

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	20 February 2018
Officer of Strategic Commissioning Board	Sandra Whitehead Assistant Director (Adult Services)
Subject:	PERMISSION TO CONSULT ON COMMUNITY RESPONSE SERVICE CHARGING
Report Summary:	<p>This report seeks permission to consult with customers and key stakeholders of the Community Response Service (CRS) around a number of charging options for the service provided. CRS currently have a range of charges for services. Out of 3547 current customers 1061 customers currently do not pay for service and 108 currently pay a reduced rate for service. These differences have been based on historic decisions and we need to ensure that we explore options regarding these anomalies and look at available options to address these inconsistencies for financial sustainability as we move into an integrated organisation. The findings and recommendations from this consultation will be used to inform a final report and Equality Impact Assessment in June 2018.</p>
Recommendations:	That the Board give permission to consult with customers and key stakeholders of the Community Response Service around a number of charging options for the service provided as detailed in Section 6 of the report.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	The financial implications will be confirmed once the outcome of the consultation is known.
Legal Implications: (Authorised by the Borough Solicitor)	<p>There are no legal issues which arise from the recommendation. Following the consultation exercise a further decision will be required to consider the results of the consultation, have due regard for the equality impacts of the proposals and approve a preferred option.</p> <p>The report identifies a number of initiatives, which have information governance implications. Each initiative must consider those implications as soon as possible to ensure that the principles of privacy by design, privacy by default are adopted to ensure compliance with data protection legislation. The Information Sharing Protocol contained within the Councils' Information Governance Framework should be complied with.</p>
How do proposals align with Health & Wellbeing Strategy?	The proposals are aligned with the Health and Wellbeing Strategy.
How do proposals align with Locality Plan?	The proposals are aligned with the Locality Plan.
How do proposals align with the Commissioning Strategy?	The proposals are aligned with the Commissioning Strategy.

Recommendations / views of the Health and Care Advisory Group:	Not applicable
Public and Patient Implications:	<p>A number of CRS customers receive the service free of charge and / or at a reduced rate of charge. This report seeks permission to consult on this issue to ensure and establish if all customers should pay a set charge, to ensure equity across the current customer base and to ensure future financial sustainability for the Community Response Service.</p> <p>This may result in customers leaving the service if charges are applied and could also result in some customers losing the wider health benefits offered by the service should they choose to leave.</p>
Quality Implications:	<p>Approximately 70% of the CRS customer base do not access any other services so where charges are introduced and customers choose to leave the service as a result of new charges will result in this group not being able to access the wider benefits offered by the Community Response Service.</p>
How do the proposals help to reduce health inequalities?	<p>CRS provides an early intervention and prevention role for people living within the community. Our aim is to enhance this role through diversification of the current offer. The proposals are to seek permission to consult on the service offer to those individuals who have never paid for this service or paid a reduced rate compared to other customers. This is about generating income for service sustainability and to ensure equity across all customers in terms of charges. This is one element of a wider review focused on developing more service options to support vulnerable people in the community and reduce higher cost demand on the system such as reducing ambulance call outs, A&E visits and GP appointments.</p>
What are the Equality and Diversity implications?	<p>The proposals set out in this paper relate to consultation on how the service can equitably justify charging some customers and not charging other customers for the same service.</p> <p>Due to changes in funding streams (reduction in Supporting People Grant Funding) a more equitable solution needs identifying to close this inequitable gap that exists across the customer base in terms of charges.</p>
What are the safeguarding implications?	None identified.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	<p>There are no information governance implications in terms of the proposals. We will ensure all consultation information is managed in a confidential and in a secure manner.</p>
Risk Management:	<p>The primary risks with this consultation relate to ensuring that all customers and partners fully understand the options and are fully engaged to make informed decisions to inform the process. To ensure validity different methods of consultation will have to be utilised with support functions to help people fully understand the</p>

process. Without this the validity of consultation and subsequent decision making could be questioned.

Access to Information :

The background papers relating to this report can be inspected by contacting Mark Whitehead (Head of Operations)



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1. INTRODUCTION

- 1.1 This report seeks permission to enter into consultation with customers and key stakeholders of the Community Response Service (CRS) around a number of charging options for the service provided.
- 1.2 CRS currently have a range of charges for services. Out of 3547 current customers 1061 customers currently do not pay for service and 108 currently pay a reduced rate for service. These differences have been based on historic decisions and we need to ensure that we explore options regarding these anomalies and look at available options to address these inconsistencies for financial sustainability and equity as we move into an integrated organisation. The findings and recommendations from this consultation will be used to inform the final report and Equality Impact Assessment in June 2018.
- 1.3 This is one element of a wider review of the service which is aimed at improving the service offer by creating better outcomes for people who use the service while also working with partners to improve the efficiency and effectiveness of community based services. This will better support the wider health and social care system as we continue to integrate health and social care services. Further information on the wider review is contained within this report.

