

Item: 7

Orkney Health and Care Committee: 6 June 2019.

Day Care and Telecare Services – Proposed Consultation on Charging.

Report by Chief Officer/Executive Director, Orkney Health and Care.

1. Purpose of Report

To consider progressing to consultation on the proposed introduction of charges in relation to Day Care and Telecare services.

2. Recommendations

The Committee is invited to note:

2.1.

That attendance at Day Care or services provided in lieu of day services is currently provided free of charge, although service users pay for meals that they receive.

2.2.

That, at present, there are no charges for Telecare services.

2.3.

The proposal to undertake consultation on the introduction of the following charges:

- Day Care - £5 per day.
- Telecare - £3.50 per week.

It is recommended:

2.4.

That the Chief Officer/Executive Director, Orkney Health and Care should undertake a consultation on the proposal to introduce charges in relation to Telecare and Day Care.

2.5.

That the Chief Officer/Executive Director, Orkney Health and Care should submit a report, to a meeting of the Committee no later than November 2019, detailing the outcome of the consultation process.

3. Background

Councils have legal powers to charge for non-residential social care services, but do not have to exercise these powers. However, since 2009 to 2010, public expenditure has faced a long period of restraint, with revenue funding for Scottish local government falling in real terms. Demand for social care services has significantly increased, largely as a result of demographic change.

4. Day Care Services

4.1.

At present Day Care is provided free of charge. Individuals using the services only pay for the meals that they receive, with charges as follows:

- Starter/dessert - £2.40.
- Main course - £4.00.
- Two course meal - £4.90.
- Three course meal - £5.85.

4.2.

The current cost across the day centres including transport costs (older persons, learning disability and physical disability) is £91.87 based on actual usage. There are currently 123 people who attend the day service from 1 day to 5 days per week. There are 288 attendances across the day centres per week. Attendance is based on approximately 6 hours per day. Most of the centres are open 50 weeks of the year.

4.3.

A benchmarking exercise has been undertaken on day care charges. Based on the local authorities that charge a set rate, on average the charge is £4.44 per day. From the information available the lowest set charge is £3.20 (Scottish Borders) and the highest charge is £5.92 per day (Falkirk Council). The detail of charges is attached as Appendix 1 to this report.

4.4.

If charging was to commence for day care it is anticipated that the charges would be paid each time the individual attended the day centre as is the current process for the meals. Another option would be to invoice on a quarterly basis. For anyone receiving direct payments the payment would be net of any contribution due.

4.5.

To financially assess all service users will require additional resource.

4.6.

The Council does have a Corporate Charging Policy but consideration to revise this in respect of social care services is required. This is to ensure that any charging policy for community care services is fully aligned to the national strategy and guidance for charging for non-residential care services, as issued by the Convention of Scottish Local Authorities each year.

5. Telecare

5.1.

At present Telecare is provided free of charge. It is proposed to implement a charge for this service which would achieve the full cost recovery of the service.

5.2.

The current cost of providing Telecare is on average £2,041 per week. However, it should be noted that these calculations do not include any costs incurred where the responder service is the acting keyholder.

5.3.

A benchmarking exercise has been done on Telecare and, based on the local authorities that charge a set rate, on average the charge is £3.33 per week. The lowest charge is Shetland at £1.30 per week and the highest charge is Highland at £6.25 per week. The detail of charges is attached at Appendix 2.

5.4.

It is hoped that the charges applied could be paid by standing order on a quarterly basis. However, if this is not appropriate then invoices would be sent out on the same basis. Implementation of a charge would require administration, therefore a small element of the income would need to be set aside to support the function. A G3 x 0.1 FTE (£2,350) is estimated to be required to administer these charges. This cost has been factored into the calculations presented.

5.5.

The telecare service supports individuals to remain living with greater independence, within their own home.

5.6.

In other council areas across Scotland, the introduction of charging for these types of services has, in some cases, led to individuals ceasing to utilise the service. This could present significant risk to individuals who make this choice. While officers cannot fully anticipate the impact of this and if this were to occur, officers would engage with the individual to assess what risk this would pose and take agreed actions to minimise the risk.

6. Proposed Consultation Process

6.1.

