



Title of the Assessment:	Charging for Telecare Service	Date of Assessment:	November 2011 V1.0
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Stage 1 - Setting out the nature of the proposal and potential outcomes.

Stage 1 – Aims and Objectives
<p>1.1 What are the objectives of the proposal under consideration?</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The key proposals with regard to charging for the Telecare service are as follows:</p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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 2021¹.

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+.

¹ 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 to 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

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

No employment issues identified at this stage

- **Carers:** e.g. *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*

No employment issues identified at this stage

- **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*

No employment issues identified at this stage

- **Pregnancy and Maternity:** e.g. *Pregnancy / Compulsory maternity leave / Ordinary maternity leave / Additional maternity leave*

No employment issues identified at this stage

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

No employment issues identified at this stage

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

No employment issues identified at this stage

- **Sex:** *Women / Men*

No employment issues identified at this stage

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

No employment issues identified at this stage

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

No employment issues identified at this stage

2.4. To what extent are vulnerable groups more affected by this proposal compared to the population or workforce as a whole?

This proposal impacts more on older people, those with disabilities and women. These groups are at a

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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	
3.1 Age	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.
3.2 Disability	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
3.3 Carers	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.
3.4 Gender Reassignment	No	No		X	Transgender people are more likely to be reliant on a range of services due to a lack of family contact/support.
3.5 Pregnancy & Maternity	No	No		X	
3.6 Race	No	No		X	
3.7 Religion / Belief	No	No		X	

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3.8 Sex	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.
3.9 Sexual Orientation	No	No		X	LGB people are more likely to be reliant on a range of services due to a lack of family contact/support.
3.10 Other e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion Marriage and Civil Partnership	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

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- 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



**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



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

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

Stage 7 - Finalising the assessment.

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