2 COMMUNITY RESPONSE SERVICE

- 2.1 Tameside Adult Services operate an in-house telecare service. Staff are employed to provide an emergency response service 24 hours a day, 365 days a year to people of Tameside who may be vulnerable or at risk. In December 2017 there were 3547 customers connected to the service. CRS Control Centre receives approximately 18,000 calls (alerts) every month.
- 2.2 CRS customers range in age from 18 years, with no upper age limit. 1272 people aged 85 years and over are living independently within the community with the help of telecare systems.
- 2.3 Some customers of CRS have been assessed by Adult Services and then are referred to CRS. Our records show that 24% (852) are in receipt of a package of care plus CRS. Of the 852 people 239 do not pay for the service and 3 pay a reduced rate of £3.13 per week. For 76% of customers, CRS is their only form of support and contact with services. CRS is a discretionary service under Section 93 of the Local Government Act 2003 so currently no customers who use the service are financially assessed (means tested) in terms of the payment for the service including those who are in receipt of a care package.
- 2.4 The service provides a range of sensors and devices, dependent upon the needs and health of individuals. Some devices are activated by the user, by pressing their pendent alarm; others are automatically triggered by sensors installed in the home. When the button is pressed by the customer or activated by a telecare sensor an alert is raised at the Control Centre. Appropriate action is taken by staff at the Control Centre; this may be to contact relatives, friends, to call emergency services or for a Community Response Worker to respond by attending the customers' home.
- 2.5 The service is connected to Sheltered Housing schemes and Extra Care Housing schemes across the borough, providing a response 24 hours a day, whether this be door entry, building alarm alerts, pull cord activations or a person summoning help in an emergency. There are four Social Housing Providers who are connected to the service to deliver telecare in their accommodation across Tameside. This is where the majority of the 1061 non-payers who access the service live. Many Registered Social Landlords (RSLs) require tenants to have a system in place as part of their tenancy, so a decision to charge may result in the

RSL's outsourcing this service for their customers at a reduced rate to cover the costs where they are currently not paying for the service.

- 2.6 For people with a diagnosis of dementia an additional service, 'Just Checking', is also available. This is a simple on-line activity monitoring system that provides a chart of daily living activity via the web. Small wireless sensors are placed in the home and generate activity information based on the person's movements etc. The information can then be used as an assessment tool in planning individual care and support as it gives a clearer picture of a person's capabilities and actions when they are alone. This service forms part of the community care assessment process and can only be accessed via the persons Social Worker and with agreement from the individual and/or family representative where appropriate.
- 2.7 The service vehicles carry lifting equipment which can be used to raise someone from the floor, when it is safe to do so. Community Response workers are increasingly called out to help people up from the floor after a fall, which is known as assisted lifting. From 1 April 2017 to the 31 December 2017 the service attended 1775 times to customers that had a fall, of which only 230 required an ambulance. This service can help prevent visits to A&E, which is a good example of how the service can contribute to system savings across the health economy. It also allows the ambulances to respond to more urgent calls and therefore further supporting improved outcomes for people as we are able to assist in deploying the right service for the right needs.
- 2.8 The service aims to respond physically to calls that require a warden within 20 minutes.

3 POLICY CONTEXT

- 3.1 Preventative technology enabled care services like Tameside Council's Community Response Service to have a key place in future service delivery by providing care and support, early detection and helping some of the most vulnerable people of Tameside to maintain their independence and continue to live in their own homes safely.
- 3.2 Key national policy drivers in health and social care have placed prevention and early intervention at centre stage; this sets the ambition for a strategic shift in how services are delivered. The Care Act 2014 placed greater emphasis on promoting prevention, well-being and independence. In particular the Act places a duty on local authorities to promote individuals' well-being by preventing or reducing the need for care and support. Evidence shows that community alarm services can play a role in supporting a more personalised approach to care and support.
- 4.3 The White Paper *Putting People First: Commissioning for Connected Care, Homes and Communities* published in October 2016 represents a significant step forward in raising the profile of technology enabled care services (TECS) and its benefits, and states:

"Care technology, whether you define it as telecare, telehealth, telemonitoring, telecoaching, ehealth, mhealth, digital health or indeed all of the above, when intelligently deployed, has a growth track record of delivering high quality care whilst reducing the cost of provision"
- 4.4 This report also supports the Council's corporate priorities of caring and supporting adults and older people by working with health services to ensure efficiency and equity in the delivery of excellent services to meet the needs of the Tameside Community.
- 4.5 The assessment of charges (fairer charging) in terms of the Care Act 2014 has not been applied to CRS as this is seen as a discretionary service with the majority of customers choosing to purchase the service independently. Section 93 'power to charge for discretionary services' (Local Government Act 2003) is used to charge customers a rate that

reflects the actual unit cost of running the service, and does not exceed the actual running costs.

5. SERVICE REVIEW BACKGROUND

- 5.1 A review of CRS commenced in 2017. The aim of the review was to identify the range of enabling technology e.g. telecare, telehealth and digital health being used across Tameside, more intense data gathering, interrogation of intelligence, and exploring with stakeholders new opportunities for the role of technology and CRS as a whole in the delivery of health and social care services. This section of the report is intended to share current developments and provide context to the overall review.
- 5.2 This has already led to significant enhancements in the last 12 months, and integrated ways of working closely with Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) to ensure that the best outcomes can be delivered to local people, and that the service provides further value for money.
- 5.3 CRS now works with Digital Health Care services in the ICFT. This means that Digital Health Care is available to our customers should they feel unwell in their own homes and require an assessment via SKYPE to a clinician at the hospital. Community Response Workers carry handheld tablets which enable a visual assessment by a clinician at the Digital Health Hub, and equipment to enable them to carry out a set of observations. To date since April 2017 the service has SKYPED in 211 times, giving a total of 99 people who have avoided A&E and 61 avoided GP appointments.
- 5.4 CRS is working with providers to be able to be confident in their knowledge and understanding of CRS so that it can be offered to people they provide care to who might benefit from the service. An example being the use of equipment to promote independent living skill in services to people who have learning disabilities.
- 5.5 CRS is working with the Neighbourhood teams and the Integrated Urgent Care Team (IUCT) for assessment and triage staff to be able to offer CRS and consider it to support people's needs, even if part of a short reablement period.
- 5.6 In recent months, further project work with our Integrated Neighbourhood teams is taking place, looking at how we can share information to identify those people who are moderately or severely frail, in preparation for more targeted outreach/case finding with GPs. This will focus very much on early intervention and prevention and will focus on reducing GP and A&E attendance, while reducing risk to some very vulnerable and frail individuals in the community. An information governance framework / agreement is currently being worked up to ensure appropriate governance is in place to support information sharing between partners.
- 5.7 Planning sessions with in-house providers from Children and Families services have commenced to extend our service offer to support more families where there are children with special additional needs, or young carers. This will utilise technology and support that is more economical and less intrusive while also supporting carers and safeguarding children and young people.
- 5.8 With specialist lifting equipment CRS staff have avoided unnecessary ambulance calls when a customer has fallen. Closer links have been forged with colleagues from across social care and health and the voluntary sector in relation to the Falls Programme.
- 5.9 Another project area under consideration is the potential to work more closely with NNAS and support them in assisted lifting. Discussions are at an early stage, but look very

promising. Once arrangements have been agreed we will look at appropriate governance to support any agreements / contracts.

