
| Pulloxhill Parish Council                                   | Thai 3 Counties                                 |
| Really Flexible Care Limited                                | Tilsworth Parish Council                        |
| Relate Bedfordshire & Luton                                 | Tingrith Parish Meeting                         |
| Rethink Advocacy  | Tingrith Parish Meeting                         |
| Ridgmont Parish Council                                     | Toddington Parish Council                       |
| Sandy Town Council  | Totternhoe Parish Council                       |
| Shefford Town Council                                       | Westoning Parish Council                        |
| Sheltered Tenants Action Group (STAG)                       | Whipsnade Parish Council                        |
| Shillington Parish Council                                  | Woburn Parish Council                           |
|   | Wrestlingworth & Cockayne Hatley Parish Council |

- 6 Responses received to the Partner/Stakeholder Response Form
- 1 Detailed response received from [Bedfordshire LINK](#)

Responses to survey questions:

**Q1: Are you:**

- 6 Respondents
- 2 Responding on behalf of a voluntary organisation
- 4 Other (2 x Parish Council, Older People's Reference Group, Downside Ladies Lunch Club)

**Q2: What is your view on the proposal to charge a 'flat rate' of £4.00 per household per week for the Telecare service:**

- 4 Respondents
- 1 Too much
- 3 About right

Fairer Charging Phase 2: Telecare Charging: Appendix B

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0 Too little

For comments, see [separate spreadsheet](#).

**Q3: Do you think that any groups of people should pay less than the standard charge for Telecare?**

4 Respondents

2 Yes

1 No

1 Not sure

For comments, see [separate spreadsheet](#).

**Q4: Are there any issues you wish to raise about the proposal to charge for Telecare that you think the Council should consider?**

2 Respondents

For comments, see [separate spreadsheet](#).

**Q5: If you would like to receive feedback about this consultation, please provide your contact details.**

4 Respondents

For details, see [separate spreadsheet](#).

## Fairer Charging Phase 2: Telecare Charging: Appendix C

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### Telecare and Community Alarm System Charges

#### Benchmarking against other Local Authorities – November 2011

Details of weekly charges levied by other authorities for Telecare and/or Community Alarm Systems (website research). Most local authorities state that charges are for Telecare service (not equipment) and can be included within package of services for community care assessment and financial assessment. Although it's not made clear on many websites, the assumption has been made that all charges shown are excluding VAT.

| <b>Central Bedfordshire Comparator Group</b> |  |
|--|--|
|--|--|

|                       |  |
|-----------------------|--|
| West Cheshire         | Charge dependent on financial circumstances  |
| Bedford               | Telecare - <b>Free of charge</b><br><br>Community Alarm<br><b>£3.50</b> per week (basic service)<br><b>£5.00</b> per week (includes mobile response service)   |
| East Cheshire         | <b>£1.14</b> per week  |
| Warrington            | Website states "costs less than the cost of a daily newspaper" (community alarm) + initial installation charge   |
| Stockport             | Up to maximum of <b>£5.19</b> per week (depending on services and affordability)   |
| Wiltshire             | No cost details  |
| South Gloucestershire | <b>£1.40</b> per week (community alarm)  |
| Solihull              | Charge subject to review (community alarm)   |
| Bury                  | Up to maximum of <b>£3.35</b> per week   |
| Swindon               | <b>£4.12</b> per week  |
| Bath & N. E. Somerset | <b>£3.60</b> per week + one off installation charge of <b>£30.00</b> (community alarm). If service user is on certain means tested benefits, charge per week is £2.55. Most telecare sensors can be supplied at no extra cost. Also provide stand alone sensors (not linked to community alarm) at hire charge of £1.56 per week per sensor. |

|                |   |
|----------------|---|
| Medway         | <b>£4.51</b> per week + one off installation charge of <b>£37.77</b>  |
| West Berkshire | Signposting to external organisations only  |
| Milton Keynes  | <b>£2.94</b> per week (Telecare), <b>£3.23</b> per week (community alarm) + one off installation charge of <b>£20.83</b> .<br>Concession if receiving Housing Benefit |
| Calderdale     | <b>Free of charge</b>   |

|  |
|--|
| <b>Neighbouring and Nearby Authorities</b> |
|--|

|                    |   |
|--------------------|---|
| Bedford            | Telecare - <b>Free of charge</b><br>Community Alarm<br><b>£3.50</b> per week (basic service)<br><b>£5.00</b> per week (includes mobile response service)              |
| Luton              | <b>£2.73</b> per week   |
| Milton Keynes      | <b>£2.94</b> per week (Telecare), <b>£3.23</b> per week (community alarm) + one off installation charge of <b>£20.83</b> .<br>Concession if receiving Housing Benefit |
| Buckinghamshire CC | <b>£4.00</b> per week   |
| North Herts DC     | <b>£4.25</b> per week (community alarm system). Additional telecare monitors can be supplied free, "subject to Herts CC Adult Care Services Assessment"               |
| Dacorum            | Community Alarm<br><b>£0.98</b> per week  |
| Aylesbury          | Community Alarm<br><b>£2.98</b> per week  |
| Stevenage          | Community Alarm<br><b>£3.33</b> per week (rental, monitoring and response)<br><b>£1.82</b> per week (monitoring only)   |
| Three Rivers       | Community Alarm<br><b>£2.71</b> per week  |
| Watford            | Community Alarm<br><b>£3.52</b> per week  |
| Welwyn & Hatfield  | Community Alarm<br><b>£2.08</b> per week (council tenants)<br><b>£3.07</b> per week (other residents)   |

|                        |  |
|------------------------|--|
| East Herts             | Community Alarm<br><b>£3.46</b> per week   |
| Northampton BC         | Community Alarm<br><b>£4.25</b> per week + <b>£48.27</b> installation (inside NBC border)<br><b>£4.61</b> per week + <b>£59.12</b> installation (outside NBC border) |
| Northamptonshire CC    | Telecare equipment installed FOC but uses above monitoring service with relevant charges   |
| South Northamptonshire | Community Alarm<br><b>£4.64</b> per week (no visits) + <b>£40.00</b> connection fee<br><b>£6.33</b> per week (with visits) + <b>£40.00</b> connection fee            |
| South Cambridgeshire   | Community Alarm<br><b>£3.83</b> per week or £3.49 per week if on benefits  |

|   |
|---|
| <b>Other Local Authorities (using data from their websites)</b> |
|---|

|                |   |
|----------------|---|
| Cumbria CC     | Charge varies but is around <b>£9.00</b> per week             |
| Nottingham     | <b>£2.85</b> per week   |
| North Warwicks | First 6 weeks – free of charge and then <b>£4.50</b> per week |
| Worcestershire | <b>£1.05</b> per week   |
| Runnymede      | <b>£4.40</b> per week   |
| Leeds          | <b>£5.05</b> per week   |
| Coventry       | <b>£10.73</b> per week  |
| Harrow         | Up to maximum of <b>£4.60</b> per week                        |

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Central Bedfordshire Equality Impact Assessment

|                                 |                                      |                                       |                          |
|---------------------------------|--------------------------------------|---------------------------------------|--------------------------|
| <b>Title of the Assessment:</b> | <b>Charging for Telecare Service</b> | <b>Date of Assessment:</b>            | November 2011<br>V1.0    |
| <b>Responsible Officer</b>      | <b>Name:</b>                         | Gill White                            | <b>Extension Number:</b> |
|                                 | <b>Title:</b>                        | Policy and Performance Officer        |                          |
|                                 | <b>Email:</b>                        | gill.white@centralbedfordshire.gov.uk |                          |

**Stage 1 - Setting out the nature of the proposal and potential outcomes.**

**Stage 1 – Aims and Objectives**

**1.1 What are the objectives of the proposal under consideration?**

The proposal under consideration is to implement a charge for the Telecare service, which is currently provided free of charge throughout the Central Bedfordshire area for residents who are over the age of 65 or people who are under 65 and have disabilities. At present, the service is offered universally, as no needs-based criteria are used in the provision of Telecare.

Telecare is the provision of one or more detector devices (e.g. fall detectors, temperature sensors, motion detectors, pendant/wrist alarms) in a customer’s home, which are linked to a control device. When one of the devices is triggered, then this device sends an alert via the telephone system to a central monitoring centre. Staff in the monitoring centre respond to all alarm calls using predetermined instructions.

The Telecare service contributes towards maintaining the independence and safety of people who need support, such as older people, people with learning disabilities, people with cognitive impairment, people with physical or sensory disabilities, people with long term chronic conditions and victims of crime. It can also provide reassurance for relatives and carers. Innovations in technology enable Telecare sensors to activate automatically without requiring the user to press a button or independently summon assistance. This can help to meet the needs of service users who do not speak English or those that suffer from cognitive impairment or confusion.

In August 2011, 888 Telecare customers were identified for consultation purposes in the Central Bedfordshire area, the majority of whom are over the age of 65. On average, customers increase by around 15 per month.

The key proposals with regard to charging for the Telecare service are as follows:

- 1) Telecare will be charged for at a flat rate of £4 per week (+ VAT where applicable) per household. The charge will be payable on a four-weekly basis.
- 2) The charge will be the same no matter how many sensors are installed in a household.
- 3) The charge will be the same no matter how many times the monitoring centre is alerted by the Telecare equipment.
- 4) If more than one person in the same household uses the Telecare service, there will only be a single charge.
- 5) The charge will cover the following aspects of the service:
  - Assessment of the equipment and sensors required
  - Installation of the equipment and sensors
  - Any maintenance visits undertaken
  - Monitoring at the monitoring centre
  - Removal of the equipment and sensors when no longer required
- 6) When an item of equipment is lost or damaged, the Council may charge to replace it if it is considered that the loss or damage was reasonably avoidable.
- 7) All equipment supplied remains the property of Central Bedfordshire Council.
- 8) The charge will be reviewed annually when the Council sets its budget and fees and charges.



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- 9) Current and future customers who do not receive other social care services or who fund themselves will be charged a flat fee of £4 + VAT.
- 10) If a person is assessed as requiring Telecare following a Community Needs Assessment, then the charge for Telecare will be incorporated into the calculation of their Personal Budget.
- 11) Current and future customers who receive Telecare as part of a package of care services will have the cost incorporated into the package. Their contribution to the cost of the whole care package will be calculated based on their means. The effect of this is that many people in receipt of care services will pay no more than they currently do.

