



Shropshire Council
Legal and Democratic Services
Guildhall,
Frankwell Quay,
Shrewsbury
SY3 8HQ

Date: 24th June 2025

Committee:
People Overview and Scrutiny Committee

Date: Wednesday, 2 July 2025

Time: 10.00 am

Venue: The Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click [here](#) to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel [Here](#)

Tim Collard
Service Director, Legal and Governance

Members of People Overview and Scrutiny Committee

Andy Davis (Chairman)	Vicky Moore
Mandy Duncan (Vice Chairman)	Mark Morris
Thomas Clayton	Alan Mosley
Susan Coleman	Teri Trickett
Jamie Daniels	Sian Lines (Co-Optee)
Rhys Gratton	Carol Morgan (Co-Optee)
Duncan Kerr	

Your Committee Officer is:

Shelley Davies Committee Officer

Tel: 01743 257718

Email: shelley.davies@shropshire.gov.uk

AGENDA

1 Apologies for Absence

2 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

3 Minutes (Pages 1 - 8)

To confirm the minutes of the meeting held on 26th February 2025 and 22nd May 2025.

Contact: Shelley Davies

4 Public Questions

To receive any questions from members of the public of which notice has been given. The deadline for this meeting is 12.00 pm, Thursday 26th June 2025.

5 Member Questions

To receive any question of which Members of the Council have given notice. The deadline for this meeting is 12.00 pm, Thursday 26th June 2025.

6 Appointment of Co-optees to the People Overview and Scrutiny Committee

To confirm the re-appointment of the two Dioecian co-opted Members and to provide an update on the recruitment process for the two vacant parent governor positions.

7 Call In of Cabinet Decision - Telecare Charging Consultation (Pages 9 - 106)

A decision of Cabinet made on 11 June 2025 with regard to ITEM 11 TELECARE CHARGING CONSULTATION has been called in by the Green and Progressive Independents Group with support from the Labour Group.

The People Overview and Scrutiny Committee is asked to consider the decision taken.

The following appendices to the covering report by the Scrutiny Officer are attached, or to follow:

Appendix 1a – Call in notice – Green and Progressive Independents Group supported by the Labour Group.

Appendix 2 – Telecare Charging Consultation Report to Cabinet

Appendix 2a - Telecare Benchmarking in WM

Appendix 2b - Telecare Consultation Report

Appendix 2c - EISHA Telecare Charging

Appendix 2d - Charging and financial assessment policy for non-residential care

Appendix 3 – Supplementary Information – Service (to follow)

Appendix 4 - Call in procedure at committee

8 Date of Next Meeting

To note that the next meeting of the People Overview and Scrutiny Committee will be held at 10.00 am on Wednesday 22nd October 2025.

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Committee and Date

People Overview and Scrutiny
Committee

2nd July 2025

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 26 February 2025

In the Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

10.00 am - 12.03 pm

Responsible Officer: Shelley Davies

Email: shelley.davies@shropshire.gov.uk Tel: 01743 257718

Present

Councillor Peggy Mullock (Chairman)

Councillors Jeff Anderson, Peter Broomhall, Ruth Houghton, Hilary Luff, Caroline Bagnall (Substitute for Kevin Pardy) and Julian Dean (Substitute for Duncan Kerr)

22 **Apologies for Absence**

Apologies were received from Councillors Duncan Kerr (Substitute: Julian Dean), Kevin Pardy (Substitute: Caroline Bagnall), Kevin Turley, Claire Wild and Sian Lines (Diocesan Board of Education).

23 **Disclosable Interests**

Councillor Hilary Luff declared an interest as the Director of a Children's nursery and Childminders.

Councillor Ruth Houghton declared an interest as a trustee at Bethphage, a learning disability charity and noted that her Grandson attended Severndale Academy.

24 **Minutes**

RESOLVED:

That the minutes of the meeting held on 27th November 2024 be confirmed as an accurate record.

25 **Public Questions**

There were no public questions.

26 **Member Question Time**

There were no member questions.

27 Children's Participation and Impact Strategy

Siobhan Hughes, Service Manager Early Help presented the Children's Participation and Impact Strategy report, explaining that the strategy aimed to ensure that children and young people have a voice in decision-making processes, both in their day-to-day lives and in larger decisions about services provided to them. It was added that the strategy included plans to create a youth Parliament and involve young people in various forums and decision-making bodies.

In response to questions members were advised that:

- The project in Market Drayton where young people had worked with the Parish Council to improve the local skate park was funded through grant funding and existing resources.
- The Lundy principles aim to create more spaces for young people to be heard, emphasizing face-to-face interactions rather than online meetings.
- The statutory duties in relation to youth services were changing and the new National Youth Strategy emphasized the responsibilities of local authorities more than before, including a greater focus on participation and ensuring that young people have a voice in decision-making processes.
- The Project Board sought to address the challenges of engaging young people in rural areas and the suggestions from members which included providing transportation such as a bus service, to help young people access activities and social opportunities, similar to services provided for older residents would be investigated.

RESOLVED:

That the Committee:

1. Agree the Participation and Impact Strategy for young people and note the ambitions set out in the strategy.
2. Endorse the Council's commitment to ensuring that children and young people have influence over decisions and actions on services that affect them.

28 Performance Monitoring Report Quarter 3

Tanya Miles, Executive Director for People introduced the Performance Monitoring Report Quarter 3 which gave an update on key areas of performance across Adult Social Care, Children's Social Care and Education services under the People's Directorate.

Natalie McFall, Assistant Director Adult Social Care and Housing and Michelle Williams, Service Manager Long Term Support outlined key areas of the report in

relation to Adult Social Care. It was reported that the Deprivation of Liberty Safeguards (DoLS) and the Safeguarding teams have merged under one management structure and the occupational therapy service had transitioned to adult social care in August 2024.

In response to questions members were advised that:

- The DoLS team faced significant pressure due to a high volume of referrals and despite addressing the 2022 backlogs, the referral levels continued to be high which made it difficult to reduce the waiting list significantly.
- There was an increasing complexity in the cases being referred, particularly with individuals lacking capacity and requiring residential and nursing care which was adding to the pressure on the DoLS team.
- The reablement service focused on working with individuals to maximize their potential, which helped to ensure that care was provided appropriately and cost-effectively. This approach aimed to reduce wastage by continuously reviewing and adjusting care packages based on individuals' needs and progress.
- The spike in DoLS waiting times in 2024 was due to changes in the way referrals were triaged and managed which led to an initial increase in waiting times as they adjusted to the new system. The impact on individuals was managed through close collaboration between social workers and care home managers, ensuring that risks were identified and mitigated early on.
- The current community and family hubs were located in Highley, Bridgnorth, Oswestry, Ludlow and Shrewsbury and there were plans to establish hubs in Market Drayton and Whitchurch. It was added that there was an ambition to have hubs in as many communities as possible, including rural areas, to ensure widespread access to services.
- The team would look to include information in future reports regarding Disabled Facilities Grant allocations to show how people were supported at home through occupational therapy.

David Shaw, Assistant Director Education & Achievement, outlined key areas of the report in relation to Learning and Skills noting the retention of strong early years provision in Shropshire, which had been recognised by the Department of Education. It was reported that there had been a significant reduction in the number of young people not in education, employment, or training (NEET), which had been achieved through a proactive approach to prevent future challenges and there had been a reduction in permanent exclusions and suspensions in schools, as a result of targeted intervention programs.

In response to questions members were advised that:

- There was a focus on reducing exclusions and suspensions in secondary schools as there were higher rates of permanent exclusions in secondary schools compared to primary schools. It was added that the Alternative Provision Inclusion Development Fund was targeted at secondary schools to address these issues.
- The team holds data on exclusions and suspensions, including trends of young people who were excluded in primary school and continue to face exclusions in secondary school. It was agreed that case studies would be provided to a future meeting to illustrate the targeted work and its impact on preventing exclusions.
- The closure of Bedstones College may have an impact on the local education system for the new academic year and the admissions team was closely monitoring the situation to manage any potential influx of students and ensure that their educational needs were met effectively.
- Shropshire had a slightly higher rate of elective home education compared to the national average and concern was raised about cases where home schooling may not be suitable, such as when a child was under a child protection plan.
- The low NEET (Not in Education, Employment, or Training) figure for 16 to 17-year-olds in Shropshire was considered accurate due to the robust tracking and engagement processes implemented by the team, which included direct follow-ups with young people to ensure they were accessing education, employment, or training opportunities.

Sonya Miller, Assistant Director Children's Social Care & Safeguarding and Amanda Beaufoy, Service Manager Case Management outlined key areas of the report in relation to Children's Social Care noting the Early Help programme which provided targeted support and intervention for families at an earlier stage.

In response to questions members were advised that:

- The number of children returning to care after being discharged was extremely low, with only two children coming back into care this year. The low rate was attributed to the ongoing support provided by the Stepping Stones team, who remain involved with families even after a child returns home.
- There had been progress in relation to the recruitment of social workers, with approximately six experienced social workers hired in the last three months. It was added that the assessment teams were expected to be fully staffed within the next couple of weeks.

Officers were thanked for their report.

29 Work Programme

Sophie Foster, Scrutiny Officer reported that as this was the last meeting before the local elections there was an opportunity to highlight topics and areas of work for the Committee post May 2025.

It was recommended that:

- The Children's Participation and Impact Strategy be shared with the Committee.
- Future performance reports include information in relation to Disabled Facilities Grants and Exclusion Intervention.
- The areas of Dementia, Early Help and Family and Community Hubs to be kept as a focus for the Committee.
- The Blue Badge process be looked at in relation to the delays being experienced and impact on individuals.
- The previous work undertaken by the Committee be forwarded to the committee members from May 2025 for context and understanding.

In bringing the meeting to a close, the Chairman extended her thanks to all Officers and Members involved in the work of the Committee for their help and support.

Signed (Chairman)

Date:

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PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 22 May 2025

**In the The Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ
11.00 - 11.10 am**

Responsible Officer: Shelley Davies

Email: shelley.davies@shropshire.gov.uk Tel: 01743 257718

Present

Councillors Thomas Clayton, Susan Coleman, Jamie Daniels, Andy Davis, Mandy Duncan, Rhys Gratton, Duncan Kerr, Vicky Moore, Mark Morris, Alan Mosley and Teri Trickett

1 Election of Chairman

It was proposed, seconded and duly **RESOLVED:**

That Councillor Andy Davis be elected Chairman of the People Overview and Scrutiny Committee for the forthcoming municipal year

2 Apologies for Absence

There were no apologies for absence

3 Appointment of Vice-Chairman

It was proposed, seconded and duly **RESOLVED:**

That Councillor Mandy Duncan be appointed Vice-Chairman of the People Overview and Scrutiny Committee for the forthcoming municipal year

4 Date of Next Meeting

Members were advised that the next scheduled meeting of the People Overview and Scrutiny Committee would be held on 2 July 2025 at 10.00am

Signed (Chairman)

Date:

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People Overview and Scrutiny Committee

2nd July 2025

Item

7

Public



Covering note on the Call-in of the decision made in relation to Telecare Charging Consultation

Responsible Officer:

Sophie Foster Overview and Scrutiny Officer

email: sophie.foster@shropshire.gov.uk

Tel: 01743 255248

1. Powers of the Overview and Scrutiny Committee

- 1.1 The decision taken in relation to Telecare Charging taken by Cabinet on 11th June 2025 has been called in by the Green and Progressive Independent Group with support from the Labour Group.
- 1.2 Members are reminded that call-in cannot 'overturn' a decision. A call-in can be considered by the relevant overview and scrutiny committee which can decide:
 - a) whether it accepts that decision with no further comment or
 - b) whether it wishes to accept the grounds on which the decision has been called-in and refer the decision back to Cabinet for reconsideration, and if so, what recommendations to Cabinet it wishes to make.
 - c) Overview and Scrutiny Committees can also refer the decision to Council for a wider debate
- 1.3 If the Overview and Scrutiny Committee does not refer the matter back to the Cabinet, the decision shall take effect on the date of the Committee meeting.
- 1.4 The powers of the committee when they receive a call-in do not differ from those for all of their work and meetings. The committee is not decision-making and will consider the available information to confirm their response. This includes the full call-in notice, the report(s) to Cabinet used to inform the decision that was called-in, and supplementary information to assist the committee in its consideration of the substance of the call-in notice.

- 1.5 The Call-in notices are attached at appendix 1, the report to Cabinet that informed the decision is attached at appendix 2, 2a, 2b, 2c, 2d, and supplementary information to assist the committee is attached at appendix 3, and the call in procedure at appendix 4.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet decision paper

Appendices

Appendix 1: Call in notice – Green and Progressive Independent Group supported by the Labour Group

Appendix 2: Report to Cabinet

Appendix 2a: Telecare Benchmarking in WM

Appendix 2b: Telecare Consultation Report

Appendix 2c: EISHA Telecare Charging

Appendix 2d: Charging and Financial Assessment Policy for Non-Residential Care 2024

Appendix 3: Supplementary information – Service (to follow)

Appendix 4: Call-in procedure

APPENDIX 1

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

02 JULY 2025 AT 10.00 A.M.

CALL IN OF DECISION MADE BY CABINET 11 JUNE 2025:

ITEM 11 TELECARE CHARGING CONSULTATION

Called in on behalf of the Green and Progressive Independents Group on Shropshire Council by the Group Leader

Cllr Julian Dean, on behalf of the Green and Progressive Independents Group wishes to call in the decision concerning “telecare charging consultation”, taken by the Cabinet on Wednesday 11 June 2025.

I authorise Cllr Duncan Kerr to lead on this call-in for our Group.

We consider this matter appropriate for a call in as examination of the decision by the relevant scrutiny committee (or a constituted task and finish group thereof) will/ should add value to the decision-making process by:

- Recognising that this is a preventative service, ensuring that the full impact of charging has been ascertained and to provide experience-based insights or suggestions from members that could further mitigate the charge, or enhance the service and level of support to individuals.
- Ensuring that Councillors and the public understand the various channels through which the Council as a Social Services and Housing authority provides telecare and that the regimes are consistent and the decision has been based on accurate information.
- As the equalities impact assessment identified negative outcomes for two groups with protected characteristics to assess whether anything more can be done to mitigate the impact for them.
- Providing an opportunity for member and officer ideas that could increase wraparound support - giving the final decision a stronger positive outcome.

As implementation is not until the 1st October the Council has an opportunity to develop good practice and skills within the Council regarding call-in procedures without delaying decisions.

The outcomes which we would like to achieve from the call-in process reviewing the decision to charge for telecare are:

1. Review and Understand the Decision:
 - To understand all the mechanisms by which residents have been assisted by the Council in having Telecare and how it is charged for
 - For the committee to review and understand the implications of the decision, including the risks associated with it.

2. Test the Evidence Base:

- To test the accuracy and robustness of the data used to make the decision, including whether the information is up-to-date.

3. Preventative Service Impact:

- Understand the impact of telecare as a preventative service, wishing to review any data available on its preventative benefits including reducing injuries and falls.

4. Affected Individuals:

- To clarify who is affected by the decision and how, including the process for residents of STAR housing.

5. Mitigation Measures:

- Explore which mitigations have been put in place to reduce the impact on vulnerable people and seek assurance that these measures are the fullest possible.

That exploring these points will help determine whether the decision should proceed as planned or if further work is needed before implementation.

The call-in is supported by Cllr Rosemary Dartnall on behalf of the Labour Group on Shropshire Council by the Group Leader

I authorise Cllr Alan Mosely to lead on this call-in for our Group

We are seeking reassurance through the careful work of the scrutiny committee about the impacts on vulnerable groups who are expected to cancel their service subscription when and because charging is implemented. Telecare is an excellent service that aims to allow people to live independently, so our concerns are naturally about the post-Telecare future for the large portion of current users (up to 40%) who are expected to cancel when charging starts.

We hope for evidence of how former users are affected elsewhere by no longer having the Telecare service. We ask whether other authorities been able to reduce the level of drop-off before charging starts? If so, how was this achieved? Is there data about users who initially cancel but later return to the service? If so, how? We want to be reassured that the wider potential impacts have been carefully considered and mitigated for, before charging starts.

Labour Group reasoning for the call-in

We recognise that the case is well-made for Telecare charging, for the proposed levels of charging and for providing some users with a free ongoing service.

However, our concerns are;

- *The high number of people who are expected to stop using this important service when charging is implemented and the consequences for them of this decision*

- *The impact of charging on specific groups identified in the ESHIA*
- *The report does not consider the impacts on people's lives beyond leaving the Telecare service and therefore does not consider mitigations*

We think allowing careful consideration, by a scrutiny committee, of evidence for these impacts is an important feature in adopting charging in the best way for our communities.

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**Committee and Date****Cabinet****11th June 2025**

Item

Public



Telecare Charging Consultation

Responsible Officer:	Laura Tyler		
email:	Laura.Tyler@Shropshire.gov.uk	Tel:	01743253178
Cabinet Member (Portfolio Holder):	Ruth Houghton		

1. Synopsis

- 1.1 A public consultation has been undertaken regarding the proposal to introduce charges for the telecare services currently provided by the Council which was set out as initial saving proposals in 2024 to inform future budget sustainability. Following the outcome of the consultation, Cabinet is asked to consider the proposals set out below to introduce a charging structure for the provision of telecare services for the residents of Shropshire which aligns to the Shropshire Plan to prevent and reduce the need for high-cost care and support whilst maintaining independence.