- 5.10 The service is looking at the intensity of usage amongst service users to determine which people use it the most, and how often. This will help us to understand our customers better and determine which people we can focus on to support them to live independently in their own homes, for as long as possible and prevent them going into the health and social care system. This currently requires manual interrogation of data and will be considered as part of the privacy impact assessment when we commission the new framework for the automated call handling system.
- 5.11 Various process efficiencies have also been examined, and two significant changes have been made: firstly, a role has been established from within the existing team to co-ordinate service data reviews and to complete a re-assessment of all customers and ensure their records are up to date and they have a full review of their needs. New contracts are to be issued to customers, to seek permission to share information with GPs and Health colleagues to support greater working with health colleagues. We will need to ensure capacity of individuals to make informed decisions and seek their consent before entering into any information sharing agreements. This will be covered by information governance protocols as we move forward.
- 5.12 Secondly the review highlighted the need to review and upgrade the call handling system to ensure that it is fit for purpose for the future, and has the ability to produce the level of management data required for the increasing level of demand and new ways of working. Specifications are being developed and a tender planned for a new system, with a view to be able to link in some way with social care systems and GP systems in the future for a holistic view of a person's needs and interventions. This will be subject to information governance protocols currently being developed.
- 5.13 Benchmarking has been undertaken with other providers of similar services to establish service offers and charges and these do vary considerably in terms of a standard service charge and extra charges for peripheral devices and/or physical responses where provided. In Tameside the charge for the Community Response Service is £6.17 per week but this includes everything including a physical response service. Work has been completed on unit cost to establish a true unit cost per customer. Our aim was to establish an accurate unit cost to inform a decision on an accurate cost of service. This work indicated that the current cost is an accurate reflection of the current unit cost. The Local Government Act 2003, section 93, subsection 3 in relation to discretionary services requires us to ensure that the income from charges under (subsection 1) does not exceed the costs of provision.
- 5.14 Service income has been reviewed and shows that 1061 out of a total of 3547 customers who use CRS currently do not pay a weekly charge for the service. This is primarily because these people have been in sheltered housing schemes and/or have been on certain benefits and fees and have been previously supplemented by Supporting People Grant money. When Supporting People funding ceased in 2014, Adult Services financially supported / supplemented CRS with core funding. In addition, there are 108 people who pay a reduced rate of between £3.13 and £5.16 per week. This is a historical arrangement primarily with Registered Social Landlords. The purpose of this report is to establish if these individuals should pay the full unit cost charge or not.
- 5.15 To ensure the future sustainability and a more equitable model of charging for the service, we need to review the current charging arrangements, with specific emphasis on those who do not pay or pay a reduced rate.
- 5.16 The service currently costs £1,191,390 to deliver. However, income of £631,410 is generated through client charges and funding from CCG for the Telehealth Service. This

means that the Council continues to support the service, investing the sum of £559,980 per annum from core funding.

6. CHARGING OPTIONS AND CONSIDERATIONS

Option 1 – Charging assessment to be applied for people in receipt of a package of care (this may mean people not being required to pay full costs where CRS supports a package of care depending on charging assessment)

- 24% (852) people who access CRS receive a package of care in addition to CRS. 239 of this group do not pay for their service and 3 pay a reduced rate of £3.13 per week.

Benefits

- Potential to reduce the size of individual packages of care/admissions to residential or nursing care, eg for medication prompts (through use of pill dispenser; service user/carer anxiety about individual remaining at home (through use of wander alerts).
- Improved outcomes for people through More joined up care.

Disbenefits

- Maximum potential loss to the council of £273,355.68 per annum, assuming that everyone who receives a package of care and community response service currently pays £6.17 per week, and they are assessed as not having to pay a contribution towards the charge.

Risks

- Loss of income with no added benefits, e.g. no impact on size of package of care or admissions to 24 hour care.
- People decline package of care as they do not have a phone line to enable installation of CRS
- CRS would be a more costly service due to loss of income, causing an increase in the unit cost CRS could become a more costly service if people with care packages have greater need, and more intense usage of the service which would increase demand, and would require more wardens, equipment and vehicles to meet the extra demand.
- It could be perceived by public, that some people are getting it for free and others are having to pay.
- Individuals may choose to leave the service if required to pay for the service provided. This could have a significant impact on the system as a whole in that it could transfer costs across on to other service areas such as increased calls to NWS, increased attendance at A&E and increased GP attendance.

Option 2 – Blanket charge of £6.17 per week to all customers (Discretionary Service not subject to charging assessment Section 93 Local Government Act 2003).

1169 people do not pay or pay a reduced rate for CRS. Current income from these customers is:

1061 people pay nothing	£0 pa
37 people pay £5.16 per week	£9,927.84 pa
62 people pay £2.50 per week	£8,060 pa
9 people pay £3.13 per week	£1,464.84 pa
Total annual income	£19,452.68

Benefits

Additional income to the Council if all customers who currently do not pay, or pay a reduced rate, are charged £6.17 per week:

1061 x £6.17 = £6546.37 pw x 52	£340,411.24 pa
37 x £5.16 = £190.92 pw x 52	£9,927.84 pa
62 x £2.50 = £155 pw x 52	£8060 pa
9 x £3.13 = £28.17 pw x 52	£1,464.84 pa
Total increase in income	£359,863.92

- Equitable and fair service as all users will be charged the same amount to receive the same service.