**1.2 Why is this being done?**

Telecare is currently provided in the Central Bedfordshire area by Aragon Housing Association, who do this for the whole of the former Bedfordshire County Council area under a contract which pre-dates the formation of Central Bedfordshire Council. Originally identified as a pilot scheme, it has been in operation for three years. When the service was first established, the costs were met through grants from Central Government. However, this grant funding has now ceased and the Council currently pays the cost of equipment, monitoring and most staffing costs.

Overall, Central Bedfordshire Council will receive 28% less Government funding over this year and the following two years, with the effect that the Council has to consider charging for some services that were previously provided for free, where it is appropriate and lawful to do so. The proposed charge will be implemented on a cost recovery basis and the Council will not make a profit from the charge.

It is envisaged that charging for Telecare services will also help to ensure that the provision of Telecare is financially sustainable for the future, thereby enabling the Council to offer Telecare to a wider range of people, including those who fund their own care.

Furthermore, the Review of Charging for Non-Residential Services carried out in 2010 identified an anomaly in that although there is currently no charge for the Telecare service, the community alarm services (Careline in the former South Bedfordshire Council area and Lifeline in the former Mid Bedfordshire Council area) are both subject to a weekly charge of around £2.50 - £3.50 per week.

**1.3 What will be the impact on staff or customers?**

Current and future Telecare customers, who do not receive other social care services, will become liable to a charge of £4 per week. If they cannot claim VAT relief for disability related expenditure, the cost will be £4 + VAT per week. This will limit the amount of disposable income available to a household and is likely to have an impact on older and disabled service users in low/fixed income households.

The proposed charge equates to 3.92% of the current weekly basic state pension for a single person (£102.15) or 4.70% if they do not qualify for VAT relief. If claiming pension credit (guaranteed minimum of £137.35 for a single person), this impact reduces to 2.91% and 3.49% respectively, although it's acknowledged that around 33% of pensioner households entitled to pension credit are not claiming the benefit.

The Business Support service of Social Care, Health and Housing Directorate will become involved in additional work in connection with collection of charges for the Telecare service and financial assessment. However, additional resource to cover this work has been identified.





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**1.4 How does this proposal contribute or relate to other Council initiatives?**

Early Intervention and Prevention Strategy 2010  
Fair Access to Care Eligibility Criteria  
Policy on Fairer Charging for Adult Non Residential Care Services 2010  
Carers' Strategy

Supporting and caring for an ageing population is a Council priority. Although the proposal to charge could impact financially on this group, it may also ensure that the service remains sustainable for the future, thereby widening the service to a larger number of residents in Central Bedfordshire. This, in turn could help realise the aspiration, of both service users and the Council, for people to remain living independently in their own homes for as long as possible, as well as providing reassurance for relatives and carers. This has the further advantage of delaying admissions to hospital or long term care which is not only beneficial to the Council, in terms of cost, but also to self-funding customers.

**1.5 In which ways does the proposal support Central Bedfordshire's legal duty to:**

- Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

The proposal to charge takes into account people receiving a package of care services on lower incomes through means testing by proposing to include the Telecare service as part of the care package for people who are eligible for social care services and financial assistance, following a community care assessment and financial assessment.

It also proposes to remove an identified inconsistency in that the current Council operated 'Careline' community alarm system serving the south of the area and the 'Lifeline' community alarm system operated by Aragon Housing Association in the north of the area already carry a charge, whereas the Telecare service is currently free of charge.

The charge will not penalise people with higher levels of need or living with other service users.

- The charge will be the same no matter how many sensors are installed in a household.
- The charge will be the same no matter how many times the monitoring centre is alerted by the Telecare equipment.
- If more than one person in the same household uses the Telecare service, there will only be a single charge.

**1.6 Is it possible that this proposal could damage relations amongst groups of people with different protected characteristics or contribute to inequality by treating some members of the community less favourably such as people of different ages, men or women, people from black and minority ethnic communities, disabled people, carers, people with different religions or beliefs, new and expectant mothers, lesbian, gay, bisexual and transgender communities?**

The Telecare service can be provided to anyone within the community with an identified need, following referral by e.g. GPs, Occupational Therapists, Social Care teams and also self-referral. The service is not restricted to, or directed at, any particular community groups. However, the main impact of the proposal to charge for the service will be in relation to the amount of disposable income retained by the service user. It will have a similar impact on both disabled and older people who do not qualify for social care services.



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Furthermore, evidence suggests that older and disabled people don't claim all the benefits to which they are entitled and therefore their disposable income can be lower than it should be. The proposal to charge for Telecare could exacerbate their financial problems.

The Council wants to promote and increase the uptake of the service to improve people's safety and allow them to remain independent, living in their own homes. However, it should be considered that the implementing of a charge could create a disincentive to use the service, with current customers relinquishing Telecare and potential new customers choosing alternative, possibly lower cost, systems. The proposed charge should therefore take into account current market forces in terms of potential customers, alternative suppliers and competitive price.

Local demographic data and the JSNA give a broad indication of potential users of Telecare in Central Bedfordshire as follows:

- In 2008 it was estimated that 12,700 people aged 65+ lived alone in Central Bedfordshire. Of these, roughly 70% were women.
- In 2008 it was estimated that 2,416 people aged 65+ were living with dementia with a further 1,056 developing dementia each year.
- In 2011 it is estimated that 10,410 adults aged 65+ will experience a fall with 810 being admitted to hospital as a result of falls.
- The projected population in 2011 of those aged 85+ is 1,600 males and 3,100 females. Figures for national prevalence of frail older people indicate that 36% of males and 54% of females aged 85+ are likely to be frail.

The service may also benefit from promotion to a wider audience in order to take advantage of any potential economies of scale which could ultimately result in a lower weekly charge.

The other side to Telecare is its ability for organisations to "invest to save. Many evaluations nationally are starting to show the potential benefit for local authorities and local NHS Trusts. For example, possible costs savings to both organisations could come from reducing hospital admissions, supporting early hospital discharge, reduction in ambulance call outs, less formal carer input, reduction in residential care admission or sheltered accommodation usage and a reduction in home care hours.

**Stage 2 - Consideration of national and local research, data and consultation findings in order to understand the potential impacts of the proposal.**

**Stage 2 - Consideration of Relevant Data and Consultation**

**In completing this section it will be helpful to consider:**

- **Publicity** – Do people know that the service exists?
- **Access** – Who is using the service? / Who should be using the service? Why aren't they?
- **Appropriateness** – Does the service meet people's needs and improve outcomes?
- **Service support needs** – Is further training and development required for employees?
- **Partnership working** – Are partners aware of and implementing equality requirements?
- **Contracts & monitoring** – Is equality built into the contract and are outcomes monitored?



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**2.1. Examples of relevant evidence sources are listed below. Please tick which evidence sources are being used in this assessment and provide a summary for each protected characteristic in sections 2.2 and 2.3.**

| Internal desktop research                        |  |  |
|--|--|--|
|  | Place survey / Customer satisfaction data  | X Demographic Profiles – Census & ONS                    |
| X  | Local Needs Analysis   | Service Monitoring / Performance Information             |
| X  | Other local research   |  |
| Third party guidance and examples                |  |  |
| X  | National / Regional Research   | Analysis of service outcomes for different groups        |
|  | Best Practice / Guidance   | X Benchmarking with other organisations                  |
|  | Inspection Reports   |  |
| Public consultation related activities           |  |  |
| X  | Consultation with Service Users  | X Consultation with Community / Voluntary Sector         |
|  | Consultation with Staff  | Customer Feedback / Complaints                           |
|  | Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces |  |
| Consulting Members, stakeholders and specialists |  |  |
|  | Elected Members  | Expert views of stakeholders representing diverse groups |
|  | Specialist staff / service expertise   |  |

*Please bear in mind that whilst sections of the community will have common interests and concerns, views and issues vary within groups. E.g. women have differing needs and concerns depending on age, ethnic origin, disability etc*

**Lack of local knowledge or data is not a justification for assuming there is not a negative impact on some groups of people. Further research may be required.**

**2.2. Summary of Existing Data and Consultation Findings: - Service Delivery  
Considering the impact on Customers/Residents**

**- Age:** e.g. Under 16 yrs / 16-19 yrs / 20-29 yrs / 30-44 yrs / 45-59 yrs / 60-64 yrs / 65-74 yrs / 75+

National data

Older people make up an increasing proportion of the population. In 2006, one sixth (16%) of the population of England was aged 65 or older which is forecast to rise to 22% by 2028. At the same time as people are living longer, from 1965 to 2001 there was a decline in the fertility rate which has the effect of slightly exaggerating the proportion of older people in the population. Further to this, the Office of National Statistics reports that the largest growth in the population was for those aged 85 and older, totalling 1.2 million in 2006.

Health and well-being is critical for this age group, to prevent or delay deterioration into ill-health and social isolation. Social isolation can lead to deterioration in health.

21% of men and 31% of women aged 65 to 74 lived alone in 2006 and 32% of men and 61% of women aged 75 and over lived alone. (Office for National Statistics (ONS)). 180,000 people over 65 report having gone for a whole week without speaking to friends, neighbours or family.



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The rural population is ageing faster than other areas of the country and this growth is particularly pronounced amongst those aged 85 and over (Cabinet Office).

There were 12,750 recorded distraction burglary crimes in 2006/07. The average age of a victim is 81 years.

Seven million people are estimated to be under-saving for retirement which means they may find themselves living in poverty in retirement. Around 33% of women reaching State Pension Age in 2005 were entitled to a full basic pension, compared to 85% of men. 2.1 million Pensioners live in poverty after housing costs are taken into account, while the figure rises to 2.5 million before housing costs (DWP).

- A fifth of pensioners are cutting back on essential items, while only 22% claim their full benefits entitlement (Age UK)
- One in five pensioners has had to cut back on everyday essentials such as food and heating because of the rising cost of living
- inflation and rising energy costs are causing significant hardship, with nearly half of pensioners (47%) saying they are "just getting by" and one in 10 admitting they are "really struggling".
- A fifth of pensioners say they are now going out less, while one in five of those questioned have had to cut back on their heating over the winter to make ends meet. Age UK estimates that 1.8 million pensioners are living in poverty and many more are living close to the breadline.
- The majority of pensioners on low and middle incomes say they spend the bulk of their budgets on food and have been hit hard by inflation. The cost of the average weekly shop rose by 6.4% last year, and more than a third of those surveyed said they now buy less food or cheaper brands to compensate.
- The charity claims a rise in energy costs of 4.2% in the past year, exacerbated by the government's decision to allow the £50-£100 winter fuel allowance top-up to expire, is "particularly worrying"
- Age UK also highlighted the fact that, despite increasing pressure on pensioners' household budgets, only 22% claim their full benefit entitlements, with about £5.4bn going unclaimed each year because people do not realise what help is available
- Slightly less than 2 million older people are also missing out on council tax subsidies, which could boost their annual incomes by around £728, and up to 350,000 older people are failing to claim housing benefit
- The charity also says debt is increasingly a problem for the over-60s, with one in 10 pensioners claiming they owe significant amounts of money – up from one in 12 in 2008

The Consumer Credit Counselling Service (CCCS) says that of the 500,000 calls it received last year, about 10% were from people aged over 60, and their average unsecured debt was £24,642.