2. Executive Summary

- 2.1 Shropshire Council currently provides telecare services free of charge to all 2,060 individuals including self-funders. Telecare refers to a wide range of assistive technologies designed to support individuals to live independently. These systems are connected to the Alarm Receiving Centre (ARC), which operates 24/7, 365 days a year, ensuring that users receive immediate assistance in emergencies.
- 2.2 With demand increasing, the Council must ensure the long-term sustainability of telecare services. Introducing charges will allow the Council to continue delivering high-quality support, while also adapting to the transition from analogue to digital telecare technology.

- 2.3 Currently, Shropshire Council is one of very few councils who do not charge for telecare. The introduction of charges will help to secure future service provision and enable ongoing investment in new technologies in line with the innovative and flagship virtual care service which has been running since 2020. This has been developed to address the evolving needs of individuals and the rising demand for social care services in Shropshire. By harnessing the power of technology-enabled care (TEC), also known as assistive technology, the programme focuses on delivering robust risk management strategies, improved care outcomes and diminishing dependencies on conventional forms of care and support.
- 2.4 The telecare service aims are driven by the strategic objectives of the Council. The Shropshire Plan is explicit in its focus on 'helping people to stay healthy for longer, preventing or reducing the need for health and care support', with a vision of 'Shropshire living the best life' and working with our partners and communities to deliver the vision and priorities for Shropshire to promote Healthy People. And using emerging technologies and digital solutions will enable us to provide our customers with improved and quicker access to information.
- 2.5 The service is fundamental to supporting older people and vulnerable adults to be and remain as independent as they can for as long as possible and to ensure that their later years are as healthy as possible. The aim of the service is to assist vulnerable adults towards feeling safer and more protected; this is a key aim within the Shropshire Plan.

3. Recommendations

That Cabinet:-

- 3.1 Approve the introduction of charging for telecare services as outlined in this report with effect from 1st October 2025 on the basis that any financial contribution will be determined by reference to the Council's Adult Social Care Charging and Financial Assessment Policy for Non-residential Care 2024-25 and;
- 3.2 Approve that, aligned with good practice, individuals will be supported to maximise income and to access eligible benefits in order to mitigate any adverse financial impact; and;
- 3.3 delegate responsibility for implementing the charging structure for telecare services provided by the Council to the Executive Director (DAS) in consultation with the Portfolio Holder for Social Care.

Report

4. Risk Assessment and Opportunities Appraisal

- 4.1. Risk narrative: An assessment of the current telecare service has taken place and there are several significant risks to the Council if services are not transformed and additional investment sought.
- 4.2. Ongoing risks, which Cabinet are asked to consider include:
- The service in its current format may not be sustainable in light of increasing demand for social care services at a time of ongoing reduction in budgets
 - The Council needs to respond to the challenges and opportunities presented by the 2027 digital switchover in relation to utilising technology in social care; Digital devices tend to be more costly than analogue ones, which need replacing due to the digital switchover. Since digital devices require SIM cards, they come with additional ongoing expenses, alongside the upfront cost of purchasing new equipment.
- 4.3 The Consultation on charging for telecare outlines some of the impact and risks of proposed service changes on residents.
- 4.4 Risk table

<i>Risk</i>	<i>Mitigation</i>
Cancellation of service: Individuals may cancel their service even if they are deemed to still need it due to the introduction of charging.	<p><i>The processes described below serve as control measures, outlining the actions to be taken to manage the risk if an individual cancels their service due to charging.</i></p> <p>If an individual cancels their service due to the introduction of charging, the Telecare Team at Shropshire Council must notify the allocated social care worker or Duty social work team within two working days. The assigned officer will conduct a risk assessment to identify any potential risks arising from unmet needs and take appropriate measures to mitigate them. Additionally, a review will be undertaken to determine whether a charging assessment has been completed or is required.</p> <p>As part of this process, we will aim to mitigate any adverse financial impact and maximise an individuals' income through a benefit check and facilitate referrals to other sources of support where necessary such as advocacy services. The allocated officer will ensure that the decision to cancel the service is an informed choice</p>

	<p>rather than one based solely on financial considerations.</p> <p>Shropshire Council remains committed to funding telecare for individuals who have been financially assessed and deemed as not being able to pay for their care In line with The Care Act. This includes those with an existing social care package funded by the Council, as well as individuals entitled to free services under Section 117 of the Mental Health Act 1983 or as part of a time-limited reablement package following hospital discharge.</p> <p>A financial assessment will determine an individual's ability to contribute to the cost of telecare services, with charges being applied to those who are able to pay (self-funders). All individuals will be financially assessed and the Minimum Income Guarantee will be applied in line with the Adult Social Care Charging and Financial Assessment Policy for Non-Residential Care 2024-2025 (Appendix 4)</p>
Affordability and cost of Living crisis: Charging for telecare service may affected individuals negatively, in ways that include difficulties meeting basic needs such as heating their homes, eating a balanced diet, increased social isolation, and mental health impacts such as loss of sleep.	During the financial assessment process (as described above), the Council may advise on benefit entitlement, including referrals or signposting to relevant agencies and services. Residents will only be charged if Telecare is the only identified need. Those receiving broader services would contribute to the cost of the service based on their income and expenditure undertaken by the Financial Assessment team in line with the Adult Social Care Charging and Financial Assessment Policy for Non-Residential Care 2024-2025.
Increase in complaints	If someone disagrees with their financial assessment outcome, they can request a review by explaining why they believe the decision is incorrect. If additional information needs to be considered, people will be advised that they should contact the Financial Assessment team. In some cases, this may involve completing a new financial assessment form. If the person remains dissatisfied, they will be advised that they can file a complaint via the Shropshire Council website or via the first point of contact.

Impact on other services such as NHS and community and voluntary sector: The services affected by this proposal could impact both social and health-care sectors if people decide to not continue to receive the telecare service, or do not take up the offer of telecare due to the charge.	A risk assessment may be conducted to identify any risks due to unmet needs, and measures will be taken to mitigate these risks wherever possible. The proposed change aims to increase the accessibility of the service.
Impact on Internal teams: There is a risk that our internal teams may lack sufficient capacity to integrate the new charging functionality into existing systems. Throughout the consultation process, these teams have highlighted their current resource constraints.	<ul style="list-style-type: none"> • Resource Reallocation: Prioritise the charging integration by shifting resources from non-critical projects to ensure the task is adequately staffed. Project Management team have offered support here with a clear, timetabled implementation plan. • Timeline Adjustments: Adjust implementation milestones to reflect realistic capacity challenges, ensuring quality is maintained throughout. • Ongoing Monitoring: Conduct regular progress reviews to quickly identify and address any further capacity issues during implementation
Impact on carers and family members	<ul style="list-style-type: none"> • Care eligible individuals (as described above) will not be charged • The proposed charge is at a subsidised rate • The proposed change aims to increase the accessibility of the service • Guidance will be provided to direct carers toward relevant support services they may benefit from
Debt	Existing users may continue accessing the system without making payments, potentially leading to accumulated debt and the need for payment recovery procedures. Support will be provided to facilitate payment through the Council's debt management process, which will be aligned with the existing debtor framework within Adult Social Care. This process will follow the outlined financial assessment to determine the individual's ability to pay. If charging is introduced, the 'debtors' list for telecare services will be monitored on a monthly basis.

5. Financial Implications

- 5.1 The Council continues to manage unprecedented financial demands as budgeted for within the Medium-Term Financial Strategy approved by Council on 27 February 2025 and subsequent updates. It is also addressed in our monitoring position presented to Cabinet on a monthly basis. Significant management action has and continues to be undertaken to ensure the Council's financial survival. While all reports provide the financial implications of decisions being taken, this may change as officers review the overall financial situation and make decisions aligned to financial survivability. Where non-essential spend is identified within the Council, this will be reduced. This may involve
- scaling down initiatives
 - changing the scope
 - delaying implementation, or
 - extending delivery timescales
- 5.2 At present, approximately 2,060 individuals receive telecare services in Shropshire. However, based on the experiences of Telford and Wrekin Council in 2024 and feedback from consultation responses, the introduction of charges is expected to result in a 21–40% reduction in service uptake.
- 5.3 Under the proposed charging model, 297 telecare users would be exempt from fees, in line with the proposed commitment to continue funding the service for those who are care eligible - meaning their social care package is already funded by the Council following assessment cannot be changed.

Cost of Telecare

- 5.4 The current weekly contract price, including equipment purchase, monitoring, staffing, and administration is £11.34 per telecare user in the first year and it proposed that this is not passed onto the customer due to the current purchasing of devices. From year two onward, this cost reduces to £3.51 per user per week. It is proposed that, where an individual is considered able to pay, a weekly charge of £3.45 is introduced for the provision of the telecare service to each user.
- 5.5 The following table outlines the typical costs associated with setting up and maintaining telecare devices, based on the Council's current commissioning arrangements for purchasing equipment. It does not include the cost of equipment or telecare devices, as these are purchased separately on a one-off basis within our existing commissioning arrangement.

SIM Cost	£40 (annual charge)
Installation Cost (one off)	£46.83 (one off) N.B there is also a deinstallation charge which hasn't been included
Fault cost (one off – or as needed – current data suggests on average there is	£39

one fault call out per user per year)	
Alarm receiving centre costs and review of the Device Management Platform daily to ensure equipment is working as it should and there are no faults	£26.59 (annual charge)
Total	£152.42
Staffing Overhead (20% of above figure) (telecare Co-ordinator, manager and overheads)	£30.48
Grand total	£182.90/ 52 weeks of the year
Ongoing weekly cost	£ 3.51 per person per week

- 5.6 The table below illustrates the projected annual income calculation from the introduction of a telecare charging structure.

Total Users (excluding those with care packages and under Section 117 of the Mental Health Act):	1,793
Estimated Reduction (30%):	538 users
Remaining Users: 1,255	1,255
Weekly Charge per User:	£3.45 per week/ per Year: 52
Annual Income: 1,255 users × £3.45 per week × 52 weeks =	£225,147.00
Additionally, based on 430 new telecare referrals in 2024/2025 paying a one-time startup fee of £35 per new user, this would generate	£15,050.00
Total Projected Annual Income:	£240,197.00

6. Climate Change Appraisal

6.1 Energy and fuel consumption – no effect.

6.2 Renewable energy generation – no effect.

- 6.3 Carbon offsetting or mitigation.
- 6.4 As part of the ongoing digital transformation of the telecare service, new digital devices are being introduced with remote monitoring capabilities to ensure they function as intended. This advancement not only enhances efficiency by reducing the need for engineers to travel for fault diagnosis but also supports the green agenda by cutting down on unnecessary emissions from vehicle use. By minimising travel and optimising resource allocation, the service contributes to a more sustainable approach to delivering the service and, aligning with broader environmental goals
- 6.5 Climate change adaptation – no effect.

7. Background

How Telecare Works

- 7.1 Telecare encompasses various devices, including:
- Alarm systems linked to the ARC, allowing users to call for help in emergencies
 - Automatic alert systems, such as fall detectors and sensor mats, which trigger warnings if a user experiences a fall or other issue
 - Standard alarm packages, which typically include:
 - A base unit (connected via a telephone line, internet, or SIM card)
 - A call button, worn as a pendant or wrist strap
 - Additional fall sensors or monitoring equipment, designed to improve safety
- 7.2 When an alarm is activated, the ARC assesses the situation and determines the appropriate response—whether contacting a listed emergency contact, a relevant service provider, or emergency services.

Benefits and Outcomes

- 7.3 Telecare enhances independence, safety, and well-being, providing reassurance for users and their families. Specific benefits include:
- **Enhanced Safety & Independence:** Individuals can remain in their homes while knowing immediate support is available
 - **Reduced Hospital Admissions:** Early intervention through monitoring helps prevent emergencies and unnecessary hospital visits
 - **Peace of Mind for Families & Carers:** Loved ones feel reassured that assistance is available whenever needed
 - **Cost-Effectiveness:** Telecare reduces strain on health and social care services by minimising the need for in-person support
 - **Improved Response Times:** Faster emergency intervention helps lessen the impact of incidents such as falls

Alignment with the Care Act 2014

- 7.4 The Care Act emphasises the importance of the provision of preventative care, focusing on promoting and maintaining independence rather than reacting to crises. Local authorities have a duty to prevent, delay, or reduce individuals' needs for support.
- 7.5 Telecare is highlighted in statutory guidance as a key example of secondary prevention and early intervention, helping individuals manage risks, maintain independence, and reduce reliance on more intensive care support.
- 7.6 The provision of a telecare service is a non-statutory service which the Council is not obliged to provide. Nevertheless, telecare services are provided as an integral component of the Care Act's preventative measures, which are designed to foster and maintain individual independence.
- 7.7 By introducing a sustainable charging model, it is believed that the Council can continue offering effective telecare services, ensuring its residents benefit from enhanced safety, security, and long-term independent living.
- 7.8 Section 2 of the Care Act places a duty on a local authority to prevent, delay or reduce the need for care and support arising. The provision of telecare services supports the wellbeing principle within the Care Act, enhancing individuals' independence and well-being for as long as possible. Preventative interventions can help people live safely and reduce the need for care and support.
- 7.9 Sections 14 and 17 of the Care Act and The Care and Support (Preventing Needs for Care and Support) Regulations 2014 ("the Regulations") permit the Council to make a charge to cover the cost that is incurred by meeting a need to which a charge may apply. Section 2(5) of the regulations provides that a charge under the regulations may only cover the cost that the local authority incurs in providing or arranging the provision of the service, facility or resource. To establish the amount of the charge to be made, a financial assessment is required to determine an individual's contribution to their care costs.
- 7.10 A local authority has discretion to decide whether or not to charge a person when it is arranging to meet a person's care and support needs, except in certain circumstances where the local authority is not permitted to make a charge and must arrange care and support free of charge. The provision of telecare services is one of the services for which a charge can be made.
- 7.11 The current weekly contract price, including equipment purchase, monitoring, staffing, and administration—is £11.34 per telecare user in the first year and it proposed that this is not passed onto the customer due to the current purchasing of devices. From year two onward, this cost reduces to £3.51 per user per week. It is proposed that, where an individual is considered able to pay through the financial assessment process, a weekly charge of £3.45 is introduced for the provision of the telecare service to each user. The proposed £3.45 weekly charge is set at a level to ensure the Council does not exceed the actual service costs (in line with the Care Act 2014) while keeping fees as low as possible through a subsidised rate. The proposed charge remains

comparatively low when benchmarked against the charging structures of other local authorities. The proposed installation charge of £35 is a subsidised fee, compared to the £46.83 installation cost charged to us by our provider. This amount also considers the £35 deinstallation charge incurred, which is not being passed on to the individual.

Benchmarking

7.12 Appendix '1' presents benchmarking data on the charging structures for telecare services across various local authorities. The table below offers an overview of telecare charging practices within the West Midlands and surrounding areas.

Council	Details	Weekly charge	Monthly charge	Installation charge	Other points
Coventry	Charges based on financial assessment	£4.05			
Dudley	Note - monthly charge is PLUS VAT. People on low income and receive help with Council Tax may be entitled to a discount		£23.40		A standard charge, which is not dependant on the number of Telecare products installed in the property.
Wrexham	Tier 1: Basic lifeline	£5.65		£25	£25 cancellation charge within 18 months
Shropshire Towns and Rural Housing (Private service)	Basic package	£3.50		£25.00	
Herefordshire	They offer telecare free for 6 weeks and after that they charge £3.69 no vat – this is what most people pay.	£3.69		None	£4.43 with the VAT.
Watch (Shropshire, Telford and Wrekin) operated by Wrekin Housing	Various packages:		£25-33 a month		
Telford and Wrekin Council	Various packages	£3.75	£15 a month		
Shropshire Council (proposed)	Non tiered service- Proposal that this is a standard charge, which is not dependant on the number of Telecare products installed in the property.	£3.45		£35.00	Some exemptions to the charges (please see detail in paper section 5.7).
Walsall	Levels 1- 3 tiered service.	£3.75 - £5.25	£15.00- £21.00 a month		
Birmingham City Council	This is based on the provision of the basic Careline alarm box and pendant, and includes: Install, Maintain and monitor	£3.50			
Sandwell		£5.30		£30.60	

Wolverhampton	Levels 1- 4 tiered service.	From £3 to £9			Free for people on certain benefits.
Staffordshire	Telecare is not free to Staffordshire residents. A choice of which Telecare provider to go with, what type of package is required and how much residents want to pay.	Charge depending on range of provider of choice			
Warwickshire	Telecare which is monitored and provided through Warwickshire County Council is a chargeable service. Customers will need to have a financial assessment and telecare is charged at a maximum of £3.06 per week.	£3.06			

Consultation

- 7.13 The consultation was undertaken between 20 January 2025 and 10 March 2025, with responses being accepted until 11 April 2025. All responses received were duly considered, and the complete range of feedback is set out in Appendix '2' – Telecare Consultation Report.
- 7.14 The principal approach to engagement was through a formal consultation survey, made available in both electronic and paper formats. A printed version (with a freepost envelope for return) accompanied by a link to the online questionnaire, was distributed by post to all 2,060 service users. Additionally, libraries and Shropshire Local centres were supplied with paper copies and offered assistance to residents in completing the survey, where required.
- 7.15 Additionally, consultation materials were disseminated to health colleagues within the Integrated Care Board (ICB), promoted via the Voluntary and Community Sector Assembly (VCSA) newsletter, shared with housing providers, and made available internally through the main Shropshire Council website.
- 7.16 Key Findings:
- Consultation Responses: In total 467 people responded to the consultation and a significant proportion of respondents accessed the survey through the postal information sent to existing Telecare service users (91% of all survey responses were postal and 9% were online)
 - 52% of respondents disagreed with the introduction of the £3.45 weekly charge
 - Charging for Telecare: When asked whether they would continue using the telecare service if charges were introduced, 49% of respondents indicated they would retain the system. 21% wouldn't and others didn't know, or the question wasn't applicable

- Satisfaction with Telecare: Regarding the quality of the telecare service, 82% of respondents rated the system as Good or Very Good
- There is also a lot of support for a free 6-week trial for those with a reablement package (48% agree or strongly agree)

7.17 It is clear from the responses received how valuable to service is for people with quotes such as:

"We are very grateful for this reassuring service. When used, the staff have been excellent. The Engineers have also been superb and any new equipment/updates/repairs etc. have been undertaken efficiently and professionally."