Disbenefits

- Potential financial hardship to vulnerable people who currently do not pay or pay a reduced fee, if they decide to retain the service.
- People feel this is too significant an increase all in one go and therefore choose to leave the service, leading to a potential loss of income to CRS.
- Potential increase in costs therefore, to the health and social care system, if those that choose to leave CRS use other health and social care services instead for example increased ambulance calls, increased A&E attendance, increased hospital admissions, increased GP appointments.

Risks

- Potential loss of customers if they are not willing to pay the blanket charge – maximum loss of income if all 1169 people leave CRS is £19k (income from people who pay reduced rate).
- Potential impact on carers' ability to keep on caring if their loved ones are not supported by CRS.
- Potential impact on the need for packages of care/24 hour care if people are not supported by CRS.
- Potential impact on the number of visits to GP surgeries/ambulance call outs/attendance at A&E/admissions to hospital.
- Individuals may choose to leave the service if required to pay for the service provided. This could have a significant impact on the system as a whole in that it could transfer costs across on to other service areas such as increased calls to NWS, increased attendance at A&E and increased GP attendance.

Option 3 – Incremental increase to the current rate of £6.17 per week, for all customers who do not pay or pay a reduced rate

1169 people do not pay or pay a reduced rate
 1061 people pay nothing
 37 people pay £5.16 per week
 62 people pay £2.50 per week
 9 people pay £3.13 per week

To get these people to a point of paying full costs, a 50% increase on difference in their rate, per annum, is proposed bringing everybody up to full costs within two years.

- 1061 people would need to pay £3.09 per week in the first year, then the remaining 50% in following year (including the annual uplift).
- 37 people would need to pay an additional £1.01 per week in the first year only to reach full cost.
- 62 people would need to pay an additional £1.84 per week in the first year. 9 people would need to pay an additional £1.52 per week in the first year.

Benefits

- People have time to adjust to their new charges and the impact isn't a 'big bang'.
- Additional income to the Council over a two years.
- More equitable service for customers, with a clear charging framework.

Disbenefits

- Potential financial hardship to vulnerable people who currently do not pay or pay a reduced fee, if they decide to retain the service.
- People choose to leave the service, leading to a potential loss of income to CRS (Maximum loss £19k).
- Potential increase in costs therefore, to the health and social care system, if those that choose to leave CRS use other health and social care services instead.

Risks

- Potential loss of customers if they are not willing to pay the full charge.
- Potential impact on carers' ability to keep on caring if their loved ones are not supported by CRS.
- Potential impact on the need for packages of care/24 hour care if people are not supported by CRS.
- Potential impact on the number of visits to GP surgeries/ambulance call outs/attendance at A&E/admissions to hospital.

Option 4 – Honour current arrangements for existing customers

3547 customers in receipt of community response service as at 31 December 2017

Of those people:

1061 people pay nothing

37 people pay £5.16 per week

62 people pay £2.50 per week

9 people pay £3.13 per week

2378 people pay £6.17 per week

Benefits

- No disruption to existing customers.
- Maintains the Council's reputation and minimises potential complaints through amending existing charges.
- Ensures existing customers are not financial disadvantaged, leading to them leaving the service, leading to them using more costly health services instead. Mitigates wider potential costs to the system.

Disbenefits

- An inequitable service exists across current customer base.
- Loss of potential income to the Council.

Risk

- Potential challenge from existing customers who pay the full charge for the service regarding equitable treatment.

Mitigations

The service will be undertaking a full communication and marketing campaign to attract more people to the service.

The service will continue to engage with people so they are informed of any proposed changes to the service and consult where it is a requirement.

The service will continue to raise awareness across the health and social care system to ensure that at all aspects of a persons' contact with the health and social care system, CRS is offered as a means to support people in their own homes. This includes working with providers.

There are plans in development to test the feasibility of working more closely with GPs North West Ambulance Service to work with targeted vulnerable people who are frail or have fallen and need support. These are additional enhancements and could see the service grow as a result, and cost more to run and sustain. The element of charges and income generation is therefore key in ensuring this service is self-sustaining for the Council / ICFT in future years.