A spokesperson from the CCCS said: "Older people are finding themselves in debt for a number of reasons – it may be that their pensions and investments are not performing as well as they had anticipated, they may have become ill, or they may have had to help their children.

"People in general are being squeezed, but older people have less leeway because they are on budgets based on a limited income. In many ways it is harder for people in their 80s because they cannot just go out and get a job"

### The Poverty Site

- Around a third of all pensioner households entitled to Pension Credit are not claiming it (1.3 million households).
- Two-fifths of all pensioner households entitled to Council Tax Benefit are not claiming it (1.7 million households).
- Non-take-up for both Pension Credit and Council Tax Benefit has risen substantially over the last decade, up from 26% to 33% for Pension Credit and from 29% to 40% for Council Tax Benefit.



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- In both cases, these increases in non-take-up occurred in the period to 2003/04, with small decreases since then.
- Problems with take-up of Housing Benefit are much less severe.
- Of the estimated £4½ billion of unclaimed income-related benefits to which pensioners were entitled in 2008/09, Pension Credit accounted for half while Council Tax Benefit accounted for a third.
- Take-up of the Pension Credit is much lower for owner-occupiers than for social and private renters: half of all the households in owner-occupation who are entitled to the Pension Credit do not claim it compared to 'only' a fifth for renters. One of the reasons for this difference is likely to be that owner-occupiers are less likely to be in contact with their local authority than renters because Housing Benefit is not applicable to them.
- The proportion of pensioner households entitled to, but not claiming, Pension Credit is somewhat higher for pensioner couples than for single pensioners
- 25% of adults in England said they worry about having to sell their home to pay for social care in old age, 28% worried about having to spend their children's inheritance to pay for care in their old age, and 38% worried about being a burden when they got older;
- 64% of adults in the UK said they had no plans to put any money aside to fund their social care in older age.
- 47% of homeowners 18+ agree with the statement - "I expect support in my old age."
- 77% of adults 18+ in the UK expect to be living independently in their own homes into very old age.
- The things they thought would be important in helping them to remain independent at home in old age were (in order):
  1. Alarm
  2. Assistance round home (grab rails etc.)
  3. Someone to talk to regularly
  4. Transport
  5. Services to keep fit and active
  6. Someone to speak up for them
  7. Warden (7=)
  8. Info and advice housing, health and care (7=)
  9. Info and advice finances and benefits



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Local data

Central Bedfordshire mirrors the national picture of an ageing population, with projections indicating that the population will age at a faster rate than the national average.

In 2010 it was estimated that there are 39,100 people aged over 65 years in Central Bedfordshire.

The older population is expected to increase significantly, which is likely to lead to more people needing care and support. The number of people aged over 65 is projected to increase by over 41.4% by the year 2021. An even higher rate of increase is projected for those aged over 85.

On average older people are more likely to report lifestyle limiting illness (circa 17,000 in 2010), live alone (circa 14,000), live in poverty and rely on public services and informal carers for support.

Dementia is most common in older people, with prevalence rising sharply amongst people over 85 years. It is also one of the main causes of disability in later life. The number of people over 65 years of age with dementia is forecast to increase by circa 46% between 2010 and 2020 rising from 2,500 to 3,700.

The number of people aged 75+ being admitted to hospital with hip fractures is expected to increase from 600 in 2010 to 1,100 by 2025. (Information source: Bedfordshire Countywide Sustainable Community Strategy 2003 -13, Central Bedfordshire – Sustainable Community Strategy, Priorities from CAA, 2009).

Consultation with Customers and Stakeholders has highlighted the following

13.7% of current customers are aged 65-74 years

77.1% of current customers are aged over 75 years with some self reporting that that are over 90

47.3% of customers are over the age of 75 and live alone

27.2% of those aged over 75 mentioned that the reason for the monitoring centre being alerted can relate to falls.

Of those aged over 75:

30.1% agree with the proposal to charge for Telecare

57.6% disagree with the proposal to charge for Telecare

Current customers have highlighted the proposed charge will have an impact because of being on a fixed income/pension. Whereas some respondents comment that they will have to budget and this could affect money available for living expenses, others state that they cannot afford it and will consider having it removed. There are a few respondents who say it will have little impact or they will pay it because of the reassurance it gives. Some suggest that the figure of £4 is too high and suggest what they consider to be a more realistic figure.

**- Disability:** e.g. *Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement*

National data

Using the widest definition there are more than 11 million disabled people in the UK, which is more than one in five of the adult population and one in 20 children. 80% of people experience a year of being disabled at some point in their lives. Disability also covers people who may not recognise themselves as having a disability, such as those with long-term conditions (e.g. diabetes or cancer) or older people.

An investigation into the health inequalities experienced by people with mental health problems or





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learning disabilities found that many people reported problems with gaining access to services, with staff attitudes, and with getting the necessary treatment and support. (Equality Review).

The income of disabled people is on average less than half that of non-disabled people (EFD).

### Local data

Bedfordshire PCT has calculated, using national estimates, that there are approximately 38,000 people in Bedfordshire with some form of disability. Bedfordshire has a lower level of limiting long-term illness compared to national averages but more effort is needed to increase the number of healthy years expectancy and quality of life for people with a disability or long-term condition. (Information Source: Bedfordshire PCT, Joint Strategic Needs Assessment).

Of the 6570 clients receiving social care services in Central Bedfordshire in 2009/10, 69% were physically disabled, 7.5% were learning disabled and 15% had mental health issues (RAP P1).

### *Adults with physical disabilities*

The number of adults living with a moderate or serious physical disability in 2010 is circa 16,600. People aged 18-59 (females) and 18-64 (males) predicted to have a physical disability and/or limiting long term condition and permanently unable to work is estimated to be 7,800. Increases in the prevalence of diabetes and the incidence of heart disease are likely to increase as a consequence of obesity rates.

### *People with a learning disability*

It is predicted that the population of people with a learning disabilities will grow by around 7% by 2020. Of further significance is that people with a learning disability are living longer. Adults with learning disabilities generally have poorer general health than the wider population and have more difficulties in accessing mainstream health services. During the past 10 years there has been a significant shift in the way services are delivered, to supporting more people in the community as an alternative to residential type services.

### Consultation with Customers and Stakeholders has highlighted the following

73.2% of customers consider themselves to have some form of disability.

Of this group, 29.9% agree with the proposal to charge, whereas 60.1% disagree.

Current customers have highlighted the proposed charge will have an impact because of being on a fixed income/pension. Whereas some respondents comment that they will have to budget and this could affect money available for living expenses, others state that they cannot afford it and will consider having it removed. There are a few respondents who say it will have little impact or they will pay it because of the reassurance it gives. Some suggest that the figure of £4 is too high and suggest what they consider to be a more realistic figure.



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- **Carers:** *A person of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem*

National data

3 in 5 people will become a carer at some point in their lives.

Over 1 million people experience ill health, poverty and discrimination at work and in society because they are carers.

Among those of working age, 36% of carers were 'struggling to make ends meet'. 38% said they were 'managing on the money coming in', while 26% were 'reasonably comfortable financially'. Carers who are struggling financially are more likely to be: in poor health (34%); unqualified (21%); caring for 20+ hours per week (88%).

18% of carers have left a job or been unable to take one due to caring responsibilities.

Rural carers are very slightly more likely than urban carers to mention a lack of suitable services in their area, to say they do not know what is available locally, or to be held back in using services because they are too expensive (Carers UK).

Carers' contribute an extra £1 billion a year in helping to set up and run services in the community helping disabled and older people and in advising organizations and public authorities. They did this on top of the care they already provided as carers. The basic saving to the NHS, social services and other statutory bodies resulting from the work of carers starts at something in excess of £34 billion a year.

Ethnic minority carers were especially likely to say they felt restricted in using services because they lacked information, or because services were too expensive, lacked flexibility, or were not suitable for their individual needs.

Local findings

Carers provide a significant proportion of community care as services target provision on those with highest need. According to the last census there are circa 25,200 carers in Central Bedfordshire. Applying National indices:

- 6300 will be caring for someone with a mental health condition
- 2800 look after someone with dementia
- 17,700 care for someone aged 65 and over
- 3,025 will be caring for people with a learning disability
- Nearly 1800 will report that they are not in good health

There will be approximately 7,913 new carers each year in Central Bedfordshire, a total of 28,960 by 2021<sup>1</sup>.

Quite often carers are more likely to be in poor health, and as the population ages there is predicted to be a steady increase in the number of older carers. All these factors indicate an increased demand for services to support carers.

The largest caring group (70%) in Central Bedfordshire care for people aged 65+.

<sup>1</sup> All statistics taken from Carers UK, *Review of Services For and Needs Of Bedfordshire Carers*, 2009





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Consultation with Customers and Stakeholders has highlighted the following

Comments from/about carers include:

“As the main carer for my mother, who is 85, lives alone and has Alzheimer’s, the Telecare service (especially the heat detector and the carbon monoxide alarm) provides me with the peace of mind that if there is a problem, these alarms will automatically be activated and alert the console, who will then contact me.”

“I am 42, my husband is 48, neither of us are able to work, due to ill health. Also we have a son and daughter at home. My husband is my carer, I have Alzheimer’s - life is hard. Think on - please!!”

“It allows carer to go out without worrying how I would call for help in case of a fall.”

**- Gender Reassignment:** *People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex*

National data

Research has identified that transgender people can sometimes feel reluctant to access services because they are concerned about how they will be treated.

Recent research estimates that 7% of the trans population are aged 61 or over (Equalities Review).

Upon revealing their gender issues people are at high risk of being shunned by family and friends.