7.18 With mixed comments received regarding the charging proposal including:

"No, I know it's hard times, but this is a great service and don't think people who already use it should have to pay."

7.19 And comments such as:

"I feel that it is very fair that we should contribute to the service. To me it is very important contact to have knowing that help is at hand if needed."

7.20 Many respondents expressed concerns about affordability and the potential negative impact on vulnerable individuals. Suggestions included means-testing charges and keeping the service free for those in greatest need. Many people highlighted concerns that the loss of a preventative service such as telecare would increase costs elsewhere.

Proposed Charging Structure

7.21 Following the outcome of the consultation, Cabinet is requested to consider with effect from 1 October 2025, the implementation of a charging structure for telecare services as described in this report. If agreed, Cabinet is also requested to agree that the implementation of the charging structure be delegated to the Executive Director of Adults with the support of Commissioning. To ensure the sustainability and accessibility of telecare services, the following charging structure is being proposed:

7.22 The Council remains committed to funding telecare for individuals with a care package funded by the Council (as they will have already completed the financial assessment process to assess their ability to pay for services). For those individuals who must receive services free of charge as part of their after-care services under Section 117 of the Mental Health Act 1983 and as part of a time limited reablement package following discharge from hospital, the service will remain free. The Council is not permitted to make a charge for services provided as part of a reablement package upon discharge from hospital. If an individual requires telecare services upon discharge from hospital, a free, time-limited telecare service (up to six weeks) will be offered after hospital discharge as part of the reablement process. This early introduction to telecare aims to

boost user confidence in the technology and service, encouraging sustained engagement. Following the expiry of the reablement period, an individual wishing to continue to use telecare services will be asked, where applicable, to contribute to the cost of such provision following a financial assessment. When a person has eligible care needs, a financial assessment must be carried out. An officer from the Financial Assessment Team will contact the person or their representative to arrange the completion of a Financial Declaration through the Online Financial Assessment Calculator. Completion of the assessment is required to determine the financial contribution a person should contribute towards their personal budget. The upper capital limit is currently set at £23,250 and the lower capital limit at £14,250.

- 7.23 A person with more than £23,250 in capital, will be deemed to have sufficient resources to purchase their own care, and (unless exceptional circumstances apply) will not qualify for funded support from Shropshire Council.
- 7.24 The purpose of the Financial Assessment is to:
- Correctly identify how much the person should contribute towards their personal budget.
 - Establish if the person has entitlement to benefits
 - Signpost the person to 3rd party organisations who could assist them to claim any such benefits
 - Identify any permissible additional expenditure which the person may have because of their disability
- 7.25 **Eligibility for Charges and Benefit Maximisation:** Charges will apply to individuals with lower-level needs or choosing to have telecare who do not meet the Care Act threshold. For individuals assessed under the Care Act as requiring care or support, a financial assessment will determine their ability to pay for services including telecare in line with the Adult Social Care Charging and Financial Assessment Policy for Non-Residential Care 2024-2025 (Appendix 4). As part of this process, a thorough benefit check will be conducted to ensure they are claiming all entitled benefits. Our aim is to maximise individuals' income and facilitate referrals to relevant agencies, such as advocacy services in the County, to provide additional support. Recognising that many people do not claim the benefits they qualify for, this process actively addresses and rectifies such gaps.
- 7.26 If charges apply:
- 7.27 **Subsidised Weekly Rate:** A subsidised fee of £3.45 per week is proposed to be made to users who have been assessed as being subject to the charge.
- 7.28 **One-Off Startup Fee:** New users of the service will pay a subsidised one-time setup fee of £35, which partially covers the installation costs. The total installation charge is currently £46.83, meaning the £35 fee serves as a contribution toward this expense.
- 7.29 This structure aims to balance affordability with service sustainability, ensuring ongoing support for those who require telecare while maintaining financial viability to the Council

Demand information.

- 7.30 The number of older people living in Shropshire over the age 65 was 82,000 from the 2021 census data. This rose from 63,300 in 2011. The number of people over the age of 65 accounts for 25.3% of the total population in Shropshire compared to 20.7% in 2011. In England this figure is 18.4%. The number of people aged 85 and over increased from 8,400 in 2011 to 10,800 in 2021. ([Shropshire's profile | Shropshire Council](#)).

Future demand information

- 7.31 By 2043, the number of people aged 65 and over in Shropshire is expected to rise by 63%, increasing from 77,800 in 2018 to 126,500 ([Future projections | Shropshire Council](#)). This age group will make up a third of the county's population, leading to a heightened demand for social care and telecare services. As a result, sustaining the current telecare service model will become increasingly challenging due to growing pressure from rising demand.
- 7.32 **The service will meet many of the key priorities detailed within The Shropshire Plan and the People's Directorate Plan including:**
- Prevention and early detection to support health and wellbeing.
 - Promotion of wellbeing and self-care
 - Integration of our health and care services
 - Keeping people safe
 - Reducing the complexity in navigating health and social care and community-based services

8. Additional Information

- 8.1 ESIHA: An Equality, Social Inclusion and Health Impact Assessment (ESHIA) was completed prior to consultation (Appendix 3). The initial screening process has indicated likely low to medium positive impacts for individuals and households at risk of social exclusion in Shropshire, including vulnerable individuals such as those living in fuel poverty and refugee households. The Council will seek to maximise positive equality impacts for vulnerable individuals, including those with disabilities. There will also be neutral to positive impacts for veterans and serving armed forces members and their families, whom the Council considers under Social Inclusion, an additional category not defined by the Equality Act.
- 8.2 A potential negative impact identified is the ability to pay for the service. During the financial assessment, the Council may provide advice on benefit entitlement and refer or signpost individuals to relevant agencies and services. The Consultation aimed to obtain feedback from a wide range of people and organisations to assess the potential negative impact and enhance predicted positive impacts.

9. Conclusions

- 9.1 The proposed telecare charging structure represents a forward-thinking and balanced response to the evolving demands placed on Shropshire Council's Adult Social Care services. The introduction of a charging structure helps to bring us in line with the majority of other councils and also help address the pressing financial challenges outlined in the Medium-Term Financial Strategy, ensuring that essential services remain sustainable in an environment of constrained budgets and increasing demand.
- 9.2 In tandem with these financial considerations, the change acknowledges the imperative to respond to the 2027 digital switchover deadline. This landmark transition underscores that digital devices and support systems are becoming more expensive, necessitating a model that leverages technology in social care without compromising service quality. By embracing digital transformation, the Council can capitalise on the efficiency and extended benefits of digital telecare while managing cost pressures effectively.
- 9.3 The extensive consultation process, which gathered mixed feedback with roughly 49% of respondents indicating ongoing use despite the introduction of charges. We are not permitted under the Care Act to make a charge for reablement services for up to 6 weeks.
- 9.4 The consultation has illuminated both the potential impacts and necessary safeguards associated with the proposed changes. Key risks have been identified, such as:
- 9.5 **Service Cancellation:** There is a risk that some individuals might cancel their telecare service despite still needing it. To mitigate this, any cancellations trigger a review by the financial assessment team, followed by appropriate risk assessments and interventions by social workers.
- 9.6 **Affordability and the Cost-of-Living Crisis:** Charging may adversely affect those already struggling to meet basic needs—such as heating, nutrition, and mental health stability. Mitigation measures include providing advice on benefit entitlements and referrals to relevant agencies during the financial assessment process.
- 9.7 **Impact on Related Services and carers:** Should the charge deter users, there could be broader repercussions on the NHS, community services, and the voluntary sector. Telecare's role in reducing admissions to intensive care facilities and supporting independent living remains critical, prompting regular risk assessments to ensure that any gaps are promptly addressed.
- 9.8 Additionally, the Council's proactive financial management—routinely reviewing spending, scaling down non-essential initiatives, and adjusting delivery timescales—reinforces its commitment to long-term survivability. This approach is particularly vital given Shropshire's unique demographic profile, where 25% of the population is over 65, a figure notably higher than in comparable regions.

- 9.9 In summary, by integrating a charging structure with robust risk mitigation measures, strategic financial management, and a clear response to digital transformation, Shropshire Council is poised to enhance and future-proof its telecare services. This ensures that while the challenges of an evolving cost environment and digital demands are met, the service continues to safeguard the health, well-being, and independence of its residents into the future.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Local Member:
All

Appendices:

Appendix 1: Telecare Benchmarking

Appendix 2: Telecare Charges Consultation Report

Appendix 3: ESHIA

Appendix 4: Adult Social Care Charging and Financial Assessment Policy for Non-Residential Care 2024-2025

Telecare Charges

Council	Details	Weekly charge	Monthly charge	Installation charge	Other points
Coventry	Charges based on financial assessment				
	Level 1: a Lifeline alarm unit, and personal trigger alarm linked to the control centre	£4.05			
	Level 2: As Level 1 plus access to monile reponder unit	£6.75			
	Level 3: As level 1 plus detectors and sensors	£9.50			
	Level 4: As level 3 plus plus access to mobile responder unit	£13.55			
Dudley	Note - monthly charge is PLUS VAT. People on low income and receive help with Council Tax may be entitled to a discount		£23.40		A standard charge, which is not dependant on the number of Telecare products installed in the property.
Wrexham	Tier 1: Basic lifeline	£5.65		25	£25 cancellation charge within 18 months
	Tier 2: as tier 1 plus smoke detector, heat extremes monitor, inactivity monitor & bogus caller button	£6.36			
	Tier 3: social services assessed as needing additional bespoke equipment	£6.36			

Shropshire (STAR Housing only)	From Shropshire towns & rural housing: If you property rented from Shropshire Council (managed by Shropshire Towns Rural Housing) this will be added to your rent. Privately rented or home owners invoiced quarterly	£3.50		£25.00	
Herefordshire	They offer telecare free for 6 weeks and after that they charge £3.69 no vat – this is what most people pay. This is for people who have health problems so this equipment is VAT exempt.	£3.69		None	£4.43 with the VAT.
Watch (Shropshire, Telford and Wrekin) operated by Wrekin Housing	Various packages:				
	1) Chiptech Seven & Personal Pendant - roaming sim (no wifi required)		£33 a month plus VAT		
	2) Telealarm & Personal Pendant (operates in low signal areas through wifi router)		£25 a month plus VAT		
Telford and Wrekin Council	Various packages	£3.75	£15 a month		

Shropshire Council (proposed)	Non tiered service- Proposal that this is a standard charge, which is not dependant on the number of Telecare products installed in the property.	£3.45		£35.00	Some exemptions to the charges (please see detail in paper).
Walsall	Levels 1- 3 tiered service.	£3.75 - £5.25	£15.00- £21.00 a month		
Birmingham City Council	This is based on the provision of the basic Careline alarm box and pendant, and includes: Install, Maintain and monitor	£3.50			
Sandwell		£5.30		£30.60	
Wolverhampton	Levels 1- 4 tiered service.	From £3 to £9			Free for people on certain benefits.
Staffordshire	Telecare is not free to Staffordshire residents. A choice of which Telecare provider to go with, what type of package is required and how much residents want to pay.	Charge depending on range of provider of choice			

Warwickshire	<p>Telecare which is monitored and provided through Warwickshire County Council is a chargeable service. Customers will need to have a financial assessment and telecare is charged at a maximum of £3.06 per week. The telecare service includes a rapid response service for those customers who do not have friends or family near by. Customers can buy their own telecare service, Millbrook Healthcare offer a free eight week trial. Though there are lots of suppliers of telecare.</p>	£3.06			
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Telecare Charging Consultation Feedback Report

May 2025



1 Background

Shropshire Council undertook an engagement project to consult on proposals to charge for Telecare in January 2025 and the feedback obtained is covered in this report. Telecare is a service that helps to support people to live independently. It provides reassurance that Telecare clients and their carers can access and receive emergency support 24 hours a day. A standard telecare alarm package usually comes with a base unit. This either plugs into the telephone line or connects to the internet. It also comes with a call button, which can be worn as a pendant around the neck, wrist strap, and sometime includes falls detectors worn on the wrist and sensor mats. The call button is the part used call for help when needed or some equipment can generate automatic alerts in the event of particular issues arising such as a fall. When activated the call will be picked up by a Response Centre which operates 24/7. The response centre assesses the situation and makes a decision about the help needed. This might be to call an emergency contact such as a family member or friend, call a service listed on the person's record or to call emergency services.

In some areas, the Telecare Responder service provides assistance and home visits to check on clients' wellbeing. While this service is not currently available in Shropshire, the consultation included a request for feedback to determine if it would be beneficial.

Budget constraints and the financial context for local councils has led Shropshire Council to explore ways of recovering some of the costs associated with running Telecare services. cost of social care services. Around £4 in every £5 the council spends is on social care, looking after the most vulnerable people in the county. More people than ever now need this support, which the council must provide, while costs to do so are rising. Central Government funding restrictions mean that the Council has been looking at alternative ways to recover some of the costs of running some services. One of the options is to introduce charges for some of the services that were previously free.

Shropshire is currently one of very few councils that do not charge any residents for the Telecare service. The typical charge for Telecare services in other councils ranges from £1.50 to £19 per week. Introducing a charge in Shropshire would bring the council in line with other areas and allow Shropshire Council to sustain and develop the service.

The Telecare service is a non-statutory service (services which the council is not obliged to provide) and often used as part of a person's Support Plan to meet their eligible care needs; however, there are currently examples of people with no eligible needs receiving these services who are not being charged. For people with lower-level needs or as a preventative measure, the proposal being consulted on is to ask for a payment towards the service.

The proposal is to ensure the following principles are applied consistently to non-statutory services:

- If a person receives a non-statutory service to meet their eligible needs, this would form part of their overall Support Plan and financial assessment.

- If the council chooses to provide a non-statutory service to a person who doesn't have eligible needs or their eligibility has not been established, we would charge the actual cost of that service.

Features of the charging proposal are:

- Shropshire Council is proposing to introduce a charge for Telecare of £3.45 a week. This charge would apply to both existing and new users of Telecare.
- Residents who receive a package of care from Shropshire Council or those entitled to after-care services provided under Section 117 of the Mental Health Act will not pay for telecare.
- New users will be asked to cover a one-off start-up fee of £35.00.
- New users would have a free 6-week trial of the service as part of the proposals, under a reablement package as per the legislation.
- The charge would be the same no matter how little or often the alarm system is triggered
- All Telecare equipment remains the property of the Council
- The charge will be reviewed annually when the Council sets its budget, fees and charges.

An online survey was promoted widely as a method of gathering views, and users of the Telecare service received a letter and copy of the survey to enable them to share their views. To obtain feedback the consultation advertised through Shropshire Council's newsroom, through survey and consultation email alerts on GovDelivery, and was hosted on Shropshire Council's Get Involved consultation and survey pages.

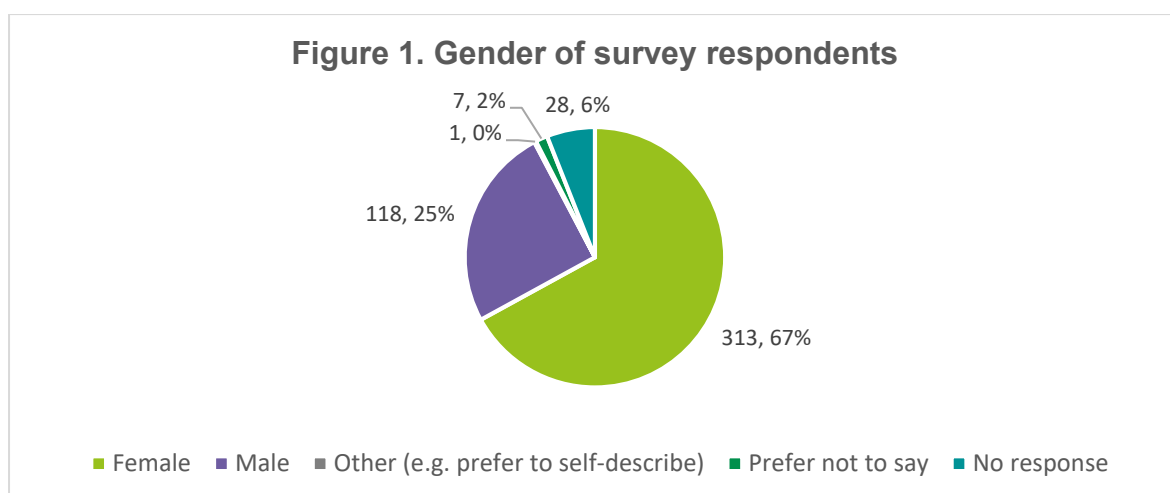
The survey ran from 20th January to 10th March 2025. Alternative options were offered to encourage as many people as possible to share their feedback. Those unable to complete the online survey were offered email and postal feedback options and alternative versions of the survey were also offered for anyone who may have found standard options difficult to complete (e.g. large text or telephone were offered). An easy read briefing paper, easy read survey and printable survey form were made available in addition to ensure as many people as possible felt able to participate.