7. FINANCIAL POSITION AND IMPLICATIONS

- 7.1 CRS currently costs £1,191,390 per annum to operate and income generated through charges amount to £631,410 per annum. The Council currently provides core funding of £559,980 per annum to supplement the service. It is essential that the service reviews its current practice and charging regime to ensure that there is sufficient funding to sustain, develop and grow service operations. It is also essential that we demonstrate the financial benefits and sustainability of the service in terms of risk and due diligence as we move into the integrated care organisation, and the funding cuts experienced by the Council and Adult Social Care services year on year.
- 7.2 The key concern with this approach is it could lead to a significant number of people leaving the service which would reduce the customer base and possibly lead to increased cost elsewhere in the system an example being people calling an ambulance when they fall. There is also the risk that Registered Social Landlords may decide to procure other lower cost services that do not provide the same level of service in terms of wider health system benefits.
- 7.3 The principles of charging are a key component of the in-house service moving equitably to a more financially sustainable service, reducing the reliance on Council funding to develop a self-financing business unit approach and with the ability to generate additional revenue streams beyond its current remit. However a balance has to be found between internal cost of provision, delivering the best possible outcomes for people, and secondary cost impacts elsewhere in the system. It is with this in mind that alternative options have been proposed.

8. PROPOSED CONSULTATION PLAN AND METHOD

- 8.1 In order to consult with current users of the service, a letter (see Appendix 1), and a copy of the questionnaire (see Appendix 2) will be mailed out to all CRS customers during March 2018. A self-addressed envelope will be provided to enable customers to return this, alternatively they can contact the service and a response worker will collect this.
- 8.2 If a customer requires support to complete the questionnaire then a dedicated worker will be available to provide this support. Customers can activate their alarm to ask for support to complete the questionnaire or telephone the office.
- 8.3 For those customers who are part of the sheltered housing scheme, a stakeholder event will be undertaken with Registered Social Landlords to gather their views and also ask whether providers would consult their customers.
- 8.4 Written correspondence will be sent to other Registered Social Landlords whose tenants are customers of CRS informing them that a questionnaire will be sent to tenants who access the service.
- 8.5 CRS staff and staff in the Emergency Control Centre are to be briefed and made aware of the channels available for collecting and recording responses from customers and residents.
- 8.6 Key questions will be published on the 'Big Conversation' website to ensure the wider public are made aware of the changes and can contribute to the consultation process. Information

relating to the charging proposals will be publicised, and community alarm customers and residents will be directed to the dedicated consultation web pages dealing with the CRS consultation.

- 8.7 Neighborhood Teams will be made aware of the proposals and the possible need for assessments and reassessments to establish individual need.
- 8.8 We will ensure that communication approaches are accessible in terms of people who have sensory or cognitive difficulties. Where appropriate, individual meetings will be arranged with advocates, including family members and carers.
- 8.9 It is important that we consult on these proposals and involve service users, families and carers in the design of this service to ensure that the service offer is effective in meeting the current and future needs of current CRS customers and Tameside residents.
- 8.10 We will meet with RSLs prior to any consultation to inform them of the proposed consultation, seek their views and secure support for their residents during the consultation.
- 8.11 All feedback will be used to inform the final report, recommendations and Equality Impact Assessment which will be submitted in June 2018.

9. RISK MANAGEMENT AND PLAN

- 9.1 There are a number of identified risks as a result of undertaking this review:

Risk	Consequence	Impact	Likelihood	Action to Mitigate Risk
Failure to effectively communicate options to customers and public	This would impact on the validity of the consultation and results, impacting on decision making	High	Medium	To ensure that a range of different consultation approaches are used to fully inform consultees and subsequent decision making
To ensure partners such as RSL's are fully informed and encouraged to contribute to the consultation process	The options and final decision could have a significant impact on RSL's who require telecare in schemes as part of tenancy agreements and these services are free at this time. The decision to charge could have significant financial consequences.	High	Medium	Ensure full engagement and consultation of options and potential consequences. Discuss options and potential business continuity based on potential outcomes of consultation and future recommendations
To ensure that individuals being consulted with have capacity and fully understand what they are being consulted on	This would impact on the validity of the consultation and results, impacting on decision making	High	Low	To offer a range of consultation methods including face to face discussions

9.2 To try and further mitigate some of these risks CRS will work with all Registered Social Landlord's, and private/owner occupiers. The discussions will be based on the following principles:

- That CRS will continue to provide support during the consultation process.
- That CRS will ensure that customers are fully informed about the service options and available support from Adult Social Care should they choose not to pay.
- To have in place a clear charging policy.
- To complete an EIA and full analysis of feedback prior to submitting final recommendations in the decision report (June 2018).

10. EQUALITIES

10.1 An Equality Impact Assessment will be completed as part of the Decision process and the findings will be presented in the Decision report.