Research recently published by the Equality and Human Rights Commission has shown that there is almost a complete absence of research on accessing social care services for trans people. Research on the family lives and relationships of trans people is extremely sparse. Research suggests that trans people are rarely portrayed in the media in a family setting, concentrating instead on isolated individuals in clinical settings (Whittle et al, 2007). Some research suggests that trans people may develop affirming ‘families of choice’ as complements or alternatives to their families of origin, similar o those found in the LGB community (Weeks et al, 2001).

No specific issues highlighted by consultation with customers and stakeholders

**- Pregnancy and Maternity:** *e.g. pregnant women / women who have given birth & women who are breastfeeding (26 week time limit then protected by sex discrimination provisions)*

No issues identified at this stage



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**- Race:** e.g. *Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other*

National data

People from black and minority ethnic communities can often experience multiple inequalities. 70% live in the 88 most deprived neighbourhoods in the United Kingdom and they are more likely to be poor, with lower incomes spread across larger household sizes.

Minority ethnic communities are disproportionately affected by ill health and long-term illness and there is evidence of varying levels of awareness and take-up of statutory services.

Adults and older people from black and minority ethnic communities are less likely to be provided with social services following an assessment. (Commission for Social Care Inspection (CSCI)).

Only 33% of all social services users in England thought that matters of race, culture and religion were noted by local authority social services staff. (CSCI)

Local findings

Central Bedfordshire is less diverse than England as a whole and has a greater proportion of people who are White British (86.7% in 2009).

Ethnicity information has been collected by the Telecare provider for new customers each month. Figures for 2010 indicate that 6% of new customers were from minority ethnic communities.

Similar research in connection with the Council's Careline community alarm has indicated that 95% of existing clients are white British with Black and Asian groups less likely to take up this service as they are more likely to be supported by their families. On the other hand, it may be that they are less aware of the service, in which case, wider publicity/promotion of the service may help to address this.

Consultation with Customers and Stakeholders has highlighted the following

Response to the consultation has indicated that around 4.7% of Telecare customers are from minority ethnic communities.

Of this group 21% agree with the proposal to charge, whereas 79% disagree.

**- Religion or Belief:** e.g. *Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other*

National data

Research evidence has demonstrated that some religious groups have lower levels of awareness and take-up of services e.g. the Muslim community.

A lack of awareness about a person's religious or other beliefs can lead to discrimination. This is because religion can play a very important part in the daily lives of people. Discrimination can occur if specific requirements are not taken into account for example Diet / fasting Religious observance / prayer and festivals and specific customs and practices.

No specific issues highlighted by consultation with customers and stakeholders



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**- Sex: e.g. Women / Girls / Men / Boys**

National data

Women currently live longer than men, but elderly women tend to have worse health than elderly males of the same age: fewer elderly men survive, but those who do tend to be fitter than their female counterparts. This means that elderly women have proportionally greater need for social care services than men. (Information source: Why women live longer than men, David Goldspink, Liverpool's John Moores University). The average life expectancy at birth of females born in 2007-2009 in England was 82.3 years compared with 78.3 years for males.

Many women bear the majority of the responsibility for childcare with the result that 44% of women work part time compared to 10% of men. Part-time work can limit career progression, lead to lower pay and reduced pensions in old age.

Age Concern estimates that at least 1.7 million single older men could be living in isolation in the UK. Nearly 400,000 of these are single older men aged 75 and over. Furthermore, it is estimated that 289,000 single older men are living in poverty.

There is some evidence that men may not be as good at accessing services as women, which we perhaps need to consider. Differences in service take up between men and women, therefore, appear to be related to differences in need and are not evidence of unequal treatment.

Local data

The average life expectancy at birth of females born in 2007-2009 in Central Bedfordshire was 82.5 years compared with 79.2 years for males.

Consultation with Customers and Stakeholders has highlighted the following

61.5% of customers are female  
38.5% of customers are male

Of male customers, 29.8% agree with the proposal to charge, whereas 58.3% disagree.  
Of female customers, 30.7% agree with the proposal to charge, whereas 58.1% disagree.

**- Sexual Orientation: e.g. Lesbians / Gay men / Bisexuals / Heterosexuals**

National data

From police stations to family courts and from housing to health services, gay people remain uncertain of fair treatment, an uncertainty which is often derived from personal experience. Contact with any LGB people needs to be carried out with sensitivity, they must feel assured that their privacy will not be breached and that their confidentiality will be guaranteed.

Older LGB people grew up at a time when homosexual acts were 'against the law' until 1967. This can impact upon older LGB people's sense of well-being and upon their feelings about their sexual orientation making them reluctant to discuss their private lives with strangers.

- Of the UK population over State Pension Age, it is estimated that between 500,000 to 800,000 people are lesbian, gay or bisexual. (Age Concern)
- Older LGB people are 2 ½ times more likely to live alone and 4 ½ times less likely to have no children to call upon in times of need be without informal care and support networks, making their need for appropriate social care services even more acute. (Stonewall)



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Within social care there is generally a low level of awareness of lesbian, gay and bisexual disabled people. Although there is no firm data on the number of Gay, Lesbian and Bisexual people, the Government estimates that it is between 5% and 7% of the UK population. Stonewall, [www.stonewall.org.uk](http://www.stonewall.org.uk), confirms the accuracy of this estimate. Although there is very little research on the health of gay and lesbian and transgender people, there is research that suggests the LGB communities experience high rates of mental health problems than in general population.

No specific issues highlighted by consultation with customers and stakeholders

**- Other:** *e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership*

**Poverty**

National data

The Equality and Human Rights Commission's report *Just Ageing? Fairness, equality and the life course* (December 2009) stated that 'the current social care system is inadequate for everyone, but older people from middle-income groups are worst off because of the effects of means testing'.

Many of the differences cumulate across the life cycle, especially those related to people's socio-economic background. This can be seen before children enter school, through the school years, through entry into the labour market, and on to retirement, wealth and resources for retirement, and mortality rates in later life. Economic advantage and disadvantage reinforce themselves across the life cycle, and often on to the next generation.

Local data

Consultation with Customers and Stakeholders has highlighted the following

Bedfordshire LINK have responded that there is a general feeling amongst the older people's groups, who are members of LINK in Central Bedfordshire, that this charge is not welcome. It comes at a time when vulnerable groups have seen cuts in many services and a suggestion made was that an alternative to charging for Telecare could be a small increase to Council Tax. LINK believe Telecare is an invaluable form of contact and reassurance for those older people living alone, who often also have disabilities.

LINK believe that charging for Telecare is contrary to healthcare policies which are becoming more community based rather than hospital based. They believe other options should be explored such as alternative providers at more competitive rates and advise that there is a view that if there must be a charge, this should be no more than £2.00 with the most vulnerable being exempt. LINK express the concern that if people stop using the service because of the charge, this could put them at risk and potentially lead to more expense, due to hospital admission.

**2.3. Summary of Existing Data and Consultation Findings – Employment  
Considering the impact on Employees**

**- Age:** *e.g. 16-19 / 20-29 / 30-39 / 40-49 / 50-59 / 60+*

No employment issues identified at this stage



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|  |
|--|
| <p>- <b>Disability:</b> e.g. <i>Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement</i></p> <p>No employment issues identified at this stage</p>             |
| <p>- <b>Carers:</b> e.g. <i>parent / guardian / foster carer / person caring for an adult who is a spouse, partner, civil partner, relative or person who lives at the same address</i></p> <p>No employment issues identified at this stage</p>                                   |
| <p>- <b>Gender Reassignment:</b> <i>People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex</i></p> <p>No employment issues identified at this stage</p> |
| <p>- <b>Pregnancy and Maternity:</b> e.g. <i>Pregnancy / Compulsory maternity leave / Ordinary maternity leave / Additional maternity leave</i></p> <p>No employment issues identified at this stage</p>   |
| <p>- <b>Race:</b> e.g. <i>Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other</i></p> <p>No employment issues identified at this stage</p>   |
| <p>- <b>Religion or Belief:</b> e.g. <i>Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other</i></p> <p>No employment issues identified at this stage</p>   |
| <p>- <b>Sex:</b> <i>Women / Men</i></p> <p>No employment issues identified at this stage</p>   |
| <p>- <b>Sexual Orientation:</b> e.g. <i>Lesbians / Gay men / Bisexuals / Heterosexuals</i></p> <p>No employment issues identified at this stage</p>  |
| <p>- <b>Other:</b> e.g. <i>Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership</i></p> <p>No employment issues identified at this stage</p>   |
| <p><b>2.4. To what extent are vulnerable groups more affected by this proposal compared to the population or workforce as a whole?</b></p> <p>This proposal impacts more on older people, those with disabilities and women. These groups are at a</p>                             |



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higher risk of social isolation, poverty and poor health. The more vulnerable, older people are also less likely to engage in the development of services and so are less likely to have their voice heard.

**2.5. To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity?**

In order to try and gain the most comprehensive range of views regarding this proposal, consultation has involved writing to all current Telecare users, asking them to complete a survey, either by paper or online, as well as gaining the views of stakeholders and partners. The user consultation has yielded a 47.9% return rate.

The proposal to charge takes into account people receiving a package of care services on lower incomes through means testing by proposing to include the Telecare service as part of the care package for people who are eligible for social care services and financial assistance, following a community care assessment and financial assessment.

Benchmarking has been undertaken with neighbouring and comparator authorities for both Telecare and Community Alarm service charges and detailed results have been set out in a separate report.

In respect of Telecare, where the proposed charge for Central Bedfordshire is £4.00 per week, comparison with 12 authorities indicates the following:

- 2 authorities are currently Free of Charge (including Bedford)
- 3 authorities are less expensive than the proposed charge (including Luton at £2.73 per week)
- 1 authority is currently charging £4.00 per week (Buckinghamshire)
- 6 authorities are more expensive than the proposed charge (including Milton Keynes, who also levy a one-off installation fee)

In respect of the Community Alarm system where the current charge in Central Bedfordshire is in the range of £2.50 to £3.50 (Careline or Lifeline), comparison with 15 authorities indicates the following:

- 3 authorities are currently less expensive than Central Bedfordshire
- 7 authorities fall within the £2.50 to £3.50 cost range (including Bedford, Luton and Milton Keynes)
- 5 authorities are more expensive than the £2.50 to £3.50 cost range (including Northampton BB and South Northamptonshire who also levy a one-off installation fee)

**2.6. Are there any gaps in data or consultation findings**

The relatively high response rate to the user consultation has given a good indication of current users' views on the proposal to charge, as well as providing information on users' experience and perception of the Telecare service.

Prior to the consultation, user data including age and ethnicity has been collected and collated by Aragon Housing Association and passed to Central Bedfordshire Council.