The consultation survey resulted in 467 responses. Additional analysis is possible with the data gathered but the main results of the survey are set out within this report under the following sections:

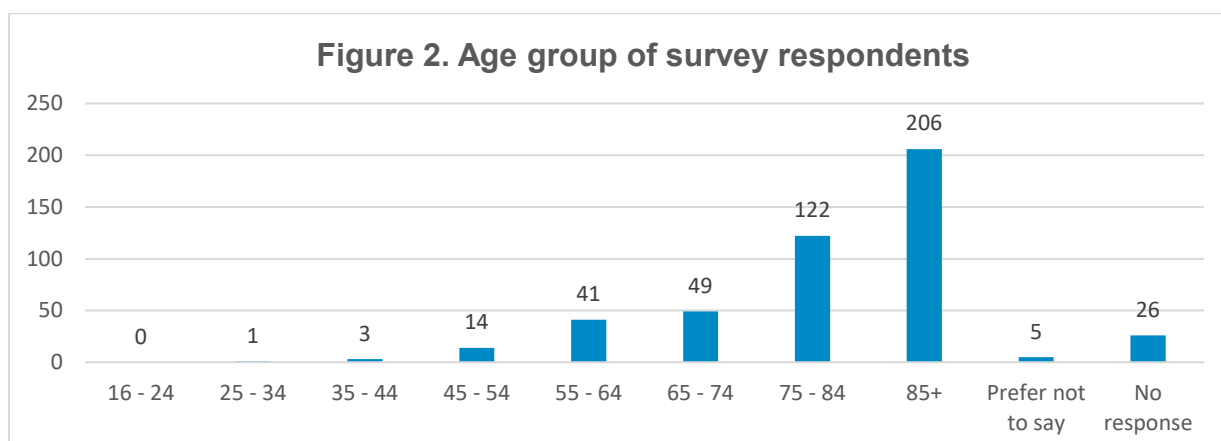
- **Section 1: Background** (this section) provides an overview of the consultation and how it was promoted.
- **Section 2: Respondents** presents the number and types of responses to the survey.
- **Section 3: Current Use of Telecare Services** explores current use of telecare services among the consultation respondents.
- **Section 4: Future Use of Telecare Services** analyses survey results for questions exploring respondents' views on the proposals for changing, and charging for, Telecare services.
- **Section 5: Overall Feedback** covers an overview of positive and negative views on the proposals and any ideas and suggestions.
- **Section 6: Summary and Conclusion** provides a brief summary and conclusion based on the overall analysis of the feedback received.

2 Respondents

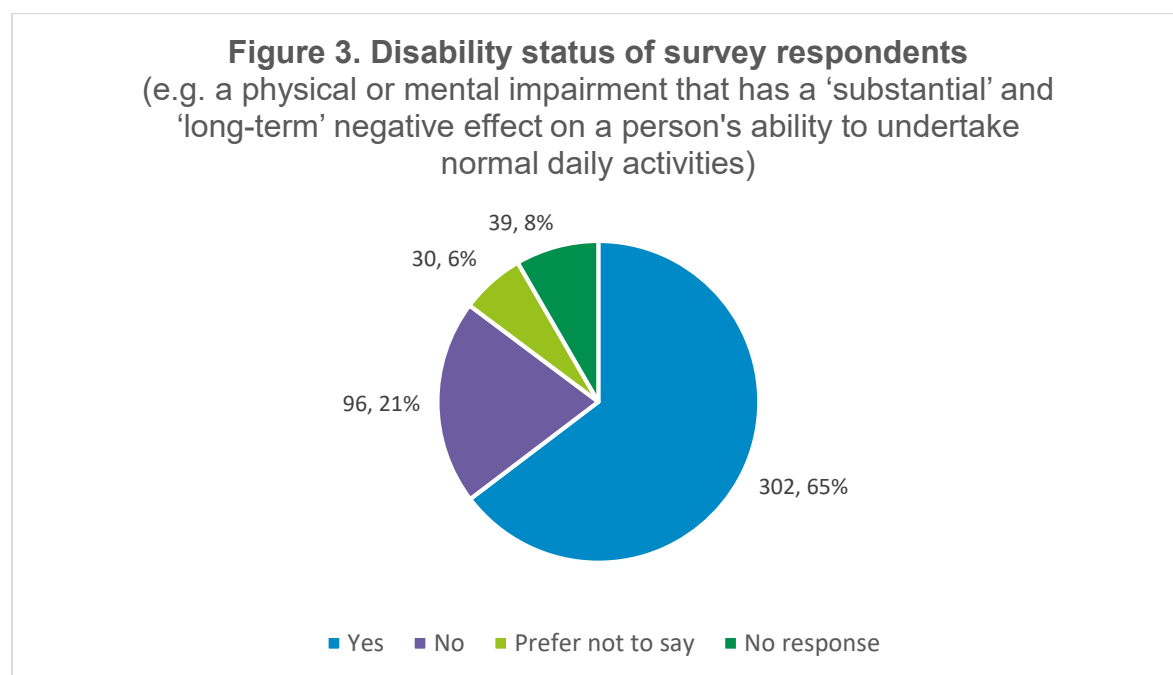
In total 467 people responded to the consultation and a significant proportion of respondents accessed the survey through the postal information sent to existing Telecare service users (91% of all survey responses were postal and 9% were online). To understand the sample of respondents a section was included within the survey to explore respondent characteristics. This can determine whether those responding to a survey are representative of the target audience and whether there are any gaps that need to be addressed. The charts below illustrate the nature of the survey sample. Figure 1 shows that 67% of respondents were female, 25% male, 7% didn't respond or preferred not to say. It is common to see more female respondents than males generally across all surveys (this is a local pattern but also one reported nationally). It is also common to see more female respondents because females will often reply to a survey on behalf of a household, among carers there is a higher proportion of females (as reported in the census) and life expectancy is longer for females within an older age group of survey respondents. Respondents were asked if their gender identify is different to the sex assumed at birth and 85% responded 'no', 1% 'yes', and 14% preferred not to say or didn't respond.



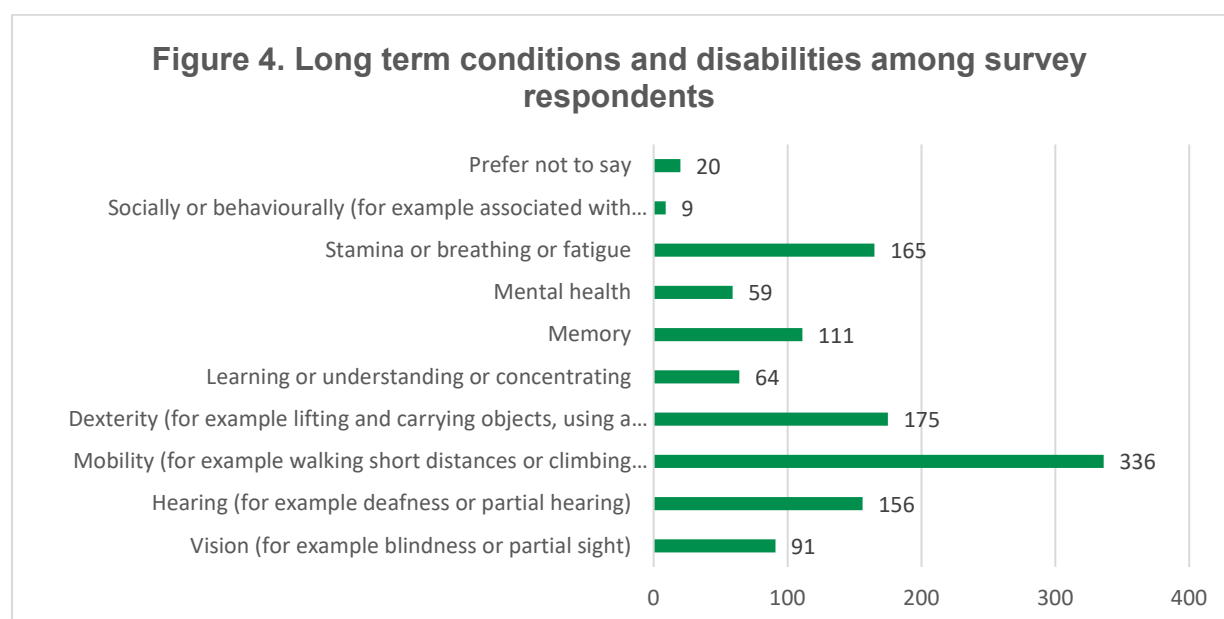
Survey respondents were asked for their age group and the responses are shown in figure 2. As anticipated, there were more responses from the older age groups. 44% of respondents were in the 85+ age group, 26% aged 75-84, 10% aged 65-74 and 9% aged 55-64. In total 90% of respondents are 55 and over, 4% under the age of 55 and 7% preferred not to say or didn't answer the question.



The survey included a few questions on disability due to the nature of the proposals and the importance of understanding whether the consultation had reached the target audience and the potential impact of proposals. Figure 3 shows that 65% of the respondents are disabled, 21% are not and 14% did not answer or preferred not to say. It should be noted that there is more information of relevance later in the report because families, carers and other representatives were encouraged to respond to the survey beyond Telecare users themselves.

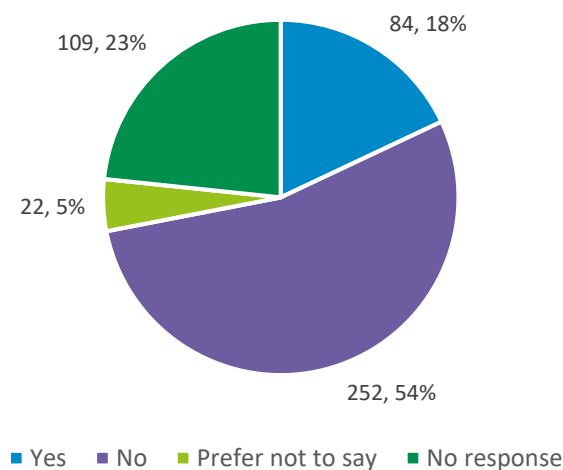


Survey respondents were asked to provide information on the type of impairments they experience. Figure 4 is valuable information for the Telecare consultation. For context, 350 of the 467 survey respondents are telecare users and 246 of the 350 described having a disability. The most common concern was mobility followed by dexterity, stamina/breathing/fatigue and hearing loss. From inputting paper surveys, it was possible to see that many people experience multiple challenges.



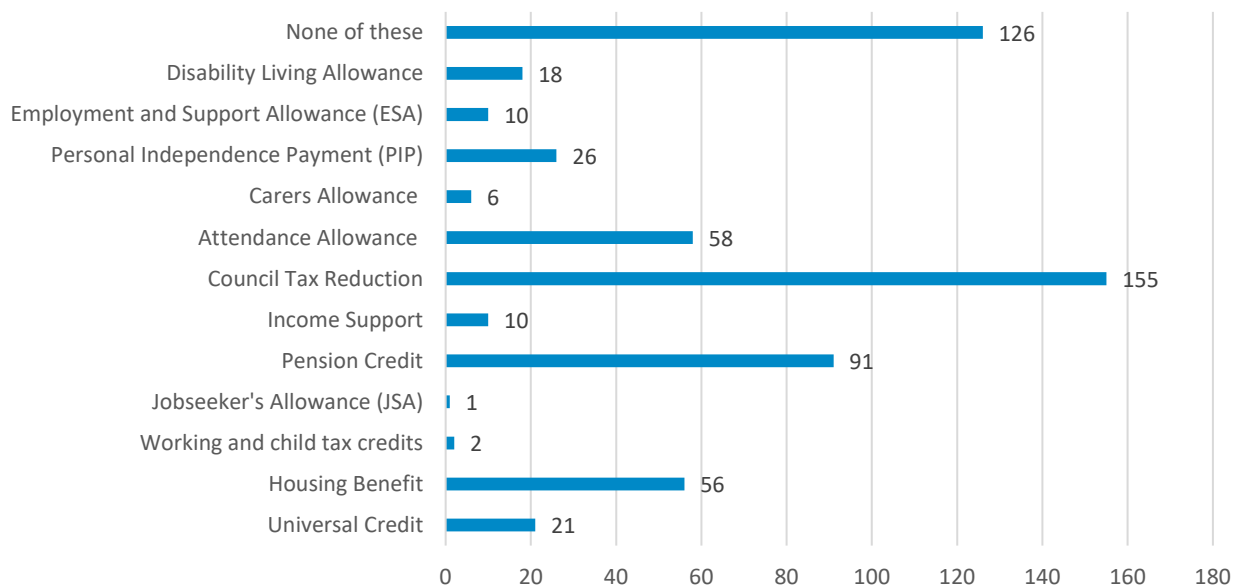
Some of the survey respondents are carers and the information gathered on survey respondents highlighted that although only 42 respondents (9%) responded to the survey in the capacity of a carer of someone accessing telecare services, 84 people (18%) are carers (see Figure 5 below). A proportion did not answer the question or preferred not to say.

Figure 5. Proportion of survey respondents who are unpaid carers (someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail disabled or has mental health or substance misuse)



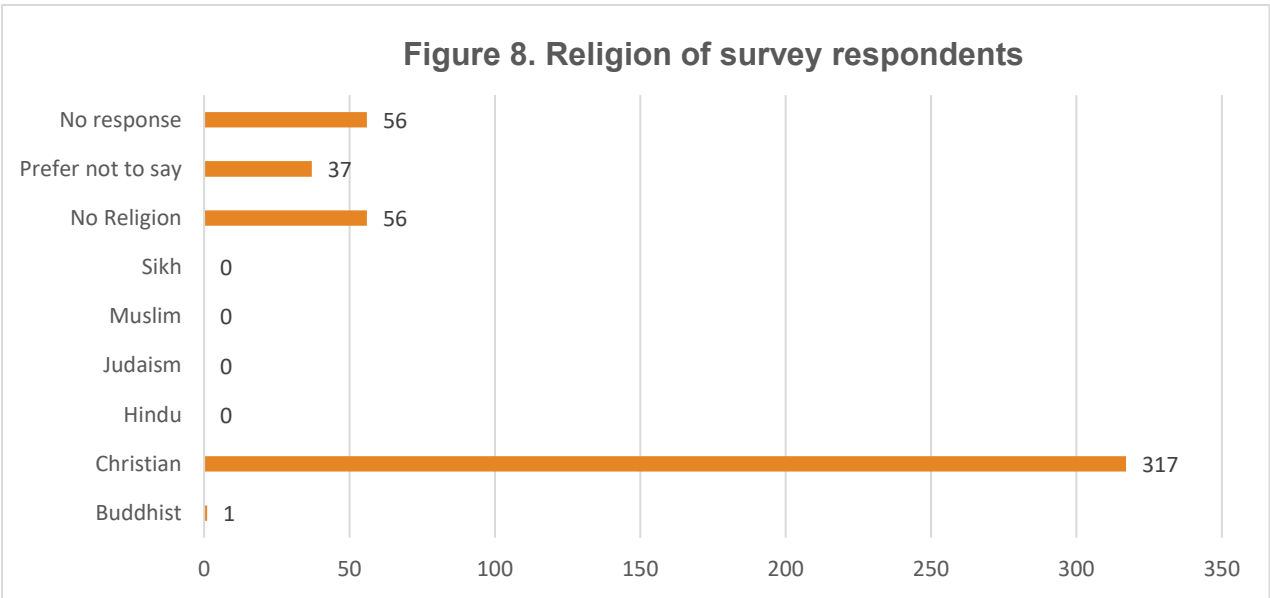
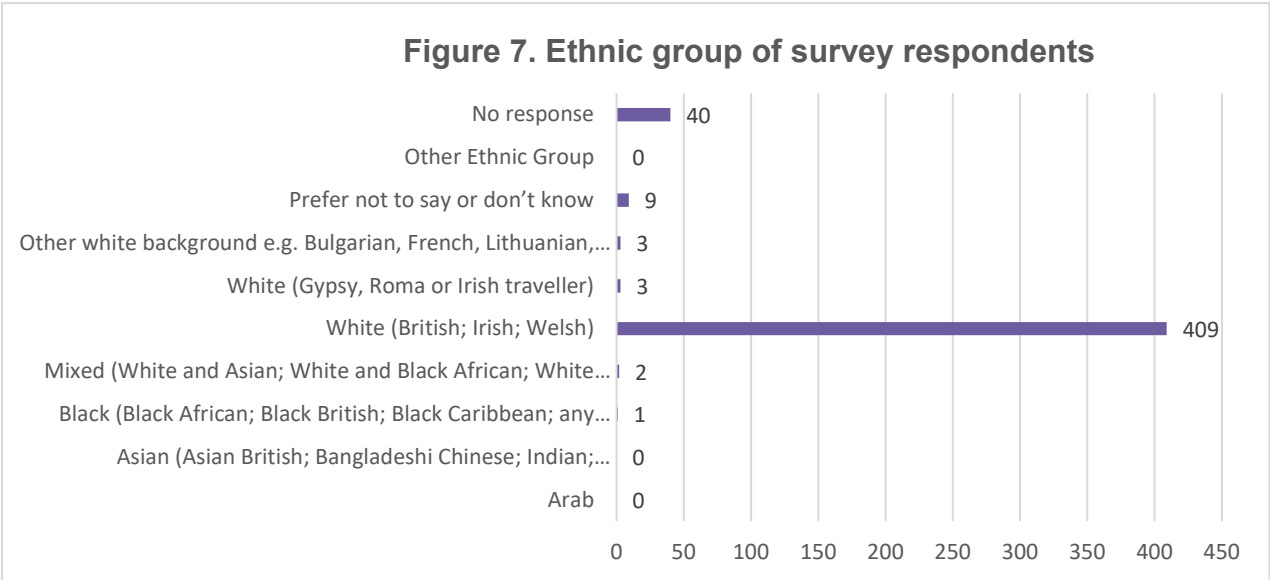
Survey respondents were asked about benefits in order to assess potential affordability of Telecare services. A list of main benefits was provided within the survey and respondents asked to describe any other benefits they receive within an open comment box. The information has all been collated and the responses are shown in Figure 6 below. 126 survey respondents indicated that they do not receive any financial support but there were some respondents who skipped the question.