Officers will ensure that the engagement complies with the Council's Community Consultation and Engagement Policy, published earlier this year, which itself adheres to Scotland's National Standards for Community Engagement. This includes taking cognisance of benchmark Levels of Community Engagement, as well as the Equality Requirements, especially the Public Sector Equality Duty.

6.2.

Principal stakeholders in this engagement process have been identified as:

- Service Users.
- Service Users' families, friends and carers.
- Staff.

6.3.

The principal methodology for engagement will be a published survey, available in electronic and paper versions. This will be sent directly to principal stakeholders. In addition, input will be sought from the Third Sector via Voluntary Action Orkney, and input from the wider public sought via the Orkney Opinions group.

6.4.

The results of the engagement will be presented to the Orkney Health and Care Committee at a future meeting no later than November 2019.

7. Equalities Impact

Two Equality Impact Assessments have been undertaken and are attached as Appendices 3 and 4 to this report.

8. Corporate Governance

This report relates to the Council complying with its financial processes and procedures and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

9. Financial Implications

9.1.

The budgeted cost of providing in-house day-care services is £1,322,900 for financial year 2019 to 2020. This works out at an average of £91.87 per place per day based on actual usage.

9.2.

If the proposed charge of attending the day centre was £5.00 per day this would generate income of £72,000 per year. However, assuming a 25% drop off would reduce this income to £54,000 for a full financial year. This would only recover 4% of the cost of delivering this service. Anyone receiving direct payments in lieu of day services the payment will be net of any contribution due.

9.3.

The full cost of providing Telecare services in 2018 to 2019 was £106,439. It is assumed there could be a 25% reduction in service due to the proposed charges being implemented. Therefore, based on 551 alarms a minimum charge of £3.50 per week would be required to cover the cost of the service.

9.4.

If the proposal was accepted through consultation, future years' charges would be based on the incremental increase agreed as part of the Council's budget setting process.

9.5.

Faced with significant reductions within public sector funding, it is essential that services try to ensure frontline services can be maintained wherever possible. It has been evidenced by the budget simulator exercise that some people would be prepared to pay for Council services to minimise the scale of the budget reductions required.

10. Legal Aspects

10.1.

Any budget proposals by the Council, which are likely to have an adverse impact on groups who share a protected characteristic in terms of the Equality Act 2010, are likely to require consultation by the Council.

10.2.

The Council is required by law to make arrangements which secure best value.

11. Contact Officers

Sally Shaw, Chief Officer/Executive Director, Orkney Health and Care, extension 2601, Email sally.shaw@orkney.gov.uk

Pat Robinson, Chief Finance Officer, extension 2603 Email pat.robinson@orkney.gov.uk

Lynda Bradford, Interim Head of Health and Community Care, extension 2601, Email lynda.bradford@orkney.gov.uk

12. Appendices

Appendix 1: Day Care Benchmarking of charges.

Appendix 2: Telecare Benchmarking of charges.

Appendix 3: Equality Impact Assessment - Day Care charging

Appendix 4: Equality Impact Assessment – Telecare charging.

Day Care
Comparison of Charges
2018/19

Appendix 1

Council	Per Day Per Week	
	£	£
Set Daily Charge		
Aberdeen City Council	4.20	
East Ayrshire Council	3.31	
Falkirk Council	5.92	Max is £29.60 per week (5 days)
Highlands Council	5.00	max charge £15.00
Scottish Borders Council	3.20	
Shetland Islands Council	5.00	
Minimum Charge	3.20	
Maximum Charge	5.92	
Average Charge	4.44	

** Perth and Kinross Council operate a single weekly charge system - financially assessed whereby a person receives care (day care/home care/ot support/telecare) and is charged one single charge based on their ability to pay. The minimum charge is £33.07 and the maximum charge is £93.71 per week.