**2.7. What action will be taken to obtain this information?**



Stage 3 - Providing an overview of impacts and potential discrimination.

| Stage 3 – Assessing Positive & Negative Impacts |         |        |                 |    |  |
|---|---------|--------|-----------------|----|--|
| Analysis of Impacts                             | Impact? |        | Discrimination? |    | Summary of impacts and reasons   |
|   | (+ve)   | (- ve) | YES             | NO |  |
| <b>3.1 Age</b>                                  | No      | Yes    |                 | X  | The majority of Telecare customers are over the age of 65 with a large proportion being 75+. The proposal to charge could have a negative impact on those older customers on fixed incomes, who may either choose to give up Telecare or retain the Telecare service and cut back on other expenditure. Either of these choices could be detrimental to their health and wellbeing.  |
| <b>3.2 Disability</b>                           | No      | Yes    |                 | X  | The majority of Telecare customers identify themselves as being disabled. The proposal to charge could have a negative impact in that customers with disabilities may either choose to give up Telecare or retain the Telecare service and cut back on other expenditure. Either of these choices could be detrimental to their health and wellbeing.  |
| <b>3.3 Carers</b>                               | Yes     | Yes    |                 | X  | Telecare can provide an additional support system for carers, giving them reassurance that the person they care for has an alternative means of summoning assistance. The proposal to charge for Telecare may impact on carers who wish to retain the Telecare service as a back-up system but feel that they or the cared-for person cannot afford the charge. On the other hand, if Telecare becomes self-funding and consequently financially sustainable, more carers will be able to take advantage of the service as a support system. |
| <b>3.4 Gender Reassignment</b>                  | No      | No     |                 | X  | Transgender people are more likely to be reliant on a range of services due to a lack of family contact/support.   |
| <b>3.5 Pregnancy &amp; Maternity</b>            | No      | No     |                 | X  |  |
| <b>3.6 Race</b>                                 | No      | No     |                 | X  |  |
| <b>3.7 Religion / Belief</b>                    | No      | No     |                 | X  |  |





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|  |    |     |  |   |  |
|--|----|-----|--|---|--|
| <b>3.8 Sex</b>   | No | Yes |  | X | Women statistically make up a greater percentage of older people and a larger proportion of Telecare customers are women, whose income/pension may be less than that of their male counterparts. They may therefore decide to give up or do without Telecare equipment because of the proposed charge. |
| <b>3.9 Sexual Orientation</b>  | No | No  |  | X | LGB people are more likely to be reliant on a range of services due to a lack of family contact/support.   |
| <b>3.10 Other e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion Marriage and Civil Partnership</b> | No | Yes |  | X | Poverty – Those current and potential Telecare customers on fixed incomes may choose to do without the service due to financial constraints.   |





**Stage 4 - Identifying mitigating actions that can be taken to address adverse impacts.**

**Stage 4 – Conclusions, Recommendations and Action Planning**

**4.1 What are the main conclusions and recommendations from the assessment?**

This is a specialist service for vulnerable people and the charging proposal is likely to have an adverse impact on older and disabled people and women as many will be on low fixed incomes.

The majority of respondents to the consultation (60.0%) disagreed with the proposal to charge £4 per week for the Telecare service and if they do not receive other social care services, the proposed charge will impact on their disposable income. However, there are already customers in Central Bedfordshire who pay for community alarm systems and the proposal to charge would address this inconsistency, as well as ensuring the sustainability of the Telecare service for current and future users.

Many customers state that they rarely use the service or have only contacted the control centre for testing purposes with 74.7% indicating they alert the control centre less than once a month. However, 56.6% declare the service provides them with peace of mind. Nevertheless, some have stated that they will return the equipment or give up the service if it becomes chargeable. Others have indicated that they will have to cut back on other expenditure in order to afford the Telecare charge. This will have an adverse impact on their health and wellbeing.

If the proposal to charge is implemented, the Council and its provider will need to carefully monitor customers who express the wish to give up the service to ensure that this will not have a detrimental effect on their health and safety.

Current and future customers who receive Telecare as part of a package of care services will have the cost incorporated into their package. Their contribution to the cost of the whole care package will be calculated based on their means. The effect of this is that many people with higher levels of need in receipt of care services will pay no more than they currently do.

For some customers, who do not have such high care needs the Telecare service may be inappropriate. In these cases, the community alarm system (Careline), which would be provided at a lower cost of £2.63 + VAT per week, may be more appropriate or the customer may benefit from being sign-posted to other organisations, such as Care Connect Me who offer a very basic one-call-a-day checking service costing £1 per week or Age UK who provide a monitoring service at a weekly cost of around £3.25.

It will be necessary to cross-refer the database of current Telecare customers (maintained by Aragon Housing Association) with the Council's records for social care clients to ensure that those who can have Telecare included as part of a package of social care services are correctly identified.

The Council will need to ensure that users who are eligible to have the Telecare service included as part of a package of social care services receive a financial assessment.

As some customers will be entitled to claim VAT relief against disability related expenditure, the Council will need to provide the necessary information and form to enable this concession to be processed.

**4.2 What changes will be made to address or mitigate many adverse impacts that have been identified?**

- Monitoring of the service to identify customer exits and the reasons
- Ongoing liaison with the service provider to ensure that customers identified as being potentially "at risk" do not give up the service due to a charge being implemented



**Central Bedfordshire Equality Impact Assessment**

- Careful consideration of options for any customers identified as being potentially “at risk” but choosing to discontinue with the service to ensure they (and/or their carers/relatives) receive the relevant information and advice, including benefit entitlement details.
- Clear and easy to understand information for current and potential customers regarding
  - The cost of the service and eligibility for community care assessment/financial assessment
  - Potential benefits of the service
  - Eligibility for VAT relief for disability related expenditure
  - Information on benefit entitlements which could assist with the cost of the service
  - Sign-posting to alternative organisations providing a similar service
- Consideration of a lower subsidised charge

**4.3 Are there any budgetary implications?**

The proposal to charge for the Telecare service is part of the Council’s programme of efficiency savings in order to address a budget shortfall brought about by the reduction in Central Government funding. It is envisaged that charging for the Telecare service will realise an estimated annual income of around £192K.

Conversely, many evaluations nationally are starting to show the potential benefit of Telecare for local authorities and local NHS Trusts. For example, possible cost savings to both organisations could come from reducing hospital admissions, supporting early hospital discharge, reduction in ambulance call outs, less formal carer input, reduction in residential care admissions or sheltered accommodation usage and a reduction in home care hours.

**4.4 Actions to be taken to mitigate against any adverse impacts:**

| Action  | Lead Officer | Date                | Priority |
|---|--------------|---------------------|----------|
| Publish results of consultation to residents, stakeholders and partners   | Tim Hoyle    | November 2011       | Medium   |
| Consideration of a lower subsidised charge  | Tim Hoyle    | November 2011       | High     |
| Ensure current customers are given relevant notice and information in writing if decision is taken to implement a charge  | Tim Hoyle    | December 2011       | High     |
| Monitoring of take-up of service by new customers, usage of service and exits from service/reasons  | Tim Hoyle    | January - June 2012 | Medium   |
| Consideration of options for any customers identified as being potentially “at risk” but choosing to discontinue with the service to ensure they (and/or their carers/relatives) receive the relevant information and advice, including benefit entitlement details | Tim Hoyle    | January – June 2012 | High     |
| Ensure information (including details on the website) about the Telecare service and associated charge is up-to-date, together with details of alternative providers who offer a similar service and potential benefit entitlements                                 | Tim Hoyle    | January 2012        | Medium   |

**Stage 5 - Checking that all the relevant issues and mitigating actions have been identified**



**Central Bedfordshire Equality Impact Assessment**

**Stage 5 – Quality Assurance & Scrutiny:  
Checking that all the relevant issues have been identified**

**5.1 What methods have been used to gain feedback on the main issues raised in the assessment?**

**Step 1:**

**Has the Corporate Policy Advisor (Equality & Diversity) reviewed this assessment and provided feedback? Yes**

**Summary of CPA’s comments:**

The CPA (E&D) has added current national data which highlights the extent to which older people are experiencing financial hardship and not claiming benefits. This data tallies with the local consultation findings.

The CPA (E&D) has suggested that consideration should be given to:

- Whether the level of charge creates a disincentive for take up and continued use of the service – which is contrary to the Council’s stated priorities.
- Whether a lower charge can be considered
- The charges levied by other authorities
- The numbers of potential services users
- The extent to which the service is unknown / underused at the moment. This could be relevant because if large numbers of customers could be generated, that might create economies of scale which might make a lower weekly charge more affordable?
- Consideration of the potential Telecare has to delivery “invest to save”
- Provision of more detail relating to alternative service providers

Following this feedback, further research has been undertaken into Telecare provision by other organisations, the level of charging by other local authorities, profiling of potential customers and possible “invest to save” benefits. Consideration of all these aspects has now been included within this assessment and related appendices.