Figure 6. Benefit support accessed by survey respondents



Council tax reduction was the top benefit mentioned by respondents (33% of all respondents, 9% of current service users) followed by Housing Benefit (12% of all respondents, 4% of current service users). Of the 350 telecare users 149 didn't select any benefits or describe any other benefits, suggesting 43% of current telecare users do not receive benefits and 57% do receive one or more benefits and are therefore very likely to be on lower household incomes (and could be more impacted by any charging proposals).

Ethnic group and religion were also included within the survey in order to understand if the sample is representative of the wider community. Figures 7 and 8 display the results below.



The 2021 census highlighted that 96.7% of Shropshire local authority's population are white (greater than the 81% national average) and the results to the survey align with this. 96% of the question respondents selected White British, Irish, Welsh. Only 9 respondents selected ethnic groups other than White British. Similarly, a lack of diversity is demonstrated in the question on religion. 317 of respondents (77% of question respondents) are Christian and 56 (14% of question respondents) have no religion. This is helpful contextual information, but it should be noted that any religious and cultural needs may not be considered in the feedback and results.

A question was included in the survey which read ‘There are nine Protected Characteristic groupings currently defined in the Equality Act 2010. In alphabetical order, these are: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Religion or Belief; Race; Sex; and Sexual Orientation. Thinking in more detail about these and the proposed service redesign, is there anything you may wish to add?’ This question was split up in the paper survey into 3 questions. Combined there were very few responses to the question itself, but some did respond, and others used the available comment box for other, more general responses.

The table below displays the feedback received in summary format. 111 comments were provided. 33 comments related to one or more of the protected characteristics. 22% of comments were linked to disability and 8% to age. In addition, 26% related to being alone or rurally isolated, 10% to transport access concerns and 5% to internet access concerns. Some example comments on the theme of equality are shown below. The other comments are used later in the report under the relevant sections.

Table 1 – Comments on equalities and 9 protected characteristics

Theme	Count	%
Live alone/ rurally isolated	29	26%
Disabilities present challenges (e.g. concerns communicating with responders)	24	22%
Age (e.g. feeling discriminated against due to age)	9	8%
Access to services and transport/travel concerns	11	10%
Access to internet concerns	5	5%
Importance of Telecare service	7	6%
Comments with more general dissatisfaction	15	14%
Negative comments about the question itself	2	2%
Other	9	8%
Totals	111	100%

Example comments – equality considerations

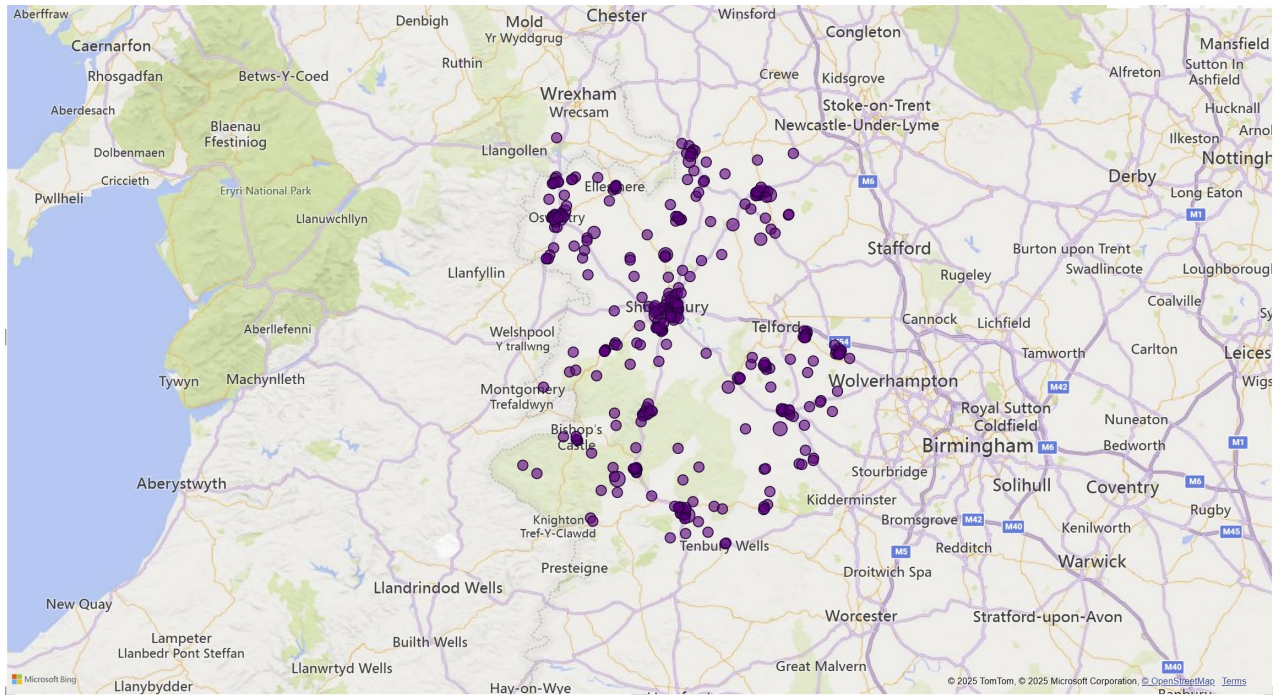
- *“Loneliness, especially in Winter months.”*
- *“Live in rural location which brings all the usual problems and difficulties.”*
- *“My home is isolated and along a farm track. It would be by chance if people heard me if I fell. Rural Isolation is a huge problem now I have become disabled.”*
- *“I live rurally with very poor signal service. I'm on a low income, live in a rural village 3 miles from the nearest amenities.”*
- *“Living in isolated area, alarm is essential.”*
- *“I live in a remote location, so the service is essential to me.”*
- *“I live alone, husband in nursing home. I have osteoporosis and history of falls.”*
- *“Profoundly deaf. I live alone and need to be able to summon assistance if required Telecare is vital part of me being able to continue to live independently and or my peace of mind and general mental health.”*
- *“My balance is very bad, I use crutches. I am 78 years old, I live alone in a very rural area few houses around, and everyone is elderly.”*
- *“Old age brings with it additional costs such as all the aspects of garden maintenance, minor items of property maintenance and repair, transport These are often overlooked or ignored but can amount to a considerable amount during the year.”*
- *“I am 90+ years blind veteran, disabled, deaf with several disabilities.”*
- *“Blue badge holder. People with a disability would be negatively impacted by having to pay for this service. Age discrimination for pensioners who need this service. No consideration for*

those living alone particularly in times of illness.”

- *“Struggle to get to GPs, hospital appointments as no longer driving.”*

Many of the comments relate to home locations being very isolated and rural. The postcode of respondents was requested. Not all completed this question, but Map 1 provides the information gathered to show the approximate location of survey respondents.

Map 1 Approximate location of survey respondents



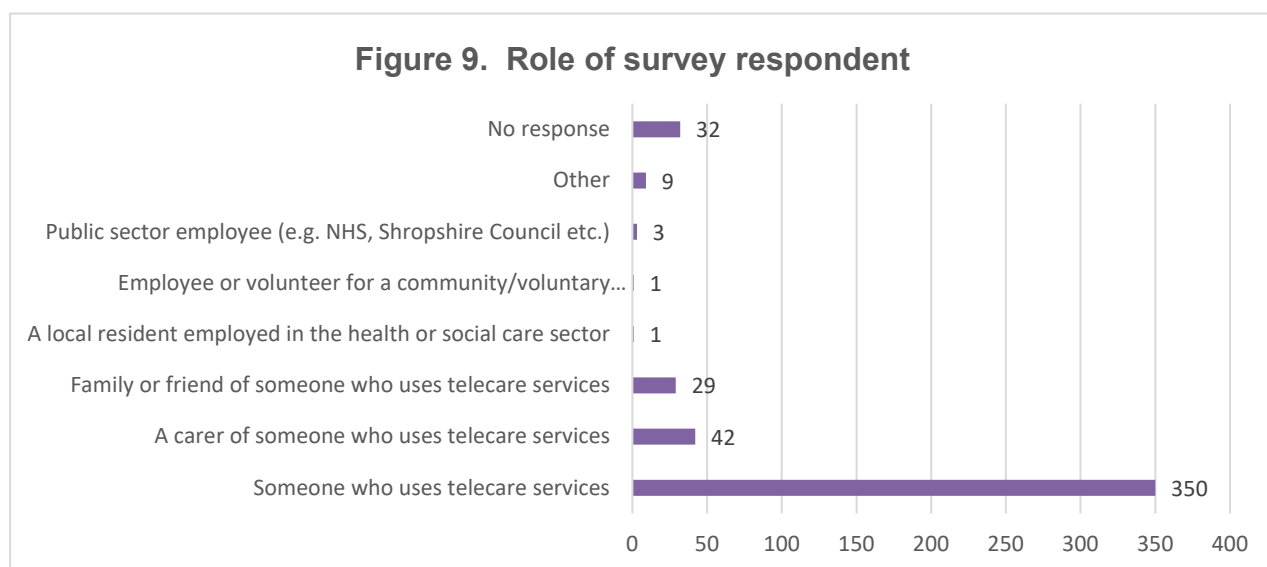
Map 1 shows that respondents were located throughout Shropshire local authority area with smaller numbers located just over the county borders. The map does highlight the rural locations of some respondents with concentrations within the later settlements as would be expected. It is encouraging to see that the county is well represented without any significant geographical gaps in representation.

The next section of the report explores the feedback obtained when survey respondents were asked about their current use of telecare services.

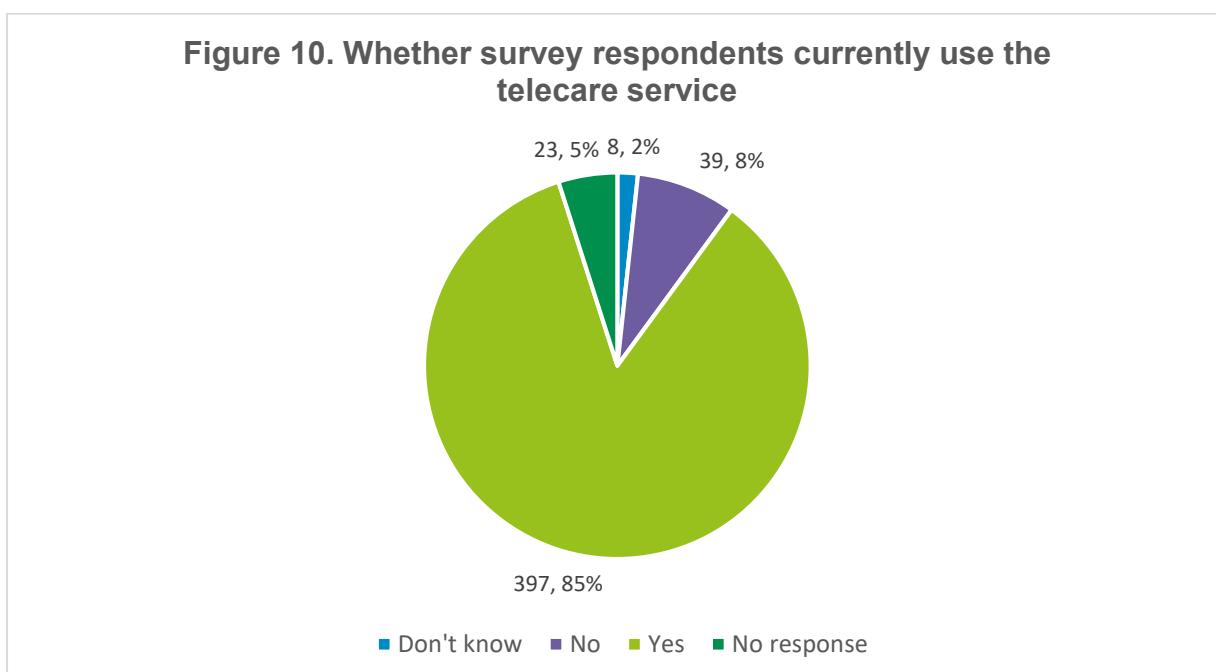


3 Current Use of Telecare Services

The 467 consultation respondents reported a variety of different roles in relation to the Telecare charging consultation. 75% of respondents are users of current Telecare services, 9% are carers of service users, 6% are family members or friends and 1% (5 respondents) have a professional interest in the proposals. Responses from organisations were more limited than expected given the connections to the wider health and social care system. 9 respondents set out other roles and these included members of the public, and people who have telecare equipment at home but do not use the service for a variety of reasons. Figure 9 below sets out the response.



A secondary question was used to confirm the data. The question read 'Do you currently use the telecare service?'. 397 people said 'yes', more than the 350 in the previous question (39% responded 'no', others don't know or did not respond to the question).



36 people added a comment about their use of the telecare service. A summary response is shown in Table 2. Most commented that they have the equipment but haven't needed to call the response centre to organise a response (44%). 25% use and value the service. A few example comments are shown below:

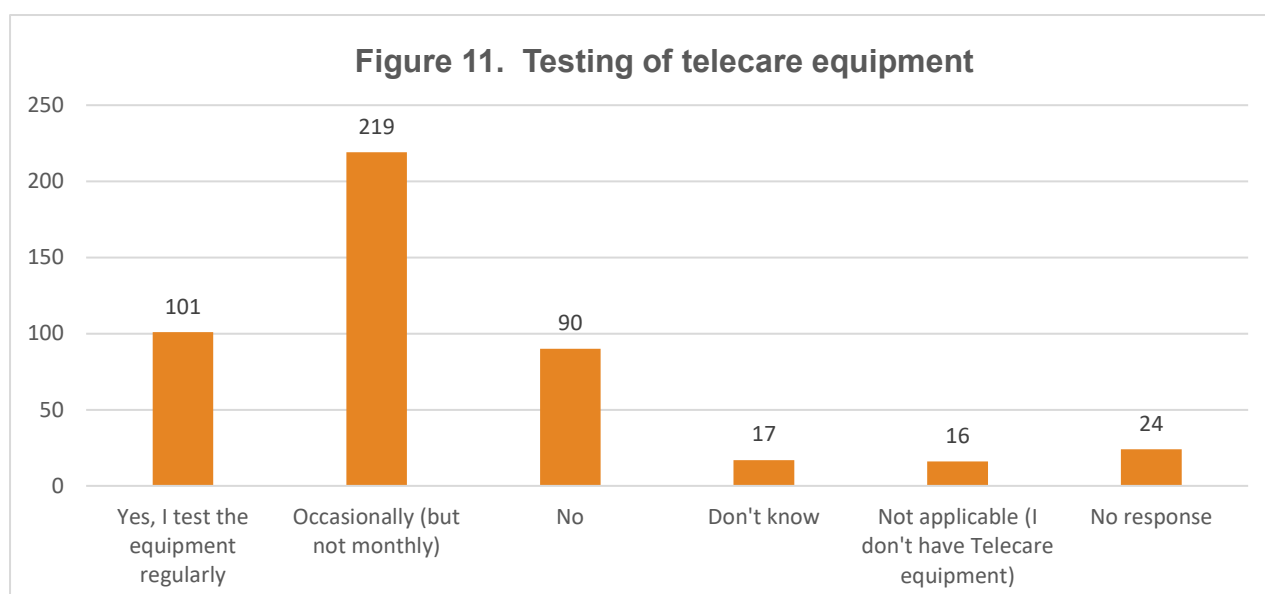
Table 2 Use of the telecare service

Theme	Count	%
Not yet needed to use it	16	44%
Have used the service / service is valued	9	25%
Family member uses the service	6	17%
Don't want / need the service	1	3%
Other	4	11%
Total	36	100%

Example comments – Use of the telecare service

- *"Have not used it since it was installed."*
- *"Only to test."*
- *"I have it but haven't needed to use it yet."*
- *"I haven't used it only accidental touching of equipment."*
- *"We have it in place in readiness and have not used it in more than 12 months."*
- *"I have not requested any help so far."*
- *"It is there if I need it."*
- *"My Mum uses the service."*
- *"I have had quite a few falls and as I am in my 90s it's been invaluable."*
- *"Telecare needed after having a stroke and the risk of falling but cannot communicate over the phone due to speech."*

The next question about current use of telecare equipment asked users whether they have remembered to test their equipment by pressing the trigger button. A reminder was included that this should be carried out monthly. The response is shown in Figure 11.