Aberdeenshire Council	0.00	£3.50 per meal charge
Angus Council		Financially Assessed
Argyle & Bute Council		Financially Assessed. Max Charge £51.36 per day
Clackmannanshire Council	12.83	5 hours max.
Comhairlie nan Eilean Siar	0.00	charge £4.20 for meals and 50p for transport
Dumfries & Galloway Council	18.69	
Dundee City Council	38.70	Financially Assessed up to a maximum of £121.70
East Dumbartonshire Council		Financially Assessed
East Renfrewshire Council		Financially Assessed
Glasgow City Council	16.23	Financially Assessed
Moray Council		contribution based charge
North Ayrshire Council	11.00	inclusive of meals financially assessed
North Lanarkshire Council	10.00	includes meals and transport
Orkney Islands Council	0.00	
Perth & Kinross Council	33.07	** see below
Renfrewshire Council	0.00	No charge as yet but going through consultation at the moment. Likely charge to be £5.00 per day
South Ayrshire Council	8.60	Maximum hourly rate financial assessed
South Lanarkshire Council		Financially Assessed
Stirling Council	11.30	Maximum hourly rate financial assessed
West Dumbartonshire Council	n/a	Only available after hospitalisation for a short period
West Lothian Council		

**Telecare
Comparison of Charges
2018/19**

Council	Per week (£)
Aberdeen City Council	1.35
Aberdeenshire Council	3.50
Angus Council	4.90
Argyle & Bute Council	5.15
Clackmannanshire Council	3.20
Comhairlie nan Eilean Siar	1.50
Dumfries & Galloway Council	3.60
Dundee City Council	3.30
East Ayrshire Council	4.31
East Lothian Council	4.00
East Renfrewshire Council	2.30
Falkirk Council	3.65
Fife Council	2.00
Glasgow City Council	3.37
Highlands Council	6.25
Inverclyde Council	2.60
Midlothian Council	3.85
Moray Council	1.73
North Ayrshire Council	4.30
Perth & Kinross Council	3.82
Renfrewshire Council	3.48
Scottish Borders Council	4.50
Shetland Islands Council	1.30
South Ayrshire Council	2.87
South Lanarkshire Council	1.59
Stirling Council	2.80
West Dunbartonshire Council	5.00
West Lothian Council	3.02
	Average
	3.33
	Lowest
	1.30
	Highest
	6.25

**Telecare
Comparison of Charges
2018/19**



Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of Orkney Islands Council by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Charging for Day Care service
Service / service area responsible.	Orkney Health and Care
Name of person carrying out the assessment and contact details.	Lynda Bradford EXT 2605
Date of assessment.	30/5/19
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	New, aim is to reduce service costs, passing a portion of the cost to service users.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	Reduce service costs, passing a portion of the cost to service users.
Is the function / policy / plan strategically important?	Yes, as a mechanism to generate income thereby reducing costs.
State who is, or may be affected by this function / policy / plan, and how.	Service users and carers may not be able to or willing to meet the charge for Day Care. Increased demand on other services including homecare, 3 rd sector respite providers and acute health services as people are likely to require more therapy led rehabilitation or reach a crisis in

	<p>their health or care needs more frequently.</p> <p>Cares may not be able to continue in their role without the respite received from Day care and request residential placement earlier placing extra demands on Residential Care places.</p>
How have stakeholders been involved in the development of this function / policy / plan?	No.
<p>Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise.</p> <p>E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).</p>	<p>A benchmarking exercise has been done and on average the charge is £4.44 per week. The lowest charge is £3.20 Scottish Borders and the highest charge is Falkirk Council at £5.92 per week.</p> <p>ISD NSS have produced data for the authority area which gives the current and projected demographics of the local population. This data indicates there will be increased demand for community services with Orkney having the highest percentage of people over 80 years.</p>
<p>Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise.</p> <p>E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.</p>	(Please complete this section for proposals relating to strategic decisions).
Could the function / policy have a differential impact on any of the following equality areas?	(Please provide any evidence – positive impacts / benefits, negative impacts and reasons).
1. Race: this includes ethnic or national groups, colour and nationality.	No, the policy applies equally to all Day Care Service users. Access to the Day Care Service is not affected by race or ethnic group as it is based on care and risk management needs.
2. Sex: a man or a woman.	Day Care provides a service for both sexes however there are more older women currently in receipt of the service, so they will be more disproportionately affected.

