

Equality Impact Assessment Template

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, Adult Services
Name of person carrying out the assessment and contact details	Caroline Sinclair, Extn 2616
Date of assessment	18 Jan 2012
Is the function/policy/plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly)	Introduction of a charging framework for previously free service

2. INITIAL SCREENING	
What are the intended outcomes of the function/policy/plan?	To introduce a charging framework applicable to adults (age 16 and over) for the currently free telecare service.
State who is, or may be affected by this function/policy/plan, and how	<p>Any adult who currently uses the telecare service will be affected. The extent to which they are affected will depend on the charging framework that is selected. If a flat rate charge is implemented then all adults will experience a charge for a service that has to date been free of charge. This option will not require financial assessment for service users in relation to this service. If a means tested charging framework is implemented then adults who are assessed as able to pay will be affected. Under this option all telecare service users will however have to be offered a financial assessment. This is not currently required.</p> <p>Existing service users will also be affected by the proposed introduction of a full cost recovery approach</p>

	<p>to expenses for replacing equipment that is avoidably lost or damaged while installed in their home. The Telecare service estimates that between £2000 and £2500 a year is spent on the replacement of lost or damaged equipment. An amount of this may be recoverable through the introduction of a full cost recovery charge. The charge would however be applied in a discretionary manner, taking account of the individual circumstances of the loss or damage in each case.</p> <p>Any new adult telecare service user will be similarly affected however it will not represent a change for this group as they will not have previously been receiving the same service free of charge.</p> <p>Carers may be affected as it may act as a disincentive to individuals taking up the service therefore the benefits that the service provides in terms of security, confidence and peace of mind for carers may be adversely affected, in turn affecting carers.</p>
How have stakeholders been involved in the development of this function/policy/plan?	<p>Local consultation has been carried out in line with the Orkney Community Planning Partnership's Community Consultation & Engagement Guide. A full consultation plan was developed and approved by Social Services and Housing Committee on 30 August 2011.</p> <p>Respondents were strongly opposed to the proposed introduction of a charge for the service. Respondents generally supported the proposed introduction of a charge for the replacement of equipment that has been avoidably lost or damaged while installed in a service user's home. Consultation responses are available in full in report format and will be appended to the report to Social Services and Housing Committee on 25 January 2012.</p>
<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>There is some information available via the telecare network that exists among Scottish local authorities. This information can be summarised as follows.</p> <p>Of 31 Local Authorities examined during the research stage, 23 charged. Charges ranged between £1.00 and £5.31 per week, with two local authorities charging an additional fee for additional telecare equipment of £2.00 and £2.38 per week. The average charge across the charging authorities in 2011, based on the information provided, is £2.86 per week. Shetland Islands Council continues to provide the service free of charge. The Comhairle nan Eilean Siar charge £1.50 per week, and The Highland Council charge £5.00 per week. If a flat rate, non means tested charging framework were selected the weekly charge proposed is £3.40 per week, at 2012-2013 rates, which is within the range of charges in place in other local authority areas in Scotland. Research indicates that this charging rate is also in line with, or less than, average</p>

	<p>charges levied in England¹. The rationale for the charging rate is to adopt one that achieves a sustainable budget for the service. This charge has been arrived at allowing for a drop off rate in service user numbers following the introduction of the charge. Discussion with other local authority areas indicates that a drop off rate of 10% is average, however locally it is proposed to cost for a drop off rate of 20%. This is because community care alarms have been distributed liberally in Orkney over the years and there may be a higher than average number of returns if charging is introduced. The local telecare services had 568 service users at the end of March 2011².</p> <p>If a means tested framework is selected, the weekly charge for paying individuals will have to be higher in order to achieve the same overall income. Further work would be required in order to establish what the amount would be as this cannot be ascertained without undertaking the relevant financial assessments.</p> <p>A recent national report³ has highlighted that although telecare services lead to efficiencies in other areas of service delivery, estimated at £78.4 million over the period 2006-11, it should be noted that, unless actual care home bed reductions, hospital ward closures and other service adjustments were subsequently made, these efficiency gains will not have resulted in cash releasing savings. This situation is the case in Orkney and as such, although the telecare service is proving valuable, it is not self sustaining from the efficiencies made and therefore needs to generate a sustainable budget via another means.</p>
Could the function/policy have a differential impact on any of the following equality strands?	(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.

¹ Charging for Telecare Services in England, www.wsactionnetwork.org.uk January 2011

² Scottish Government Telecare Development Programme return Orkney 2010 – 2011

³ The Telecare Development Programme in Scotland 2006-11, Newhaven Research, July 2011

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.
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. Information from other areas in Scotland suggests that a drop off rate of around 10% is average following introduction of a charge. Anecdotal evidence suggests that the drop off rate in Orkney may be higher due to a previous liberal approach to the provision of Community Care Alarms.</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 (Community Care Alarm Service User Survey June 2009, CSS Directorate report Sept 2009). 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. Marriage and Civil Partnership	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.
10. 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.

3. IMPACT ASSESSMENT	
Does the analysis above identify any differential impacts which need to be addressed?	There is likely to be a greater impact on older people, people with disabilities and carers. 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?	<p>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 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>A charge would not be made for the replacement or repair of equipment that is lost or damaged while installed in the service user's home without 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> <p>Although an impact has been identified for a number of groups these proposals continue to be felt to be necessary in order to establish a sustainable telecare service now that the nationally provided funding has come to an end (ceased as of end 2010 – 2011) and</p>

	no alternative source of funding has been identified. It is part of the Council's 'Tough Times Tough Choices' agenda which is aimed at stabilising the Council's financial situation to address reduced public sector finances and, in the longer term, ensure properly prioritised and sustainable services. The reality is that in times of financial constraints public authorities will have to make difficult and often unpopular decisions regarding funding and service provision. The Council has a legal duty to continue to provide its core statutory services while moving onto a more secure financial footing. The Council can no longer afford to absorb these costs and has to commence charging at a rate which will enable the continuation of the service at its current level. The rate proposed is not unrealistic in terms of the national range of charges and has been reached despite Orkney not have the economies of scale available in other areas.
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?	Dependant on outcome of Committee recommendation and subsequent Council decision.
Who will undertake it?	Orkney Health and Care Telecare Team
When will it be done?	Following Committee consideration and full Council approval.
How will it be monitored? (e.g. through service plans)	Creation of a sustainable Telecare Service is an item in the Orkney Health and Care Service Delivery Plan 2011 – 2012 and will be monitored through that mechanism.

Signature

Date 18 January 2012

Name CAROLINE SINCLAIR
(BLOCK CAPITALS)

Please sign and date this form, keep one copy and send a copy to Corporate and Community Strategy. It should also be emailed to Corporate and Community Strategy.