11. CONCLUSION

11.1 The Council faces significant budgetary challenges over the coming years and therefore needs to diversify the service delivery market by looking at new and innovative approaches to deliver services whilst reducing cost of provision significantly. This may include looking at cost benefits across the health and social care system identifying where efficiencies can be made and used to contribute to service costs. An example would be the falls service reducing ambulance calls and possible associated attendances at A&E is significantly more costly than those associated with CRS.

11.2 CRS supports some of the most vulnerable citizens across the borough with a monitoring and response service through the use of a community alarm, Telecare and Telehealth devices and Digital Health services. This service is a core preventative service that supports vulnerable people to safely maintain independence in the community without the need for more costly interventions.

11.3 This consultation is aimed at consulting with customers and stakeholders on a number of options from charging everyone who currently does not pay or pay a reduced rate in comparison to the set unit cost rate of £6.17 per week to maintaining current arrangements at a cost to the council. It does need noting that all new customers to the service do pay the £6.17 fee since 2017.

11.4 It is important that we fully communicate and consult with customers regarding these proposals and where appropriate offer support to individuals to fully understand them, their impact on the individual and the commitment the individual is entering with regard to charging. This will be done using various approaches including letters, focus groups and a questionnaire. We will also offer a telephone number for people to contact should they have any questions about the proposed changes, and we will offer support to individuals who require assistance providing feedback.

12. RECOMMENDATION

12.1 As stated at the front of this report.

**Customer mail out letter Charges
PEOPLE DIRECTORATE**

**Stephanie Butterworth
Director**

**Community Response Service
Basement
Dukinfield Town Hall
King Street
Dukinfield
SK16 4LA**

Date

Call 0161-342-

www.tameside.gov.uk

email: xxxxxxxxx@tameside.gov.uk

Doc Ref

Ask for

Direct Line

0161 342

Dear.....

The Directorate for People's Service is to commence aweek consultation process (ideally should be more than 4 weeks, with a minimum of 6 weeks) on proposed charging options for the Community Response Service.

What does the Community Response Service Offer Me?

When the customer presses the alarm or a telecare device is activated, a member of the staff from the Community Response Alarm Service will call them to offer reassurance. Where appropriate, Community Response Staff will send out a fully trained Response worker to assist them e.g. if they have fallen, feel unwell or have wandered.

We have the ability to contact a team of medical professionals at the hospital, via a video link, if you or we feel this is needed, for advice or reassurance.

Proposed Options for Charging

The charge for the Community Response Service is currently £6.17 per week. However, there are a number of people, who, for various, historical reasons, pay a lower charge. We need to review our charging framework to ensure that in future, all charges are fair and equitable.

There are 4 proposed options that we are consulting on. These are as follows:

- Option 1 – No charge for Community Response Service for people who receive a package of care ARRANGED BY THE COUNCIL. (This is when the Council has arranged for carers to come into your home to assist you with your daily living)
- Option 2 – All customers of the Community Response Service pay a weekly charge of £6.17 (this is subject to an annual increase of approximately 2% per year)
- Option 3 – Where people do not currently pay the full amount of £6.17 per week, this is increased over a number of years, until all customers do pay the full amount (increase of approximately 20% per year)

- Option 4 – All existing customers continue to pay their current charge, but all new customers, with effect from 1st April 2018, will pay a weekly charge of £6.17 (this is subject to an annual increase of approximately 2% per year).

As part of our consultation, we would like to know what the impact of each option would have on you or your relative/friend (if you are responding on behalf of someone else who uses the Community Response Service)

Tell us what you think

To help us make decisions on how to deliver a charge for the Community Response Service we need your views and comments. By filling in the enclosed questionnaire you can give us your views and feedback about your current service and the charging options. Please try to answer all the questions as this will help us get a better understanding of your views on the options. Alternatively, you can complete the questionnaire on line on the Council's website, using the link below:

TO BE INSERTED ONCE SET UP

All the information you send to us will be treated anonymously and will only be used for the consultation. However if you have any concerns that you or someone else is at risk of harm or abuse, please contact us on the telephone number below.

If you chose not to take part or not to answer the questions this will not affect the service you receive from us.

The consultation will run from.....to.....

We would very much like to hear your thoughts and comments on the options by
(date).....

If you have any questions or require any further information regarding the consultation exercise, including requesting information in a different format please contact our service on 0161 342 5100. This will be available Monday to Friday from 9am-4pm.