3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No, the policy applies equally to all Day Care service users. Access to the Day Care service is not affected by sexuality as it is based on care and risk management needs.
4. Gender Reassignment: the process of transitioning from one gender to another.	No, the policy applies equally to all Day Care service users. Access to the Day Care service is not affected by gender or gender reassignment as it is based on care and risk management needs.
5. Pregnancy and maternity.	No, the policy applies equally to all Day Care service users. Access to the Day Care service is not affected by pregnancy or maternity issues as it is based on care and risk management needs.
6. Age: people of different ages.	Yes, Older people and carers of any age. Older people are proportionately more likely to have lower incomes
7. Religion or beliefs or none (atheists).	No, the policy applies equally to all Day Care service users. Access to the Day Care service is not affected by faith or religious belief as it is based on care and risk management needs.
8. Caring responsibilities.	Yes, If cost cannot be met by services user respite for carers would be reduced.
9. Care experienced.	No, the policy applies equally to all Day Care service users. Access to the Day Care service is not affected by care experienced status as it is based on care and risk management needs.
10. Marriage and Civil Partnerships.	No, the policy applies equally to all Day Care service users. Access to the Day Care service is not affected by marital or civil partnership status as it is based on care and risk management needs.
11. Disability: people with disabilities (whether registered or not).	Yes, If cost cannot be met by services user there would be a high impact as the majority of people who currently receive the service have a disability In addition, national evidence shows that disabled people are proportionately more likely to have lower incomes
12. Socio-economic disadvantage.	Yes, the proposed charge would affect everyone the same so would impact more on those who are socio- economically disadvantaged.

3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	Impact on frail elderly people, disabled people, carers and those who are socio-economically disadvantaged.
How could you minimise or remove any potential negative impacts?	To mitigate the negative impact service users who express a wish to discontinue day care attendance following introduction of charging will be offered a review of the service, focussing on risk assessment and risk management prior to withdrawal. The review will seek to explore with the service user their concerns about the changes and the benefits of day care attendance. Benefits checks, and income maximisation will be offered, and onward referrals made to CAB and / or DWP as appropriate. This may address some of the concerns that people have about paying a charge. In addition, many people attending day care will also be accessing or entitled to benefits as a result of their disability or dependency levels. These benefits are intended to contribute to the costs of their support services.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action

Is further work required?	Yes
What action is to be taken?	Consultation with service users and stakeholders
Who will undertake it?	Officers within Orkney Health and Care.
When will it be done?	Imminently following Committee approval
How will it be monitored? (e.g. through service plans).	The outcome of the consultation process undertaken will be reported back to the IJB and can inform the further development of the EqIA.

Signature:



Date: 30/5/19

Name: LYNDA BRADFORD

(BLOCK CAPITALS).



Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of Orkney Islands Council by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Telecare Charging
Service / service area responsible.	Orkney Health and Care
Name of person carrying out the assessment and contact details.	Lynda Bradford EXT 2605
Date of assessment.	30/5/19
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	New, introduction of charges

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	Income generation.
Is the function / policy / plan strategically important?	Yes, income received will offset the cost of service provision
State who is, or may be affected by this function / policy / plan, and how.	Any adult who currently uses the telecare service will be affected. There are over 700 service users at present. The extent to which they are affected will depend on the charging framework that is selected should this proposal be agreed.

How have stakeholders been involved in the development of this function / policy / plan?	There has been no involvement with stakeholders at this time.
Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).	A benchmarking exercise has been done and on average the charge is £3.33 per week. The lowest charge is £1.30 in Shetland and the highest charge is Highland Council at £6.25 per week. ISD NSS have produced data for the authority area which gives the current and projected demographics of the local population. This data indicates there will be increased demand for community services with Orkney having the highest percentage of people over 80 years.
Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.	(Please complete this section for proposals relating to strategic decisions).
Could the function / policy have a differential impact on any of the following equality areas?	(Please provide any evidence – positive impacts / benefits, negative impacts and reasons).
1. Race: this includes ethnic or national groups, colour and nationality.	No, the policy applies equally to all telecare service users. Access to the telecare service is not affected by race or ethnic group as it is based on care and risk management needs.
2. Sex: a man or a woman.	No, the policy applies equally to all telecare service users. Access to the telecare service is not affected by gender as it is based on care and risk management needs.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No, the policy applies equally to all telecare service users. Access to the telecare service is not affected by sexuality as it is based on care and risk management needs.
4. Gender Reassignment: the process of transitioning from one gender to another.	No, the policy applies equally to all telecare service users. Access to the telecare service is not affected by gender or gender reassignment as it is based on care and risk management needs.