50 survey respondents added a comment about testing. The comments are summarized in table 3 with examples also provided.

Table 3 Testing of telecare equipment

Theme	Count	%
I was unaware I needed to test monthly / not told I needed to do this	31	62%
Carers / family do this for me	7	14%
System is sensitive / has been accidentally activated	3	6%
It is tested infrequently	5	10%
Don't know / Other	4	8%
Total	50	100%

Example comments – testing equipment

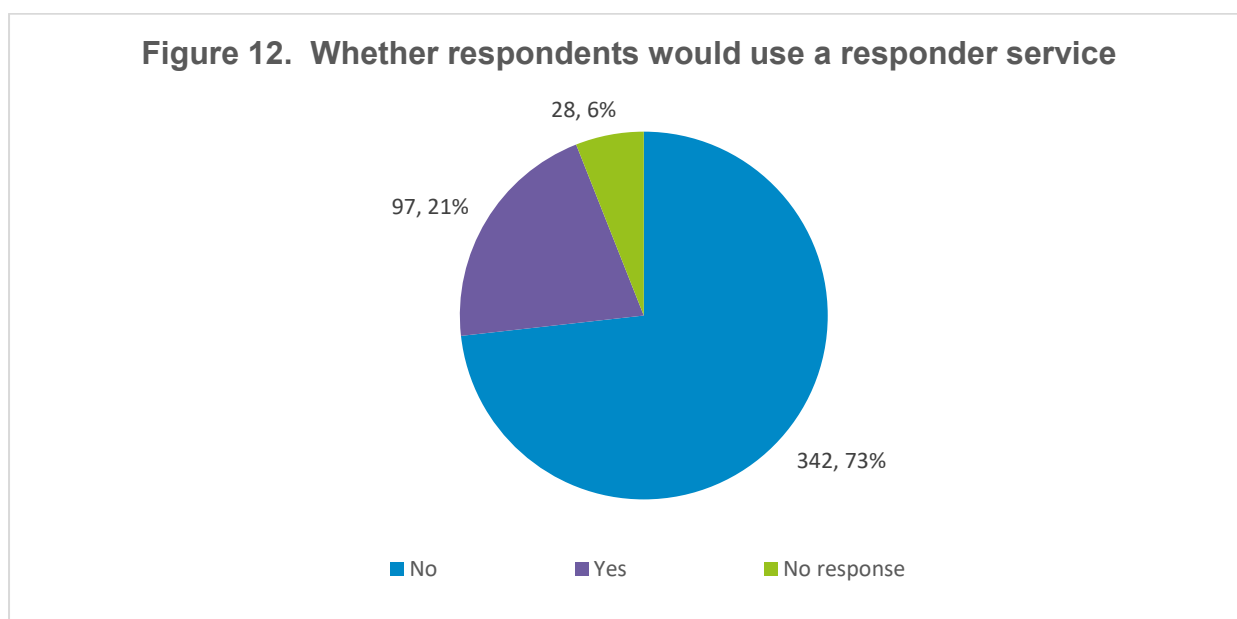
- *"I did not realise I should test that often, but I will try from now on."*
- *"Did not realise I was supposed to. Will now do so on a regular basis."*
- *"Will do so in the future."*
- *"Didn't know this was a requirement - not informed."*
- *"I didn't know until today that I had to."*
- *"I didn't realise I should test it. I'm a bit afraid to touch it."*
- *"Suspect not but will ask for it to be done in future."*
- *"Thank you for this reminder to test monthly."*
- *"It is easily alerted if the tablet is banged which is quite often."*
- *"Any time there is a power cut."*
- *"Several accidental triggers proves system works."*
- *"Son tests system but not monthly."*
- *"User has dementia and has to be prompted to test equipment."*
- *"I believe the care company tests this."*
- *"My carers test it."*
- *"Carer tests it every Friday."*

The next section of the report considers the consultation proposals and future use of telecare services.

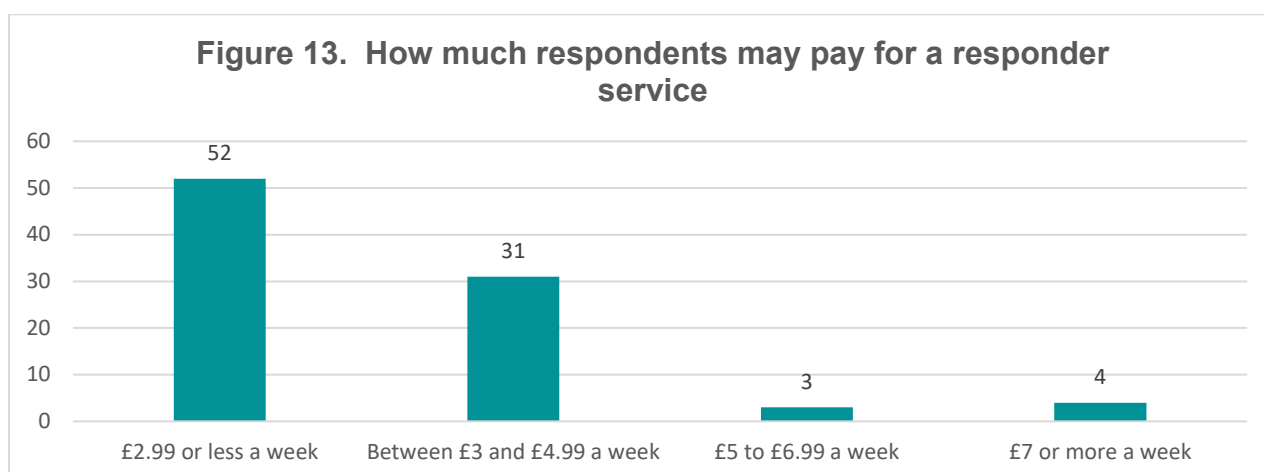


4 Future Use of Telecare Services

All respondents to the consultation were asked for their views on the telecare charging proposals and the future of telecare services in Shropshire. Questions were included within the survey to obtain views on key features of the proposals. The first question sought to obtain feedback on whether respondents would use a responder service if introduced by Shropshire Council. The question read ‘Some local authorities offer a Responder service. Trained staff, called responders, can visit your home to provide practical, emotional, planned, or emergency support to minimise risks and promote independence. Would you be interested in this service?’ The response to the question is shown below in Figure 12.



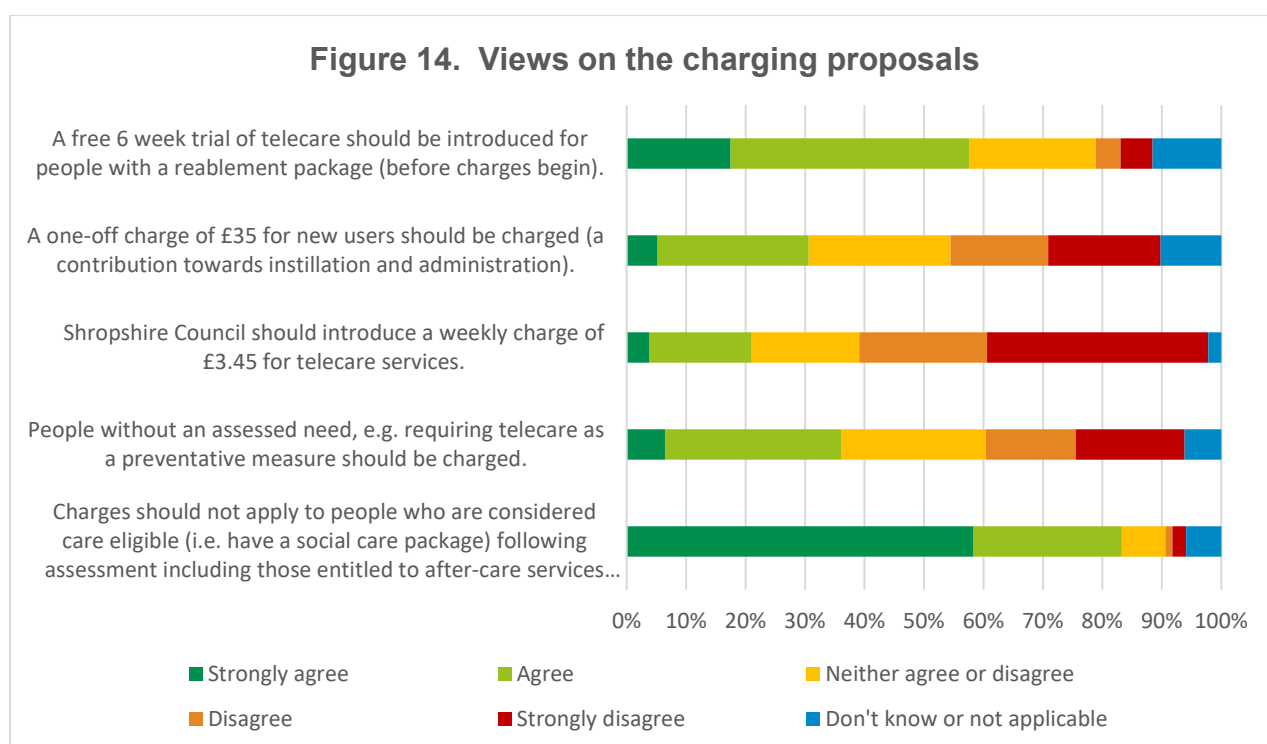
A majority of respondents indicated that they would not be interested in use of a responder service if introduced locally (342 people, 73%). 90 of the 97 people who may be interested in such a service were asked how much they would be willing to pay. The results are shown in Figure 13 below. Of those who may be interested in the service most would be willing to pay £2.99 or less a week (58%), followed by between £3 and £4.99 (34%). Only 7% would consider paying £5 a week or more.



Survey respondents were asked to provide a view on 5 key statements:

- Charges should not apply to people who are considered care eligible (i.e. have a social care package) following assessment including those entitled to after-care services provided under Section 117 of the Mental Health Act.
- People without an assessed need, e.g. requiring telecare as a preventative measure should be charged.
- Shropshire Council should introduce a weekly charge of £3.45 for telecare services.
- A one-off charge of £35 for new users should be charged (a contribution towards installation and administration).
- A free 6-week trial of telecare should be introduced for people with a reablement package (before charges begin).

Figure 14 displays the response and shows that most people agree or strongly agree that charges should not apply to people who are considered care eligible (76% of all respondents). There is also a lot of support for a free 6-week trial for those with a reablement package (48% agree or strongly agree). The majority disagree or strongly disagree that Shropshire Council should introduce a weekly charge of £3.45 for telecare services (52% of all respondents). There are more mixed views for the other proposals. For the proposal that people without an assessed need should be charged, 31% agree/strongly agree and 29% disagree/strongly disagree. When asked if a one-off charge of £35 for new users should be introduced, 26% agree/strongly agree and 30% disagree/strongly disagree.



An open comment box was added to allow respondents to add any views and 162 comments were provided. Table 4 below summarizes the themes from all the responses provided (some comments included multiple themes). 19% provided positive comments about the value and importance of the service, 16% express views that they cannot afford to pay, 13% comment that the service should remain free to all and 10% suggest the service should be free to the most vulnerable. Example comments are used to illustrate the feedback further.

Table 4 Comments on the responder service proposal and charging

Theme	Count	%
The proposed amount is too much/ should be less	15	8%
The service should be free to all users	25	13%
The service should be free to the most vulnerable (e.g. disabled, living alone, frail etc.)	20	10%
Users lives will be put at risk if they will cancel the service	9	5%
Users will stop using the service due to costs	10	5%
Charges should be based on individual circumstances/ means tested	16	8%
I cannot afford to pay the charge/ limited income	31	16%
The system is valued and appreciated/ provides peace of mind	37	19%
Increased pressure on other public services/ preventative service	17	9%
Other	15	8%
Total	195	100%

Example comments – Views on charging for telecare

- *"We are very grateful for this reassuring service. When used, the staff have been excellent. The Engineers have also been superb and any new equipment/updates/repairs etc. have been undertaken efficiently and professionally."*
- *"I strongly disagree to anyone having to pay for this service as already a lot of people don't have it due to price or knowledge and the people who do are those in need and it is a must not a choice."*
- *"Old and vulnerable people seem to be the target of recovering cash lately. With the government now basically means testing the winter fuel payments, the state pension now exceeding the personal tax allowance meaning some pensioners are now paying income tax, pensioners are losing cash and becoming worse off."*
- *"I understand that costs of services are going up for everything, but I think pensions are already suffering this service should be free to us."*
- *"I would be interested in the service it is was free."*
- *"This is bringing a lot of reassurance for me when on my own but financially I cannot afford to pay."*
- *"£35 could be a barrier to a lot of people. Need more information regarding what a reablement package is/does."*
- *"These answers are based on thoughts of an elderly lady living independently. With the one-off charge of £35 it does seem acceptable, but the suggestion of a contribution leaves the charge very open to large increases."*
- *"I think £1 or £1.50 a week as £2 is £104 a year and a lot out of one pension."*
- *"A weekly charge of £3.45 is a lot from a pension. Suggest a nominal charge of £10 per month would be more appropriate."*
- *"Where there is a preventative need such a high charge seems to be out of proportion."*
- *"I think this should be part of the means tested benefits. Those who can afford it should help pay for the service. If, however there is a question re whether the service can continue without income then maybe the charge be levied accordingly depending on the income."*
- *"The one-off charge should be means tested. The 6-week trial - the telecare might not even be required within this time frame depending on the nature/situation of the resident so this 6 weeks administration cost could be saved by removing this option. A person could go months or even a year before needed to use telecare and because they haven't used it in 6 weeks might feel there is no need to have it whereas in fact telecare is a very useful and essential service for our elderly population and helps them feel more secure in living independently."*
- *"Social care needs to be capped at 50-60% of overall budget to be fair to those who do not*

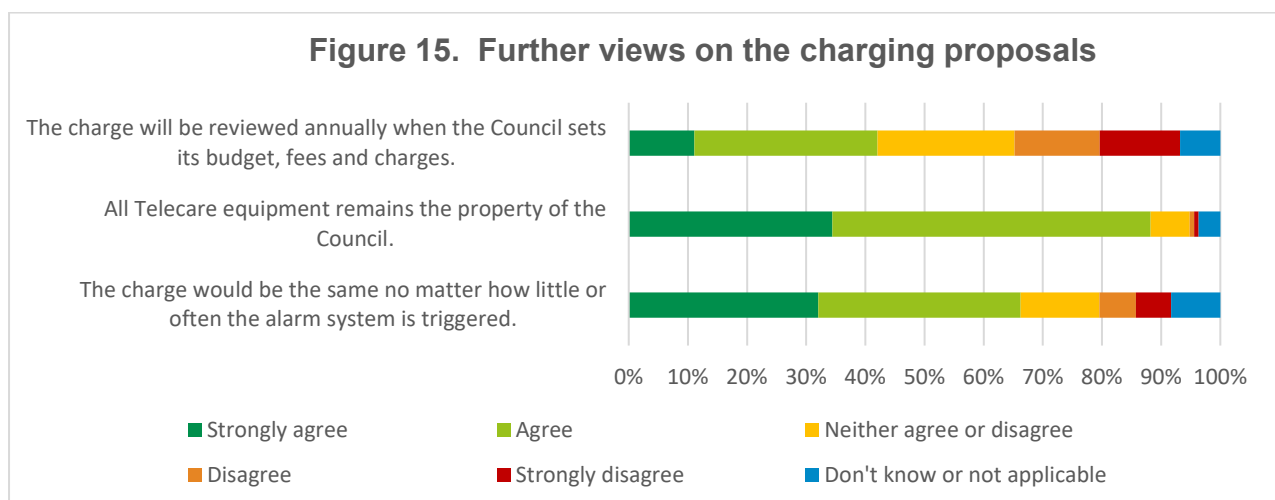
use social care. We will all end up classed as "vulnerable" at the rate the council is cutting services as the expense of vulnerable people."

- "While a few pounds a week may be affordable for some the setup fee is too much. Is that payable before the 'free' trial? If so, is it refunded if the service is refused?"
- "If I was charged, I would not want to keep the telecare. It is currently there for emergencies."
- "This system has saved my life on 5 occasions. If I can't afford this what do I do?"
- "This service could save an ambulance being sent out multiple times surely it should be a free service."
- "Telecare services are potentially life-saving so should not come with a charge."
- "If people are elderly and have opted to live in assisted living accommodation, their safety depends on this service and they should not be charged. With staffing/manager hours drastically reduced it is an essential lifesaving service."
- "I would like to see a further exemption for all those telecare users with an unpaid carer registered with Shropshire Carers Team. These are Shropshire residents already saving the Council significant sums of money, whilst many telecare users are relying on the service because their families/friends and those who might be sharing the overall care burden have decided to move away from Shropshire leaving their vulnerable elderly relatives as a 'care burden' on the rest of the Council tax payers. There are currently 3,000 unpaid carers registered with Shropshire Council's care team but a further estimated 27,000 could come forward with this kind of money-saving incentive."
- "As a non-statutory service it should be fully charged for."