**Step 2:**

**5.2 Feedback from Central Bedfordshire Equality Forum**



Central Bedfordshire Equality Impact Assessment

**Stage 6 - Ensuring that the actual impact of proposals are monitored over time.**

| <b>Stage 6 – Monitoring Future Impact</b>   |  |
|---|--|
| <b>6.1 How will implementation of the actions be monitored?</b>                           | All Social Care, Health and Housing Equality Impact Assessments will be monitored by the Policy and Performance Team.  |
| <b>6.2 What sort of data will be collected and how often will it be analysed?</b>         | The following should be reported quarterly:<br><br>Age, gender, ethnicity and disability of customer<br>Number of customers who receive Telecare as part of package of social care services<br>Number of self-funding customers<br>Number of customers who commence service<br>Number of customers who exit service and reason |
| <b>6.3 How often will the proposal be reviewed?</b>                                       | After 6 months of operation and thereafter on an annual basis.   |
| <b>6.4 Who will be responsible for this?</b>  | Head of Business Systems, Social Care Health and Housing   |
| <b>6.5 How have the actions from this assessment been incorporated into the proposal?</b> | Contained in report to council's Executive   |

**Stage 7 - Finalising the assessment.**

| <b>Stage 7 – Accountability / Signing Off</b>   |             |
|---|-------------|
| <b>7.1 Has the lead Assistant Director/Head of Service been notified of the outcome of the assessment</b>                   |             |
| Name: _____   | Date: _____ |
| <b>7.2 Has the Corporate Policy Adviser Equality &amp; Diversity provided confirmation that the Assessment is complete?</b> |             |
| Date: _____   |             |

**COMMUNITY ALARM AND TELECARE SCHEMES OPERATING IN CENTRAL BEDFORDSHIRE**

| Name of Scheme                      | Provider  | Description  | Cost (per week)   | Concessions                                   | Notes  |
|-------------------------------------|---|--|---|---|--|
| Careline                            | Central Bedfordshire Council                                      | Community alarm system – base unit and pendant/button. Connected to control centre currently operated by CBC at Furness Avenue site.                                   | £2.63 + VAT   | VAT exempt for disability related expenditure |  |
| Lifeline                            | Aragon Housing Association  | Community alarm system (Lifeline unit and pendant/button). Connected to control centre.  | As this is no longer offered, Aragon unable to quote exact charge but believe current customer would be paying around £3.80. One respondent to consultation mentioned paying £43.68 per quarter for Lifeline = £3.36 p.w. | VAT exempt for disability related expenditure | No longer offered by Aragon following launch of Community Alarm and Support Service (CASS). Existing customers have option to upgrade to CASS or remain on Lifeline. |
| Community Alarm and Support Service | Aragon Housing Association  | Community alarm system (Lifeline unit and sensors, if applicable) + visit(s) from home support office.   | From £4.55 dependent on number of visits  | VAT exempt for disability related expenditure | Recently launched by Aragon HA   |
| CBC Telecare                        | Aragon Housing Association funded by Central Bedfordshire Council | Full range of telecare detectors and sensors, as well as pendant/wrist alarm + base unit. Connected to control centre operated by North Herts District Council (NHDC). | Free of charge with proposal to charge £4.00 + VAT currently under consideration.   | N/A   |  |

| Name of Scheme        | Provider  | Description   | Cost (per week)   | Concessions                                   | Notes            |
|-----------------------|---|---|---|---|------------------|
| Age UK Personal Alarm | Aid Call  | Pendant alarm and base unit connected to emergency response centre, who will contact emergency key holders.   | Different payment options but Easy-Connect option is initial fee of £49 + VAT then £42.31 + VAT per quarter (approx £3.25 + VAT p.w.) | VAT exempt for disability related expenditure | National service |
| Checking in at Home   | Checking in at Home (London based organisation) | Telephone based service that calls in up to 3 times/day and requests each call be acknowledged. If not acknowledged, raises an alarm with nominated friends/family. | £2.99 + VAT   | VAT exempt for disability related expenditure | National service |
| Call24                | Call 24 (Plymouth based)                        | 24 hour monitoring service using a base unit which combines with the customer's telephone to allow them to summon assistance at any time of day or night.           | From £3.12 + VAT  | VAT exempt for disability related expenditure | National service |
| Care Connect Me       | Care Connect Me                                 | Variety of services ranging from one telephone call a day to check on customer to medicine/insulin reminders and fall response service.                             | £1 p.w. for 1 call a day to landline or mobile<br>£2 p.w. for 2-6 calls a day to landline<br>£3 p.w. for 2-6 calls a day to mobile    |   | National service |



Policy

# Charging for Non-Residential Social Care Services

**Owner:** Central Bedfordshire Council

**Version Number:** Released: Version 2 December 2011

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## Fairer Charging Phase 2: Telecare Charging: Appendix F

### 1. Introduction

- 1.1. This policy set out how the Central Bedfordshire Council ('the Council') will charge customers for non-residential social care services accessed by people over 18 years of age.
- 1.2. This policy has been produced in accordance with Section 7 of the Local Authority Social Services Act 1970, often referred to as 'Fairer Charging'.
- 1.3. It does not apply to residential care services where charging is governed by the National Assistance Act 1948 Assessment of Resources Regulations 1992 which is reflected in the guidance provided by the Department of Health in 'Charging for Residential Accommodation Guide' (CRAG).
- 1.4. This policy will come into effect on 1 October 2010 and remain in force until such time as it is revised or until the legislative framework under which it operates is modified.
- 1.5. Rates, tariffs and thresholds applicable to this policy will be contained in an appendix to it and updated annually, or more often if necessary.

### 2. Principles

- 2.1. The principles under which this policy operates are:
  - 2.1.1. A charge will be made for services where it is legal and appropriate to do so.
  - 2.1.2. No customer should be unable to access services they need because they lack the financial means.
  - 2.1.3. Customers will be treated equitably in the determination of their ability to pay for services or contribute to their costs.
  - 2.1.4. Customers will be treated as equitably as possible no matter how they access services (see section 3)
- 2.2. Where appropriate this policy refers to the guidance in CRAG in order to achieve equity between the principles involved in charging for residential and non-residential care services.

### 3. Transformation of social care services

- 3.1. The provision of social care services is currently being transformed by the introduction of more personalised services designed to enable the customer to have greater control over the services they access.
- 3.2. This is being delivered through the mechanisms of Personal Budgets and Direct Payments but a significant number of customers will continue to access services via the traditional method whereby services are commissioned on their behalf by the Council.
- 3.3. It is the intent of this policy to ensure as far as is possible that customers are treated equitably, no matter what delivery arrangements are used for their services – Personal Budgets, Direct Payments or 'traditional' commissioned services. However it is acknowledged that the differences between these arrangements may mean that complete equity may not always be possible.
- 3.4. Personal Budgets and Direct Payments customers may choose to have their support needs met in ways not traditionally associated with formal social care. These will be set out in their agreed Support Plan. The customer will still be required to make the contribution to the cost of services if this is the case as they would have if they were accessing traditional services.



## Fairer Charging Phase 2: Telecare Charging: Appendix F

### 4. Calculating customer's contribution or charge

- 4.1. The basis of the calculation of how much a customer should pay or contribute is to firstly assess the customer's Disposable Income.
- 4.2. The calculation to identify Disposable Income will be as follows:  
[Disposable Income] = [Assessable Income] minus [Allowances and Disregards]
- 4.3. If the Full Cost of the services accessed exceeds the Disposable Income then the customer is charged or contributes their Disposable Income. If the Full Cost is less than the disposable income then the Full Cost is charged.
- 4.4. If a customer has zero disposable income then they will not be charged for the services they access.
- 4.5. The terms used above and the details of how they are defined are set out later in this document.

### 5. Social care services to which this policy applies

- 5.1. Social care services provided by the Council to people over 18 can be categorised into the following areas:
  - 5.1.1. Services which the Council is not permitted to charge for
  - 5.1.2. Services which the Council charges for at a flat rate and which are not covered by this policy
  - 5.1.3. Long and short term residential care services which are charged for under CRAG
  - 5.1.4. Services to which this policy applies
  - 5.1.5. Services which the council has determined will not be chargeable
- 5.2. Services which fall into each category are listed in the box on the next page.

### 6. Customers who are exempted from charging

- 6.1. The following groups of people are exempted from charging for the services which are referred to in paragraph 5.1.4:
  - 6.1.1. People whose care needs are being delivered as 'after care services' as defined in S117 for the Mental Health Act
  - 6.1.2. Social care services accessed by sufferers of Creutzfeldt Jacob Disease (CJD)
  - 6.1.3. People whose income is less than basic Income Support plus 25%.

### 7. Setting the rates for charges

- 7.1. The charges for services will reflect the full cost of providing them.
- 7.2. Charges will be set annually as part of the Council's budget-setting process but may also be revised more frequently if there is a need to do so. Any 'in-year' changes to rates will be approved by the Council's Executive.
- 7.3. Although the Council's intention is that rates charged for services will be harmonised so that those in receipt of Personal Budgets, Direct Payments or 'traditional' commissioned services will be treated entirely equitably, during the transitional period some differences may be unavoidable.
- 7.4. Current rates and charges are contained in the Appendix to this policy which will be updated when rates change.

**Services for which the Council is not permitted to charge**

- Assessment and Care Management
- Advice and Information
- Services delivered by the National Health Service such as Intermediate Care
- Provision of aids and equipment below the value of £1,000

**Services for which the Council charges at a flat rate:**

- Meals provided in Day Centres
- Meals on Wheels
- Telecare Services (where provided without a Community Needs Assessment)

**Services which are charged for under CRAG rules:**

- Long term care in a registered residential or nursing home
- Short term care in a registered residential or nursing home (often referred to as respite care)

**Services to which the Fairer Charging policy applies:**

- Care delivered in the customer's own home - such as home care or the services of a Personal Assistant
- Attendance at Day Care or Day Opportunities
- Transport to and from Day Centres or Day Opportunities
- Care delivered away from the customer's own home (except where it is provided in a registered residential or nursing home)
- Adult Placement Schemes
- Services provided under the Supporting People arrangements
- Telecare Services (where provided following a Community Needs Assessment)
- Any services not in one of the other categories that are accessed as part of a customer's support plan.

**Services that the Council has determined it will not charge for:**

- Reablement Services
- Carers' Services

**8. Home care where more than one carer is in attendance**

- 8.1. The charge for care delivered in the customer's home will take into consideration the number of carers required to provide the service at any one time and the charge will be based on the total number of carer hours delivered.

**9. Reablement**

- 9.1. Where a customer is in receipt of a reablement service then this will not be the subject of charging.
- 9.2. The customer will be required to co-operate with the Financial Assessment process during a period of reablement.

**10. Telecare**

- 10.1. There are standard weekly charges associated with the provision of Telecare services. These charges are updated annually and appear in the scale of charges set out in Appendix 1.

## Fairer Charging Phase 2: Telecare Charging: Appendix F

- 10.2. The charges for Telecare relate to the cost of providing the equipment, maintaining it and of monitoring alerts. All equipment provided remains the property of the council at all times and must be returned when no longer required.
- 10.3. Where customers receive Telecare as a result of a Community Needs Assessment the charge for Telecare will be incorporated into the calculation of their Personal Budget, Direct Payment (if applicable) and Contribution (if applicable).
- 10.4. Where a customer was in receipt of Telecare prior to a Community Needs Assessment then they may wish to continue to pay for the service separately. In such circumstances the charge paid for Telecare shall be treated as Disability-Related Expenditure (DRE) for the purposes of calculating their contribution (see Section 21).
- 10.5. Where a customer receives Telecare outside of a Community Needs Assessment then the charge is a 'flat fee'. This will be calculated on a daily basis from the date that the service starts until it is ceased.