The results of the survey will be available shortly after the consultation completion date should you require a copy please let us know.

Thank you for your time in completing the questionnaire and helping Tameside Metropolitan Borough Council to improve the service we provide.

Yours sincerely

CRS Consultation Questionnaire – Proposed Options for Charging

QUESTIONS

Q1. Please indicate which of the following best describes your interest in the Community Response Service consultation (Please tick one box only):

- ☐ I have an alarm provided by Community Response Service
- ☐ A carer
- ☐ I am responding on behalf of a friend or relative who uses an alarm provided by the Community Response Service
- ☐ A member of the public who does not use the alarm service provided by Community Response Service
- ☐ Other (please specify below)

Q2. How satisfied are you with your current alarm service? (Please tick one box only)

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied or dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

Q3. How often do you use your alarm? (Please tick one box only)

- ☐ More than once a day
- ☐ At least once a day
- ☐ A few times per week
- ☐ At least once a week
- ☐ A few times per month
- ☐ At least once per month
- ☐ Less than once per month
- ☐ I have never used my alarm

Q4. For what reason have you used the alarm service MOST OFTEN? (Please tick one box only)

- ☐ Health emergency
- ☐ Property repair emergency
- ☐ Nuisance call / Police assistance
- ☐ Personal care
- ☐ Reassurance
- ☐ I have never used my alarm
- ☐ Other (please state)

Q5. Overall, how satisfied are you with the response/s provided to your emergency call/s? (Please tick one box only)

- ☐ **Very satisfied**
- ☐ **Satisfied**
- ☐ **Neither satisfied or dissatisfied**
- ☐ **Dissatisfied**
- ☐ **Very dissatisfied**

Q6. Which of the following is the most important factor to you for having a community alarm? (Please tick one box only)

- ☐ **Receiving a telephone call if my alarm is activated**
- ☐ **Receiving a physical response within 20 minutes if my alarm is activated**
- ☐ **Knowing I can contact someone at all times**
- ☐ **Other (please state)**

Q7. Do you currently contribute towards the cost of your alarm? (Please tick one box only)

- ☐ **Yes**
- ☐ **No**
- ☐ **Don't know**

Q8. Do you currently receive a package of care ARRANGED BY THE COUNCIL? (This is when the Council has arranged for carers to come into your home to assist you with your daily living)

- ☐ **Yes**
- ☐ **No**
- ☐ **Not sure**

Q9. We would like to know how the proposed charging options affect you or your friend/relative who uses the community response service.

For each of the options outlined below, please tell us how each of these would impact you/your friend or relative who uses the Community Response Service, if they were introduced.

Option 1 – No charge for Community Response Service for people who receive a package of care ARRANGED BY THE COUNCIL. (This is when the Council has arranged for carers to come into your home to assist you with your daily living)

Option 3 – Where people do not currently pay the full amount of £6.17 per week, this is increased over a number of years, until all customers do pay the full amount (increase of approximately 20% per year)

Option 4 – All existing customers continue to pay their current charge, but all new customers, with effect from 1st April 2018, will pay a weekly charge of £6.17 (this is subject to an annual increase of approximately 2% per year).

Q10 Do you have any other comments you wish to make about the Community Response Service? (Please state in the box below)

ABOUT YOU

Q11 Are you.....?

- ☐ Male ☐ Female
☐ Prefer to self describe ☐ Prefer not to say

Q12 What is your age? (Please state)

Q13 What is your postcode? (Please state)

Q14 What is your ethnic group? (Please tick one box only)

White

- ☐ English / Welsh / Scottish / Northern Irish / British
☐ Irish
☐ Gypsy or Irish Traveller

☐ Any other White background (Please specify)

Mixed / Multiple Ethnic Groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed / Multiple ethnic background (Please specify)

Black / African / Caribbean / Black British

- ☐ African
☐ Caribbean
☐ Any other Black / African / Caribbean background (Please specify)

Asian / Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese

☐ Any other Asian background (Please specify)

Other ethnic group

- ☐ Arab
☐ Any other ethnic group (Please specify)

Q15 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

- Yes, limited a lot
Yes, limited a little
No

Q16. Do you look after, or give any help or support to family members, friends, neighbours or others because of either, long-term physical or mental ill-health / disability or problems due to old age? (Please tick one box only)

Yes, 1-19 hours a week

Yes, 20-49 hours a week

Yes, 50+ hours a week

No