The example comments illustrate the concerns among respondents. A smaller proportion accept some charges but many of the comments are focused on views that the service is preventative and so valuable to individuals and the wider healthcare system that it should be free. Some of the respondents highlight that if charges are introduced, they will need to reconsider use of telecare equipment. To understand views further, respondents were asked to give a view for three statements set out within the charging proposals:

- The charge would be the same no matter how little or often the alarm system is triggered.
- All Telecare equipment remains the property of the Council.
- The charge will be reviewed annually when the Council sets its budget, fees and charges.

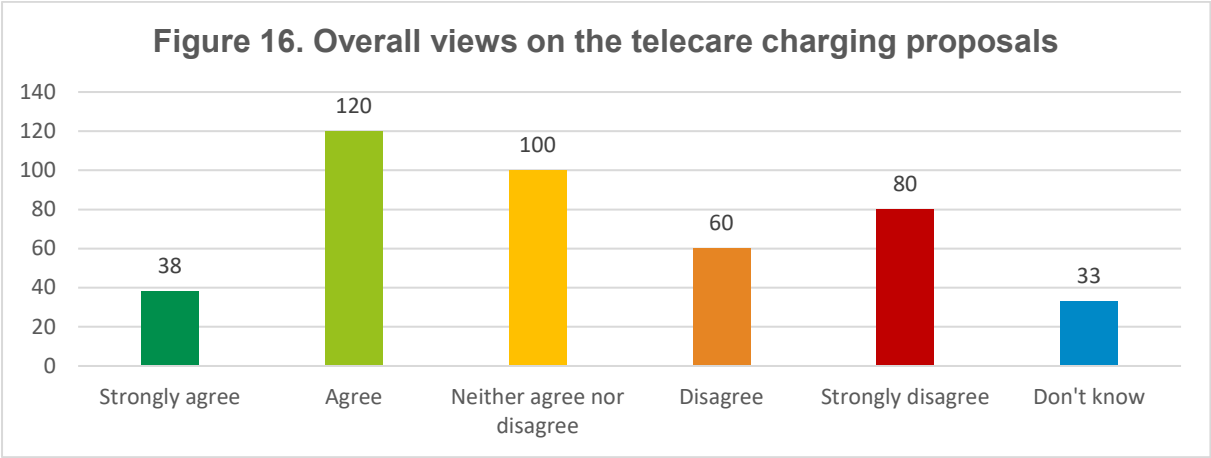
Figure 15 displays the results and shows that the survey respondents are happy for the equipment to remain the property of the council.



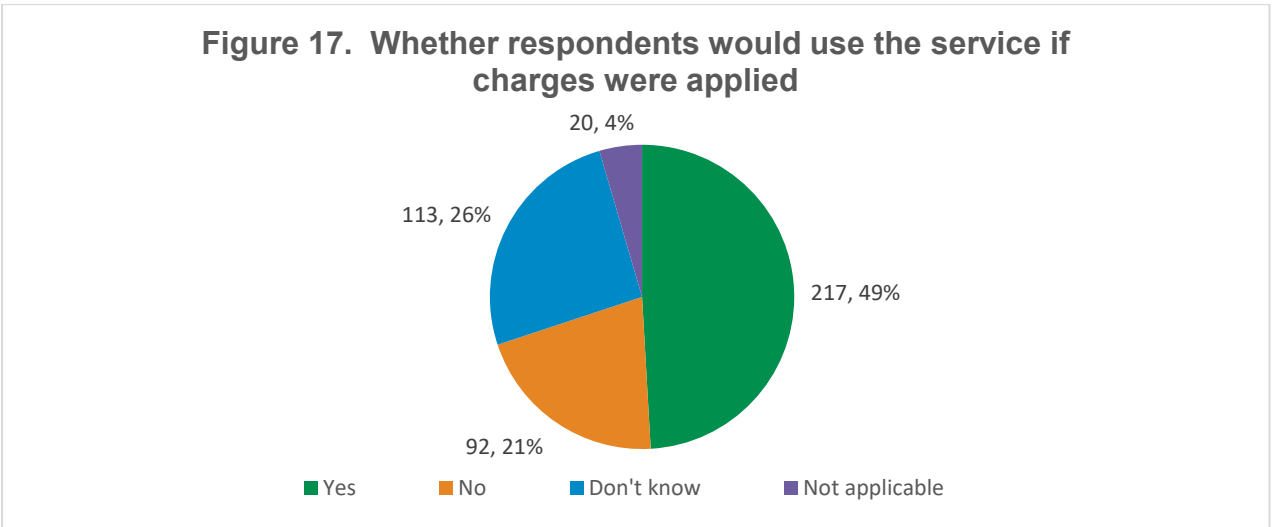
60% agree or strongly agree that the charge should be the same no matter how little or

often the alarm system is triggered (11% disagree or strongly disagree and others don't have a view). The element of the proposal with more mixed views relates to whether the charge should be reviewed annually when the Council sets its budget, fees and charges. 36% agree or strongly agree that would be appropriate whilst 24% disagree or strongly disagree. A few of the respondents commented that they were concerned that costs would rise on each review.

The survey also included an overall question to assess views, in addition to the statements for each element of proposal. The question read 'Shropshire Council's current proposal is based on evidence from other local authority areas where charges are made for telecare. The proposal considers needs and ability to pay (i.e. excluding people with a social care package). To what extent do you agree or disagree with this proposal?' Figure 16 displays the response.



Overall 34% agree or strongly agree with the telecare charging proposals overall, 21% don't have an opinion (some made comments at the side of their surveys to say they required more information or were unclear of the impact of charging) and 30% disagree or strongly disagree (7% don't know and 8% didn't answer the question). All respondents were also asked if they would use the service if charges were applied. Figure 17 displays the results. 49% would continue use, 21% wouldn't and others don't know, or the question wasn't applicable.



The next section of the report looks more closely at the comments and wider feedback.

5 Overall Feedback

The previous section of the report focused on some of the specific charging proposals set out within the consultation and sought to understand where there is support or where concerns exist for those proposals using predominantly multiple choice and check box survey questions. The survey was also designed to capture comments and the more nuanced feedback possible from qualitative data collection. The responses to 4 main questions are covered within this section of the report, these questions focused on anything respondents like about the charging proposals, anything respondents don't like or are concerned about, alternative suggestions and any ideas for service improvements.

When asked for comments on anything that respondents like about the charging proposals there were 157 responses (a few covered multiple themes). Each comment has been considered and categorized to highlight the themes present within the responses. Table 5 displays the results. As the table highlights, 91 of the 164 responses (55%) highlight that they do not like anything about the telecare charging proposals (a significant number simply responded "No"). 11 respondents (7%) highlighted that the service should be free of any charges.

There were 62 other comments, some were positive, but many were neutral. Other respondents highlighted the value/importance of the service (17 comments, 10%), that the charges seem fair (14 comments, 9%), and that charges should be based on means testing/ability to pay (13 comments 8%). In addition, Example comments help to illustrate the responses further.

Table 5 What survey respondents like about the proposals

Theme	Count	%
No/ Nothing	91	55%
Proposed charges for the system seem fair	14	9%
Charging will ensure Telecare service is still available	10	6%
Assess the need of users for the Telecare service	5	3%
Telecare should be free of charge for users	11	7%
Telecare is a valued service / provides reassurance and safety	17	10%
Telecare should be means tested / charges based on ability to pay	13	8%
Other	3	2%
Total	164	100%

Example comments – What people like about the proposals

Nothing/ disagree with the proposals

- *"I strongly disagree with this proposal."*
- *"I do not agree that we should be charged."*
- *"Many users may cancel their equipment if charges are introduced, causing problems and lack of confidence and possibly damage to their independence and safety."*
- *"No - The cost of being disabled or vulnerable is considerable anyway."*
- *"No, I know its hard times, but this is a great service and don't think people who already use it should have to pay."*
- *"No, it's awful. If the council managed their finances the elderly, the sick, vulnerable would have all the help they need. We are already paying for the Wi-Fi I don't need it for anything"*

else.”

- “It seems unfair that I will be charged for ensuring my safety.”
- “Seems a reassuring service a lot of people rely on is yet another fundraising thing to address councils budget problems. It would be interesting to know how much charging for this will raise for the council?”

Other comments and support for the proposal

- “The service is excellent so if the payment allows the service to continue or expand then that is good.”
- “If it ensures a more efficient service, it would be a good thing.”
- “If people have sufficient income then fine, but don't set the bar stupidly low.”
- “Makes it fair for everyone and payment is reasonable, as private companies charge more.”
- “If the charge helps to keep telecare running efficiently 24/7 then I agree with the charge as it is a useful and possibly lifesaving service.”
- “Yes, it's not going to be done away with altogether so must be kept as it is a lifeline for many. I know cost comes into everything.”
- “It recovers costs for non-statutory services which the council taxpayer should not be funding.”
- “It would be great if the care line could be extended beyond one's house and garden. I would be willing to pay if that were so.”
- “I understand the need to charge but being someone who was assessed as needing social care but was unable to afford the weekly sum they wanted me to pay will be unable to access any help in an emergency!”
- “I feel that it is very fair that we should contribute to the service. To me it is very important contact to have knowing that help is at hand if needed.”

There were 214 comments when asked ‘Is there anything you dislike about the proposal? Please explain any concerns you may have including any negative impact the proposal could have.’ Table 6 displays the results. Some comments covered multiple themes. There were a number of key themes within the comments made. 20% disagree with charging for the telecare service generally and 14% disagree with charging due to the service's preventative nature. 14% are concerned about affordability and 17% discuss that the charge will add to existing financial pressures for users of the service. The example comments shown on the next page further illustrate the feedback received.

Table 6 What survey respondents dislike about the proposals

Theme	Count	%
Disagree with charging for the system/ It should be free	48	20%
Disagree with charging for a system that is an essential/ preventative service	34	14%
Will not be able to afford to pay for the service	35	14%
Will put additional pressure on limited budgets	41	17%
Potential impact on health and wellbeing if remove the free service	21	9%
No choice/ will have to pay for Telecare	13	5%
Service needs to be improved	4	2%
Positive comments about the Telecare service	29	12%
Negative comments about Shropshire Council/ financial management	14	6%
Other	7	3%
Total	246	100%

Example comments – What people dislike about the proposals

- *"I am in no position to pay anything. I have a social care package in place."*
- *"I am concerned about having to pay for the services that I already receive for free."*
- *"£3.45 a week on the face of it doesn't seem a lot however, that's £13.80 per month or £179.40 a year! doesn't sound so cheap now does it."*
- *"I feel it's concerning that my 89 year old father has been given this equipment free of charge following a fall and now you are considering charging him for this vital emergency lifeline. I feel the equipment is appropriate to his care needs and therefore should remain FOC. He has had 2 falls since and this has given him and his wife the confidence that he will be helped when in need."*
- *"I would be concerned that some people may opt out yet still require this service. My mum is on a pension."*
- *"Would have no choice to keep telecare as mobility poor and have had several falls in the past. Believe it should be means tested if charges apply and people receiving pension credit should be exempt from charges."*
- *"I was given this for protection from falls and no one knowing. Doctors arranged it. It makes me feel safe. I can't afford to pay for it. Perhaps you should put me in a home."*
- *"An eternal state of financial embarrassment leaves us in despair and the prospect of paying for another service fills us with dread. Surely the aim to provide safety for individuals and also reduce unnecessary hospitalizations by having a falls team etc. assist."*
- *"As this service could be the difference in life or death when someone is in need of help. I don't think this should be charged."*
- *"I've had Parkinson's for 25 years. I have had frequent sudden falls in the past few years. I am very grateful for this service."*
- *"I feel this is a lifeline service and should not be charged for. People that use the service are on fixed incomes and money is very tight."*
- *"I have no choice as I am 24/7 bed bound."*
- *"To bring in a cost for a service that was insisted upon to enable hospital discharge seems counterintuitive."*
- *"I feel that in the long run it will save money for me to have one so if I need help, I can press the button. If I don't have it, I may cause more trouble and money."*
- *"My concerns are for those in greatest need and with the lowest ability to pay - they must not be left without a telecare package: it is essential and not a 'luxury'. Sadly, purely on an economic basis, the cost of not doing so is likely to be higher for the NHS and Shropshire Council and be reflected in hospital admissions and greater social care needs in the shorter and longer term."*
- *"Should be a free service as this reduces the number of ambulance call outs and hospital visits."*
- *"I rely on the telecare for peace of mind knowing that if I fall, I can contact others. I cannot afford to pay for this service so would have to do without."*
- *"As a preventative measure it is valuable. I don't actually use it at the moment but accept that it must save the council and the NHS money in the long run. But people in need of it may opt out. Make it free to those over 85?"*
- *"People in need not using the service due to price. Result could be someone in need not accessing help when needed."*

A quantitative question was included within the survey which asked for views on the likely impact of the telecare charging proposals. It was very clear from the responses to the survey that many people misunderstood the question. Many respondents expressed their fear and concerns within a written comment and then suggested the proposal would have a positive impact on them. Had confusion arisen among only a few respondents then the results would have been shared but given the very high numbers of contradictory responses this question has been omitted from the report. Another reason for the

decision not to include the question links to the fact that many individuals gave a view on organizational impact when they were not responding as an organisation. There were very few responses from representatives of organisations within the survey sample so the assessment of impact on individuals, families and local organisations has not been possible. It is recommended that this is noted and considered by decision makers prior to any decisions and next steps.

The question on impact did include an 'other' comment box and these comments are helpful and can be used. Table 7 displays the results. 75 survey respondents commented on impact and as the table highlights. A few covered more than one theme in their comment. Most comments described negative impacts with only 4 comments (5%) setting out that a positive impact of charging would be allowing the service to continue. The negative impacts described included financial impact and affordability, needing to end the service due to costs, impact on personal safety and wellbeing.

Table 7 Potential impact of the proposals

Theme	Count	%
Negative impact - financial impact on limited household budgets	19	23%
Negative Impact - Unable to afford the service	6	7%
Negative impact - Will cancel the service	10	12%
Negative impact - Impact on personal safety e.g. risk of falls	15	18%
Negative impact - Impact on wellbeing/ removal of reassurance	18	22%
Neutral impact - Affordable charge/ agree with the proposed charges	5	6%
Positive impact - Continuation of a valued service	4	5%
Negative comments about Shropshire Council/ financial management	3	4%
Other	3	4%
Total	83	100%

Example comments – Potential impact of the proposals

- *"This would impact carers. My anxiety would be worse."*
- *"Very worrying for me to be without."*
- *"The Telecare service provides peace of mind both to me and my family. the impact will be huge."*
- *"Financial impact as stated. Almost guaranteed you will increase charges every year."*
- *"It would make my Mother reconsider her alarm and if she rejected it that would put more pressure on me to check in on her several times a day. This has a negative impact on my life health and family."*
- *"We cannot afford this service so would therefore have to forfeit it. My mother has a significant falls history and needs help each time she does fall."*
- *"I am elderly and live alone, this service reassures me and my family as I can get help if required by pressing the button. It helps me remain independent in my home."*
- *"At the moment my wife can leave me to go shopping. Knowing I can summon help if needed means she can go out without worrying. Luckily, I have not needed to summon help but as my condition is progressive, I have to be forward thinking. We are pensioners already struggling with winter fuel bills. We will have no choice but to stop this service should you ask us to pay."*
- *"I could be in danger without it. I have falls and cannot get up on my own due to my disability."*
- *"I would feel isolated."*
- *"As a worker who arranges Telecare, I feel there may be some clients who wish to complain to me. I feel the guidance on eligibility should be very clear so that it can be applied"*

consistently and fairly. I have no issues with the Council making a charge for the Telecare equipment and service - it is no different to paying for any other service we choose to use, but I feel as I said above that eligibility needs to be clear e.g. those on certain benefits, or with life limiting conditions for example should not have to pay."

- *"I work in Public Health and I am concerned re retaining the highest level of service for those who are most vulnerable (including economically), in Shropshire."*
- *"The use of telecare should be expanding, not reducing; look at the wider socio-economic and care benefits that come from early intervention provided by this service."*
- *"Viewing the financial state of the council I think it is reasonable."*
- *"I can afford this without serious problems. Is that what you mean?"*

The next question within the survey read 'Do you have any alternative suggestions that could be introduced to raise income and cover the costs of the service other than the proposal outlined?' There were 94 alternative suggestions made and some comments covered multiple themes. Table 8 summarizes the feedback provided. 27 comments (26%) related to concerns that Shropshire Council's financial management is not effective enough and should be improved to prevent decisions like this impacted on people who are vulnerable and in need of telecare services. 13% of the comments suggest means testing; 13% suggest raising income or making cuts elsewhere, and 13% repeat requests highlighted in previous responses to ensure the service remains free of charge. The example comments better help to show the type of comments made by the survey respondents.