5. Pregnancy and maternity.	No, the policy applies equally to all telecare service users. Access to the telecare service is not affected by pregnancy or maternity issues as it is based on care and risk management needs.
6. Age: people of different ages.	Yes. Telecare, including Community Care Alarms, are provided to people to assist them to manage the risks that their health or physical condition may present. As people age they are more likely to experience these types of conditions therefore older people make up the greatest percentage of the Telecare service user demographic. Older people are therefore proportionally more affected by this change. In addition, older people are proportionately more likely to have lower incomes.
7. Religion or beliefs or none (atheists).	No, the policy applies equally to all telecare service users. Access to the telecare service is not affected by faith or religious belief as it is based on care and risk management needs.
8. Caring responsibilities.	<p>Potentially. The introduction of a charge for the previously free of charge telecare service may act as a disincentive and result in a drop off in use by service users.</p> <p>Telecare as a service aims to support people to live independently in the community by providing them with a system for responding to risk and incidents, either through the use of voluntary key holders or Orkney Health and Care's Mobile Community Responder Service. Telecare enables people to manage the risks that their health or physical condition may present, responding to incidents as and when they arise, rather than requiring direct supervision or checking in person. One of the evidenced benefits of telecare in Orkney is also the increased confidence and peace of mind it provides to service users and families and carers. If the introduction of a charge results in people opting out of the service they currently use or refusing a future service that would be of benefit to them, it may increase caring responsibilities, anxieties and pressures, on family or other unpaid carers.</p>
9. Care experienced.	No, the policy applies equally to all telecare service users. Access to the telecare service is not affected by care experienced status as it is based on care and risk management needs.

10. Marriage and Civil Partnerships.	No, the policy applies equally to all telecare service users. Access to the telecare service is not affected by marital or civil partnership status as it is based on care and risk management needs.
11. Disability: people with disabilities (whether registered or not).	Yes. Telecare, including Community Care Alarms, are provided to people to assist them to manage the risks that their health or physical condition may present. By definition, a person with a disability is more likely to experience the types of risk that the service is designed to respond to. The age of the person with a disability is not relevant as the service may be provided to a child, young person, adult or older person, therefore overall people with disabilities are proportionally more affected by this change than people without disabilities. It is not however proposed to charge people under the age of 16 for the service, or young people aged sixteen or over who are still in full time education. In addition, national evidence shows that disabled people are proportionately more likely to have lower incomes.
12. Socio-economic disadvantage.	Yes, the proposed charge would affect everyone the same so would impact more on those who are socio- economically disadvantaged.

3. Impact Assessment	
Does the analysis above identify any differential impacts which need to be addressed?	If approved for implementation there is likely to be a greater impact on older people, people with disabilities, carers and those who are socio economically disadvantaged. These differential impacts are a consequence of the nature of the service in question and cannot be entirely addressed.
How could you minimise or remove any potential negative impacts?	To mitigate the negative impact service users who express a wish to end their telecare service following introduction of charging will be offered a review of the service, focussing on risk assessment and risk management prior to withdrawal. The review will seek to explore with the service user their concerns about the changes and the benefits of the telecare that is in place. Benefits checks, and income maximisation will be offered and onward referrals made to CAB and / or DWP as appropriate. This may address some

	<p>of the concerns that people have about paying a charge. In addition, many people in receipt of a telecare service will also be accessing or entitled to benefits as a result of their disability or dependency levels. These benefits are intended to contribute to the costs of their support services.</p> <p>We would consider whether a charge could be waived for the replacement or repair of equipment that is lost or damaged while installed in the service user's home and an assessment of the circumstances of the loss or damage and charges would be applied in a discretionary manner. This aims to prevent people being charged where the cause of the loss or damage is a result of their disability or physical or mental health condition, for example dementia or epilepsy, so that they are not penalised financially for the direct effects of their condition.</p>
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action

Is further work required?	Yes
What action is to be taken?	Consultation with service users and stakeholders
Who will undertake it?	Officers within Orkney Health and Care
When will it be done?	Imminently following Committee approval
How will it be monitored? (e.g. through service plans).	The outcome of the consultation process undertaken will be reported back to the IJB and contribute to the ongoing development of the EqIA.

Signature:



Name: LYNDA BRADFORD

Date: 30/5/19

(BLOCK CAPITALS).