## 11. The financial assessment process

- 11.1. In order to determine if a customer will be charged or make a contribution to the cost of their services then an assessment of income and expenditure is required. This is known as a Financial Assessment and consists of three stages:
  - 11.1.1. The gathering of information and evidence using a standard form
  - 11.1.2. The calculation of the charge
  - 11.1.3. Advising the customer in writing of the charge.
- 11.2. The completion of the financial assessment form will be undertaken by the customer or their representative, or with the assistance of a Community Finance Adviser (CFA) from the Welfare Rights and Customers Finance Team.
- 11.3. Customers will be advised that, when visited by a CFA, they can be accompanied by a relative, friend or other representative.
- 11.4. All customers who are subject to a financial assessment will be offered a welfare benefits check. The CFA will identify any benefits to which they appear to be entitled and will signpost them to the relevant agency to claim.
- 11.5. The result of the financial assessment will be confirmed in writing as soon as possible following the completion of the financial assessment and any checks that may be required.
- 11.6. Central Bedfordshire Council is under a duty to protect the public funds it administers, and to this end may use the information the customer provides on the financial assessment form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.
- 11.7. Where the service provided to a person is through a Direct Payment the Council will deduct the amount of the individual's contribution before it pays the payment. The recipient will be required to pay their contribution into the same account where the Direct Payment is deposited.

## 12. Financial re-assessments

- 12.1. The customer is required to inform the Welfare Rights and Customers Finance Team as soon as their financial circumstances change as their assessed charge may be affected.
- 12.2. Disability related benefit will be taken into consideration from the date of the award. A re-assessment will be undertaken and any charges which are payable will be back dated to the date of the award.

## Fairer Charging Phase 2: Telecare Charging: Appendix F

- 12.3. A re-assessment will be carried out each year to re-calculate charges. A percentage increase will be applied in line with Department of Work and Pensions percentage increase if actual amounts are unknown. If this is incorrect an adjustment will be made once evidence is provided.
- 12.4. A re-assessment will also be carried out if the care package has been significantly increased or decreased.
- 12.5. The customer will be provided in writing with a copy of any re-assessment conducted and will be required to either (a) confirm that their circumstances have been correctly estimated or (b) provide information and evidence about any changes to their circumstances.
- 12.6. Should a re-assessment reveal that a customer's circumstances have changed significantly since the previous assessment or re-assessment then their charge will be re-calculated based on the date(s) that the change(s) occurred, up to a limit of one year, and the customer charged or credited as appropriate.

### 13. Non disclosure of financial information

- 13.1. Customers have the right to choose not to disclose their financial details. If they do not disclose they will be required to pay the full cost of the service from the date it commences.
- 13.2. A customer who chooses not to disclose their financial details will be required to pay 100% contribution to any Direct Payment.

### 14. Failure to co-operate with a financial assessment

- 14.1. If a customer fails to co-operate with a financial assessment they will be required to pay the full cost of the service from the date it commenced. If the customer is a recipient of a Direct Payment then this will cease and the council will take steps to recover some or all of any payments already made.
- 14.2. A customer will be deemed as having failed to co-operate with a financial assessment if, without good cause, they do not adhere to the following timescales:
  - 14.2.1. Two attempts at telephone contact to arrange a visit will be made by the Council.
  - 14.2.2. If no contact is made a Financial Assessment Form will be sent to the customer with an explanatory letter.
  - 14.2.3. The customer must contact the Council within 14 days of the issue of the Financial Assessment Form.
  - 14.2.4. If a customer has contacted the Council or returned the financial assessment form within 14 days of issue, but further information or documentation is required, (such as proof of income and expenditure) this must be provided within 28 days of the original issue of the financial assessment form.
- 14.3. Where a customer is receiving a reablement service then the financial assessment process may commence at any time during the reablement period.
- 14.4. A financial assessment will not be delayed if sufficient information has been provided.
- 14.5. For the purpose of this policy 'contact' will mean the return of the Financial Assessment Form, or a telephone call, letter, email either to ask for assistance, to request and/or arrange a visit for the purpose of information gathering and completion of the Financial Assessment Form.
- 14.6. If the customer later chooses to co-operate, any reduction in charge will be from the Monday of the week that the details are fully disclosed.

## Fairer Charging Phase 2: Telecare Charging: Appendix F

### 15. Date of commencement of charges

- 15.1. Charges will start from the date of commencement of service, or the date the customer was notified of the charge, whichever is the later. If a customer does not wish to disclose their financial information, fails to co-operate or requests a delay in the visit they will be charged the full cost of the service from the date it commences until a financial assessment has been completed.
- 15.2. If evidence of disability related expenditure is provided within 4 weeks of the assessment and as a result the charge is reduced, the reduction will be backdated to the commencement of charges. Where evidence is provided after the 4 weeks, the reduction will be effective from date received.

### 16. Capital taken into account

- 16.1. Any customer who has capital or savings in excess of the upper capital threshold (as defined in CRAG) will be charge the full cost of the service received.
- 16.2. The capital thresholds are reviewed annually.
- 16.3. Examples of capital and savings include:
  - 16.3.1. Cash
  - 16.3.2. Funds held in a Bank, Building Society and Post Office accounts
  - 16.3.3. Savings bonds, premium bonds
  - 16.3.4. Stocks and shares, ISA's, Pep's
  - 16.3.5. The value of any land or property (other than the main residence where the customer lives)
  - 16.3.6. Compensation payments specifically identified by a court as being for cost of care, unless placed in a disregarded location such as personal injury trust or administered by a Court.
  - 16.3.7. Compensation payments not specifically identified as being for cost of care will be disregarded for 52 weeks from date of first payment unless placed in a disregarded location.
- 16.4. This list is not exhaustive.
- 16.5. Capital between the upper and lower capital thresholds will be included in the financial assessment. A £1 per week tariff for every £250 (or part thereof) will be counted as income.
- 16.6. If savings or capital are held in joint names, an equal proportion will be assumed unless there is evidence to prove otherwise. Savings/capital held solely by a customer's partner will be disregarded (unless the partner is receiving services which require a financial assessment in accordance with Fairer Charging).

### 17. Disregarded capital

- 17.1. Ex-gratia payments made to former Far Eastern Prisoners of War and payments made under the Vaccine Damage Payment scheme will be disregarded entirely.

### 18. Deprivation of capital

- 18.1. Where the Council believes that a customer has deliberately reduced their capital in an attempt to reduce their assessed charge this will be classed as deprivation of capital. The customer will be treated as still owning that capital which has been disposed of.

### 19. Income taken into account in the assessment

- 19.1. The following income is taken into account:
  - 19.1.1. All state benefits with the exception of DLA (Mobility) and Carers' Premium

**Fairer Charging Phase 2: Telecare Charging: Appendix F**

- 19.1.2. Income from occupational pensions
- 19.1.3. Tariff income from capital and savings based on £1 per week for every £250 or part thereof above the lower capital limit as defined in CRAG
- 19.1.4. Any personal injury compensation payments will be included 52 weeks after the date of first payment if they are not held in a disregarded location
- 19.1.5. Income from other sources excluding earnings.

**20. Allowances and disregards**

- 20.1. The following allowances will be made before charges are calculated on the remaining balance.
  - 20.1.1. For those entitled by age: a sum equal to basic Income Support Personal Allowance plus premiums for age, level of disability or family status (but not Severe Disability Premium) plus 25%
  - 20.1.2. For those entitled by age: a sum equal to Pension Credit
  - 20.1.3. Guaranteed Credit (but not Severe Disability Premium) plus 25%
  - 20.1.4. The savings credit award
  - 20.1.5. War Disability Pensions and War Widows Pension and all of War Widows supplementary pensions
  - 20.1.6. All earnings from paid employment
- 20.2. Housing costs will be treated in the following way:
  - 20.2.1. Any housing costs such as mortgage or rent (net of any housing benefit) for which the customer has a legal liability to pay will be allowable as an expense
  - 20.2.2. Payments of rent to close relatives will not be allowed as an expense when the person receiving care resides with that close relative
  - 20.2.3. Council tax (net of council tax benefit) for which the customer has a legal liability to pay will be allowable as an expense.

**21. Disability-related expenses**

- 21.1. Disability Related Expenses (DRE) are reasonable additional costs that the customer incurs because of illness or disability, where the customer has little or no choice other than to incur the expenditure in order to maintain independence of life.
- 21.2. Disability related expenditure will only be taken into consideration if disability related benefits are in payment.
- 21.3. DRE will be considered if the extra cost is needed to meet a customer's specific need arising out of illness or disability. It must also be identified in the customer's support plan. The cost must be reasonable, verified and not reasonable for a lower cost alternative item or service to be used.
- 21.4. Care or services provided by close relatives<sup>1</sup> will not be taken into account unless identified in the customer's support plan. The definition of a relative is as identified in CRAG.
- 21.5. After the DRE has been identified in the support plan:
  - 21.5.1. If customer has DRE of less than £15 per week, the amount (up to £15) will be allowed without receipts.
  - 21.5.2. If the customer has DRE of more than £15 per week, a maximum of £15 will be allowed in total unless receipts for all expenditure are provided.

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<sup>1</sup> A close relative is: a parent; step-parent; father-in-law or mother-in-law; child; step-child; son-in-law or daughter-in-law; brother or sister; or brother-in-law or sister-in-law; or partner of any of the preceding people.

## Fairer Charging Phase 2: Telecare Charging: Appendix F

21.6. The total amount of DRE allowed is decided on a case by case basis in line with the rules set out above. There is no set maximum allowable DRE.

### 22. Treatment of couples

22.1. For the purposes of assessment, a couple is either:

22.1.1. a couple who are legally married or in a civil partnership

22.1.2. two individuals who live together as a couple<sup>2</sup>

22.2. A customer who is one of a couple as defined above will be assessed both as an individual and as part of the couple.

22.3. The customer will pay the lower of the two assessments.

### 23. Minimum charges

23.1. A minimum assessed contribution of £1 per week will be necessary for charges to be payable.

### 24. Maximum charges

24.1. There is no ceiling on charges. The maximum payable is the full cost of services received.

### 25. Meals on wheels

25.1. There will be a fixed rate charged for each meal delivered for either lunch and / or tea which will include delivery.

### 26. Method of payment

26.1. For Meals on Wheels the usual method of payment will be by cash payment at the point of service delivery.

26.2. For other non-resident services the Council operates a 4 weekly billing system for commissioned care and a variety of payment methods.

26.3. Customers who receive a Direct Payment will have their contribution deducted from the payments made.

### 27. Debts

27.1. Failure to pay the assessed charge will result in the Council's debt procedures being instigated. Where appropriate, the Council will pursue debts through the Civil Courts.

### 28. Reviews

28.1. The customer has the right to ask for a review of their financial assessment and the charges at any time.

28.2. Changes made to charges as a result of a review will be applied from the date the new charge is calculated.

### 29. Information to customers on charging

29.1. An information leaflet will be provided to all customers required to pay charges explaining this charging policy.

29.2. A separate leaflet will be produced setting out appropriate rates of charging and allowances and this will be updated annually to reflect changes.

29.3. Similar information will be provided on the Council's website.

29.4. Information will be provided in accessible formats when requested.

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<sup>2</sup> The 'couples' definition used by Department for Work and Pensions will be applied where this matter is in doubt.

**Fairer Charging Phase 2: Telecare Charging: Appendix F**

**30. Complaints about assessed contribution or charge**

- 30.1. When advised of their assessed charge, customers will be provided with the contact details of the person conducting the financial assessment. If the customer is unhappy with the charge then they should contact this person in the first instance. The calculation will then be reviewed and a revised assessment issued if necessary.
- 30.2. If the customer still remains dissatisfied with the assessed charge then they are able to complain using the Council's complaints procedure.
- 30.3. During the investigation of a complaint the assessed charge will remain payable and can be pursued according to the Council's debt recovery processes. If the outcome of a complaint is that a customer has over-paid then the overpayment will be refunded.
- 30.4. In considering a complaint about charges then the following issues may be considered:
  - 30.4.1. Whether this policy has been applied correctly
  - 30.4.2. Whether the customer will suffer exceptional hardship as a result of having to pay charges for services
  - 30.4.3. Whether the policy has impacted unfairly on the customer
- 30.5. The outcome of a complaint may be that none, some or all of a charge is waived.
- 30.6. The decision to waive charges will be made by the officer who has an appropriate level of authority under the Council's Scheme of Delegation<sup>3</sup>. This may not be the officer who investigates the complaint.

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<sup>3</sup> The authority level to write off debt specified in the Scheme of Delegation shall apply to any waiving of charges, whether or not an invoice has been issued.



**Fairer Charging Phase 2: Telecare Charging: Appendix F**

**Appendix 1**

**Non-residential care services charge rates 2011 - 2012**

**Capital Threshold**

|                         |         |
|-------------------------|---------|
| Upper Capital Threshold | £23,250 |
| Lower Capital Threshold | £14,250 |

**Full cost charges for care provided via Central Bedfordshire Council**

|                  |                   |
|------------------|-------------------|
| Care in own home | £17.45 (per hour) |
|------------------|-------------------|

**Telecare**

|  |   |
|--|---|
| *Where provided without a Community Needs Assessment | £4.00 (per week) + VAT where customer is not exempt |
|--|---|

|   |   |
|---|---|
| Where provided following a Community Needs Assessment | £4.00 (per week) + VAT where customer is not exempt |
|---|---|

**Meals on Wheels**

|              |                  |
|--------------|------------------|
| *Hot meal    | £3.50 (per meal) |
| *Frozen meal | £3.10 (per meal) |

**Day Centres**

|                                  |                  |
|----------------------------------|------------------|
| Attendance – Over 65             | £28.35 (per day) |
| Attendance – Learning Disability | £50.52 (per day) |

**Transport to Day Centres**

|             |                     |
|-------------|---------------------|
| Per journey | £1.50 (per journey) |
|-------------|---------------------|

**Meals Provided at Day Centres**

|           |                  |
|-----------|------------------|
| *Hot meal | £3.50 (per meal) |
|-----------|------------------|

\*These services are charged at a flat rate to all customers and no means test is involved.

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## **CENTRAL BEDFORDSHIRE COUNCIL**

### **SPECIFICATION SETTING OUT EXPECTED STANDARDS AND REQUIREMENTS FOR OPERATING LEIGHTON- LINSLADE MARKET**

#### **Introduction**

1. Central Bedfordshire Council ('CBC') has resolved to delegate the powers of running, managing and maintaining the Leighton Buzzard Market to Leighton-Linslade Town Council ('LLTC') beginning on the 1<sup>st</sup> June 2012 for an initial period of 6 years to 2018 with a review after 3 years in 2015.

#### **Expectation for the Operation of the Market**

2. As part of the delegation CBC has made clear that it expects the market to be run in accordance with the business case submitted by LLTC and in accordance with this specification.
3. Through the delegation of the powers it is expected that LLTC shall operate and promote CBC's charter markets according to prevailing economic conditions and circumstances and in accordance with their own judgements about business development opportunities.

#### **Opening Hours**

4. LLTC are to be responsible for maintaining and promoting the presence of the markets for trading purposes on Tuesdays and Saturdays, for each week of the year, between the hours of (as a minimum): -
  - a. Summer Trading - 09:00 and 15:45 Tuesdays and Saturdays;
  - b. Winter Trading - 09:00 and 15:15 Tuesdays and Saturdays.
5. LLTC shall note and abide by the condition on the planning permission for the Leighton Buzzard market restricting the erection and dismantling of market stalls outside of the hours of 7am and 6pm.

#### **Siting of the Market**

6. LLTC shall maintain and promote a market on Tuesday and Saturday in Leighton Buzzard town centre (using the existing traditional highway site and as shown on the attached Plan 1).
7. Should LLTC or CBC wish to alter the location of the market please see 9 below.

### **Permissions**

8. LLTC are responsible for obtaining all necessary permissions and complying with legal requirements (including as this extends to individual stall holders renting a place on the markets, insurance liabilities etc)
9. Should LLTC or CBC wish to alter the location of the market, then the authority who wishes to implement the change of location shall be responsible, at its own cost, for securing the relevant planning permission(s). That authority shall then give notice to the other confirming the required date that the market is to alter location and details of the new location.

### **Supervision of Market**

10. LLTC shall be responsible for providing traders, casual or otherwise, with the opportunity to hire either a pitch or a pitch with ready erected stall and counter boards at Leighton Buzzard market. Provision shall meet health and safety and food hygiene requirements.
11. All day to day management decisions including lettings, rent levels, market layout, health and safety will be the responsibility of LLTC, who shall comply with all relevant legislative provisions.
12. LLTC shall be responsible for the supervision of an orderly and safe set up of both the individual stalls and general layout of the markets.
13. LLTC shall have sole responsibility for ensuring the proper management of the market and ensuring the market functions efficiently when in operation.
14. CBC shall have no responsibility for the supervision of the market which shall be the sole responsibility of LLTC

### **Maximum Capacity of the Market and Other Markets**

15. LLTC to base their operation on assumption of a continuation of the current market operations with existing licenses/arrangements for secondary, complementary, markets remaining in place. There currently exists one complementary market in Leighton Linslade a Monthly Farmers Market held on a Saturday 12 times per year between the hours of 9am and 4pm..
16. LLTC may permit other markets or events to be held within the charter areas.
17. LLTC note that the market is to be operated within the maximum market capacity and the existence of agreed licences for other complementary markets, and the terms and conditions required to maintain a genuine Farmers market.

### **Charity Stalls and Special Events**

18. Currently, CBC's contractor operates the provision of a single charity stall where such a stall is requested. CBC would like to see such a provision continue under the operation of the market by LLTC.
19. Currently, CBC allows the provision of market equipment for up to 6 special events per annum, organised and operated by external organisations e.g. The Rotary Club. CBC would like to see such provision within the market under the management of LLTC.

### **Cleanliness**

20. LLTC shall be responsible for keeping the market sites, including surrounding street spaces, in a clean and tidy state whilst operating, removing all waste materials/rubbish (including the collection of all wind-blown market waste) promptly at the close of the market and disposing of waste in accordance with normal legal requirements, (including taking on site precautions to prevent drainage pollution etc).
21. LLTC acknowledge that CBC has the power to require street cleansing to take place. Therefore, LLTC shall ensure that the market areas at the end of market days are left in a 'Grade A condition' (Environmental Protection Act 1990: Code of Practice on Litter and Refuse – "Grade A - No litter or refuse").

### **Vehicle Access and Parking**

22. LLTC shall be responsible for the administration of trader vehicle access and parking arrangements.
23. LLTC acknowledge that access for the Market is currently taken across CBC owned property. Should the requirements for access alter in the future, CBC shall inform LLTC by way of written notice.
24. LLTC shall be responsible for the control of vehicle access and use of trolleys and the covering of the cost of repairs for damage to the highway, parking areas or other public spaces caused by market use.
25. LLTC shall be responsible for ensuring that Market Traders have the relevant and necessary parking permits.
26. LLTC shall ensure that all parking arrangements are in accordance with CBC's 'Off-Street Parking Places Order 2011'.

### **Provision of Electricity**

27. LLTC is to arrange for the provision and maintenance of a power source for the market. LLTC shall be responsible for providing the market, at its own costs, with access to any required electricity.
28. CBC shall not provide any facility to connections to an electricity supply through its existing electricity systems.

**Performance Reports/Meetings**

- 29. LLTC shall provide the Town Centre Partnership (joint committee) with a quarterly report detailing the performance of the market.
- 30. A representative of LLTC is to attend formal town centre management liaison meetings once every six months and present a short written report on markets performance and prospects.

**Ring Fencing of Money to the Joint Committee**

- 31. LLTC shall ring fence the following amounts to the Town Centre Partnership (joint committee) for delivery of for delivery of business growth activity related to the Central Bedfordshire Economic Development Plan Work Programme:

|        |         |
|--------|---------|
| Year 1 | £35,000 |
| Year 2 | £35,000 |
| Year 3 | £35,000 |
| Year 4 | £15,000 |
| Year 5 | £15,000 |
| Year 6 | £15,000 |

**Equipment Formally Provided Under the Contract**

- 32. Any market equipment owned by CBC, and previously provided under the contract for use at Leighton Buzzard market, shall be given to LLTC.
- 33. CBC does not bear any responsibility for the quality or condition of the equipment and in no way represents that the equipment shall be able to be used or fit for the purpose of operating a market.

**Business Plan**

- 34. LLTC shall ensure that it complies with the business plan submitted to CBC.

**LLTC No Longer Wishing to Operate Market**

- 35. In the event that LLTC no longer wish to operate the Leighton Buzzard market, LLTC shall give 6 months notification of this to CBC, in a written notice addressed to the Chief Executive.

**Market Charter**

- 36. CBC has not transferred the Market Charter to LLTC.

**Continuation after 6 years**

- 37. After this six year period, no further payments will need to be made and, if it is not possible to return the Charter, the powers to provide and operate a market will be provided to LLTC in perpetuity.