Table 8 Alternative suggestions

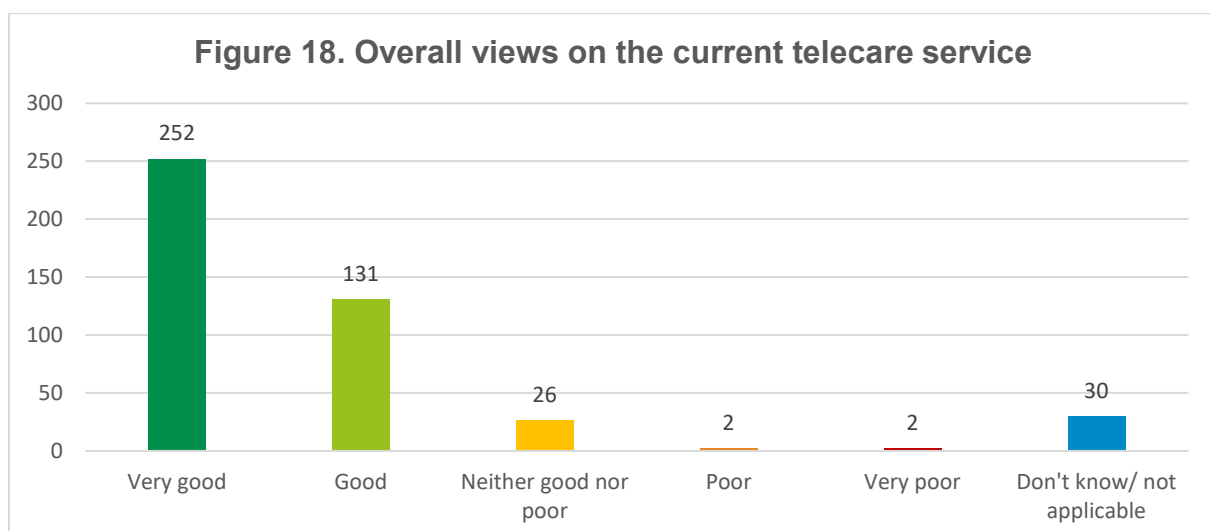
Theme	Count	%
Increase council tax to pay for the service	5	5%
Charge for other services/ Reduce other services within the council	14	13%
Reduce staffing/ salaries and staff benefits in the Council	5	5%
Improved management of Shropshire Council/ financial efficiencies	27	26%
Grants/ lottery funding/ charitable donations	4	4%
Means tested charging/ charge what people can afford	13	13%
Keep it as it is/ Free service	13	13%
Initial/ Installation charge	5	5%
Charge for the service as per the proposals	2	2%
Other	16	15%
Total	104	100%

Example comments - Alternative suggestions

- *"No, I think it's a big mistake you are messing with people's lives and their safety comes first. If you were disabled you would understand."*
- *"We have to pay for our carers and other help. It is just one more thing that would take us into having to depend on family."*
- *"Free for paralysed/ bed bound."*
- *"I would be willing to pay a one-off payment towards the cost but as pensioners cost of living is increasing but our income is not. I would have the alarm removed if a weekly or monthly payment were instigated."*
- *"fully charge all users."*
- *"My Mum is on Pension Credit but not eligible for the reduced tariff for her broadband. Her system is now digital. Could it not be part of her Broadband package and the provider soak up expense? Lower eligibility for reduced tariff."*

- *“Partner with the local NHS and voluntary sector to realize the full potential benefits, and factor in the savings made due to early intervention, compared to the costs of crisis intervention.”*
- *“Regular reviews of equipment provided and whether circumstances mean that items are no longer required /used by individuals would reduce cost of providing new equipment.”*
- *“I very strongly feel that money is being wasted on unnecessary care packages due to lack of monitoring and therefore not reducing packages. The 3 monthly re-assessment has never happened for me and probably others and it is now 18 months overdue and my care package is way bigger and more expensive than it needs to be. You can never get hold of a social worker. I am sure I am not the only one and it would literally save 1000s of £s – Just by monitoring regularly and carrying out reassessments on time.”*
- *“Charge for disabled parking.”*
- *“You could combine the service with the councils existing 24-hour emergency contact.”*
- *“Charge like a normal telephone service and we pay for the number of calls made. Certainly charge for instillation.”*
- *“To cut the budget elsewhere to pay for the service as it is always pensioners that seem to suffer from and price rises.”*
- *“Cut costs in other areas that are not urgent or needed or affect life and death. Probably many woke areas being funded in the council.”*
- *“Charge less and sell your shopping centres. Don't waste our council tax.”*
- *“Yes, stop paying for consultancy services. Your senior officers should be providing and don't buy redundant shopping malls.”*
- *“Reduce the salaries of the council workers and reduce waste and improve efficiency of all council departments.”*
- *“Easy stop paying such high salaries to members of the council at the top and paying towards the high cost of immigration.”*

As the comments above show, there were many helpful comments and they describe how survey respondents view the service and Shropshire Council more widely. The comments highlight some dissatisfaction with Shropshire Council generally. A question was included to obtain a clear view of the current telecare service. All survey respondents were asked to rate the service from very good to very poor. Figure 18 displays that the result was very positive. 82% rate the current service either good or very good, only 4 people selected poor or very poor and the remainder have a neutral view, didn't know or did not respond to the question.



The response to the question highlights high levels of satisfaction with the current service. This was evident from many of the questions throughout the survey, particularly within the comments where people expressed that they value the service. Many commented on the importance of peace of mind and reassurance, but others wrote how the responder service had been important following a fall or other incident at home.

The last main question within the survey read 'If you have any ideas or suggestions for improving telecare services in Shropshire please add comments below.' This question was designed to obtain feedback more generally, beyond the charging proposals. Table 9 displays the summary of the responses and themes from the comments. There were 49 comments in total (one comment covered 2 themes).

Table 9 Overall feedback and suggestions for the current telecare service

Theme	Count	%
Satisfied with the system / good service	16	32%
Keep it free for users	5	10%
Improved response times	4	8%
Improved communication / aftercare	9	18%
Improvements in the system required	7	14%
Criticism of the consultation / Shropshire Council	5	10%
Other	4	8%
Total	50	100%

Example comments - Overall feedback and suggestions (current service)

- *"Mine couldn't go digital as the signal area is poor."*
- *"When goes digital how would some older people get access to the service if no internet for it to go digital. BT keep asking when going digital takes 24 hours for change over."*
- *"They need to be added so that full fibre broadband can be used so it is compatible."*
- *"Disturbing that no one from Telecare has noticed that the system has been disconnected."*
- *"Make it known how much SC pays and how much time the provider spends per person on average."*
- *"I don't know enough about how it has been set up and cost to council etc. more information required and hope that its kept."*
- *"There needs to be a local responder on hand. My husband has dementia he had a fall in January. The call went through to Doncaster then I was told it would be hours before a medic came so I had to call a relation for help. Poor service on this occasion."*
- *"Please train more paramedics to improve response times."*
- *"Faster response times when there is a fall would be appreciated."*
- *"Giving the most vulnerable the greatest priority and introducing a first responder service may be a way forward."*
- *"Don't ever change. Your ladies and the night gentleman are very pleasant. If a score I would give them very good."*
- *"It is great! Thankyou."*
- *"Very happy with the service."*

The feedback highlights that there are good levels of satisfaction overall but a few concerns including the need to improve response times, the need to improve communication and aftercare (including concerns relating to internet provision), and concerns about the way Shropshire Council manages its services and budgets. The next, and last, section of the report summarises the feedback from the consultation as a whole.

6 Summary and Conclusion

Shropshire Council initiated the telecare charging consultation in January 2025 to explore ways of addressing widely publicised local authority budget constraints and the rising costs associated with providing Telecare services within the county. Currently, Shropshire is one of the few councils that do not charge for Telecare, with charges in other councils ranging from £1.50 to £19 per week. The consultation proposal included a charge of £3.45 per week to align Shropshire with other councils and ensure the sustainability of the service.

Key features of the charging proposal include:

- A weekly charge of £3.45 for all Telecare users, with a one-off start-up fee of £35 for new users.
- Exemptions for residents receiving care packages or after-care services under the Mental Health Act.
- A free six-week trial for new users as part of a reablement package.
- The charge would be the same no matter how little or often the alarm system is triggered.
- The charge will be reviewed annually when the Council sets its budget, fees and charges.

The consultation involved an online survey promoted through various channels and also a postal survey to existing users. The consultation ran from 20 January 2025 to 10 March 2025 and during that time 467 responses were provided. Responses were provided from across Shropshire, including very rural areas of the county and slightly beyond the county borders.

67% of respondents were female, and 90% were aged 55 or older. 65% identified as disabled, with mobility dexterity, stamina/breathing/fatigue and hearing loss being the most common impairments among respondents. Many of the respondents indicated fairly high levels of need and multiple impairments impacting on daily activity. Approximately 43% of the respondents currently using telecare services described receiving some form of financial support or benefits. When asked about equalities and protected characteristics main concerns were living in isolated rural areas/ living alone, having a disability and concerns around age discrimination.

Among the respondents, approximately between 75% and 85% of respondents are current users of Telecare (91% of responses were to the paper survey issued to households with telecare), with many expressing that they value the service for its reliability and peace of mind. A significant portion had not yet needed to use the service, indicating a reliance on the system for emergencies. Feedback indicated that many users were unaware of the need to regularly test their equipment, highlighting a gap in communication regarding service usage. Other survey respondents were predominantly family members or carers responding on behalf of a telecare service user. There were very few responses to the consultation from representatives of local organisations.

The survey explored whether respondents would utilize a responder service if introduced, with a majority indicating disinterest. However, there was some willingness to pay for such a service, with most preferring a charge of less than £3 per week.

The overall feedback reflected mixed feelings towards the proposed charges:

- 76% agreed that charges should not apply to care-eligible individuals.
- 52% disagreed with the introduction of the £3.45 weekly charge.
- For the proposal that people without an assessed need should be charged, 31% agree/strongly agree and 29% disagree/strongly disagree.
- When asked if a one-off charge of £35 for new users should be introduced, 26% agree/strongly agree and 30% disagree/strongly disagree.
- There is support for a free 6-week trial for those with a reablement package (48% agree or strongly agree).
- 60% agree or strongly agree that the charge should be the same no matter how little or often the alarm system is triggered (11% disagree or strongly disagree and others don't have a view).
- The element of the proposal with more mixed views relates to whether the charge should be reviewed annually when the Council sets its budget, fees and charges. 36% agree or strongly agree that would be appropriate whilst 24% disagree or strongly disagree.

Overall, 34% agree or strongly agree with the telecare charging proposals overall, 21% do not have an opinion and 30% disagree or strongly disagree (7% don't know and 8% didn't answer the question). Considerable levels of concern were expressed within comments and only 49% of respondents said they would continue with the service if charges were introduced.

Many respondents expressed concerns about affordability and the potential negative impact on vulnerable individuals. Suggestions included means-testing charges and keeping the service free for those in greatest need. Many people highlighted concerns that the loss of a preventative service such as telecare would increase costs elsewhere. Examples provided included Ambulance call outs and the need for residential care. Predominantly the only positive comments for the proposals were that charging could potentially prevent the service from being lost and allow it to continue.

Conclusion

While there is recognition of the need for sustainable funding for Telecare services, many respondents expressed concerns that charging could jeopardize their own safety and independence or that of other vulnerable users. The council is encouraged to consider the feedback before making a final decision on the proposed charges. The results of the consultation will be presented to Shropshire Council's Cabinet for decision in June 2025. If the Council decides to introduce a charge, everyone affected will be notified in writing, and given information on how to pay and the amount they will be expected to pay.



May 2025

Analysis and reporting by:
Feedback and Insight Team, Shropshire Council
Email: TellUs@shropshire.gov.uk

Shropshire Council Lead Department:
Commissioning



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Shropshire Council
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Stage One Screening Record 2025

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Charging for telecare: proposals for consultation

Name of the officer carrying out the screening
Faith Jones and Emma Valducci

Decision, review, and monitoring

Decision	Yes	No
Initial (Stage One) ESHIA Only?	x	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		X

If completion of a Stage One screening assessment is an appropriate and proportionate action at this stage, please use the boxes above, and complete both part A and part B of of this template. If a Full or Stage Two report is required, please move on to full report stage once you have completed this initial screening assessment as a record of the considerations which you have given to this matter.

<p>Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations</p> <p>The consultation regarding the telecare service charges aims to understand the impact of proposed changes on residents. The survey includes questions to understand individuals in terms of their Protected Characteristics and how these changes might affect people in and across different groupings. The consultation will help identify additional negative and positive impacts.</p> <p>This new approach would clarify when people should be charged for using these services, potentially leading to increased contributions for some and new contributions for others. It would also streamline the financial assessment process for the Telecare Service.</p> <p>Given the intersectionality across the nine Protected Characteristics as defined in the Equality Act 2010, a medium positive impact is predicted for individuals and households, particularly those in the Age and Disability groups. Increased accessibility of telecare without a social care assessment is expected to have additional positive impacts for these groups.</p> <p>The initial screening process has indicated likely low to medium positive impacts for individuals and households at risk of social exclusion in Shropshire, including vulnerable individuals such as those living in fuel poverty and refugee households. The Council will seek to maximise positive equality impacts for vulnerable</p>

individuals, including those with disabilities. There will also be neutral to positive impacts for veterans and serving armed forces members and their families, whom the Council considers under Social Inclusion, an additional category not defined by the Equality Act.

A potential negative impact identified is the ability to pay for the service. During the financial assessment, the Council may provide advice on benefit entitlement and refer or signpost individuals to relevant agencies and services. The consultation process aims to obtain feedback from a wide range of people and organisations to assess the potential negative impact and enhance predicted positive impacts.

Ahead of consultation, potential negative impacts have been identified for older adults (Age), people with disabilities (Disability), and low-income households (Social Inclusion) due to proposed budget cuts that may reduce service access and increase costs.

While the Council considers the impacts on individuals and households based on factors like low income or rurality, these are not Protected Characteristics under the Equality Act 2010. The Council follows good practice by considering these factors but is not legally bound by them. The Council must also consider the needs of serving armed forces members, their families, and veterans, as required by separate legislation. Feedback from this group will be sought with help from Armed Forces Covenant officers.

Regarding telecare charges, the following measures aim to mitigate potential negative impacts on low-income households:

Affordability: The proposed cost is £3.45 per week, subject to consultation.

Payment methods: Options like Direct debit, Pay Point and Post Office will be considered to aid accessibility.

Opt-in: Website and phone system accessibility will be considered to support those without digital skills or with sensory, emotional, or physical needs.

Several non-statutory services (services the Council is not obliged to provide) are commissioned to meet individuals' eligible needs, including Telecare. Some of these services are part of a person's Support Plan to meet their eligible care needs, but currently, some people with no eligible needs receive these services without charge.

The proposal aims to consistently apply the following principles to non-statutory services such as telecare:

If a non-statutory service meets eligible needs, it will be part of the overall Support Plan and financial assessment and there will be no charge.

If a non-statutory service is provided to someone without eligible needs, the cost will be charged.

Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of health and wellbeing considerations

The consultation on charging for telecare aims to understand the impact of proposed service changes on residents. The survey includes questions to understand individual and protected characteristics and how people may be differently impacted. It will help identify additional positive and negative impacts. Potential impacts include:

Cancellation of Service

If someone cancels their service due to the assessed contribution, they must contact the financial assessment team, who will notify the social worker team. A risk assessment may be conducted to identify any risks due to unmet needs, and measures will be taken to mitigate these risks wherever possible.

Benefit Maximisation

During the financial assessment process, the Council may advise on benefit entitlement, including referrals or signposting to relevant agencies and services.

Appeals and Complaints

If someone disagrees with their financial assessment outcome, they can request a review by explaining why they believe the decision is incorrect. If additional information needs to be considered, people will be advised that they should contact the Financial Assessment team. In some cases, this may involve completing a new financial assessment form. If the person remains dissatisfied, they will be advised that they can file a complaint via the Shropshire Council website or via the first point of contact.

Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations

After the public consultation, the ESHIA will be updated based on community feedback. The authority will also share approaches with comparator authorities, especially other rural unitary authorities and those in the West Midlands, to promote good practice.

Additionally, the proposed action plan will undergo regular monitoring, and the charging policy will be reviewed annually. This will build on ongoing engagement with people in the Protected Characteristic groups of Age and Disability, as well as with vulnerable groups, including people with dementia, veterans, and serving members of the armed forces and their families.

When evaluating the charging policy's impact on independent living, mental and physical health, and social inclusion, opportunities to enhance positive impacts will be prioritised. Regular monitoring and ongoing engagement will help ensure that such impacts are identified, and adjustments are made to project delivery.

People affected by the proposed charges are expected to be predominantly older adults. There are concerns that increased contributions to their care packages could lead some individuals to cancel services. To mitigate this, Social Workers will conduct risk assessments if a person decides to cancel services they have been assessed as needing, ensuring that appropriate safeguards and/or mitigations are in place. Cases of individual hardship will be reviewed on a case-by-case basis, and we may adjust contributions temporarily. Charges will only be imposed on those deemed able to afford them, following an individual financial assessment in line with the Council's policy. Consultations will be conducted with those impacted by the proposals to ensure they are fully informed of the changes and their implications.

A committee report will be produced in 2025, outlining the reviewing and monitoring outcomes, which will mitigate negative impacts or enhance positive impacts of the proposed service change for groupings in the community and the wider community.

Associated ESHIAs

The ESHIA carried out for the Shropshire Plan highlights strategic objectives for Healthy People, as follows;

We'll support Shropshire residents to take responsibility for their own health and wellbeing, choosing healthy lifestyles and preventing ill-health, reducing the need for long-term or hospital care.

We'll work with partners to develop, commission and deliver the right services and support that meet the needs of children, young people, adults and families in the right place, at the right time.

Actions to mitigate likely negative impact, enhance positive impact, and review and monitor the overall impacts with regard to climate change impacts and with regard to economic and societal impacts

Climate Change

The following measures aim to enhance positive impacts related to climate change:

- **Reduced Face-to-Face Assessments:** By minimising in-person assessments for telecare services, travel time and carbon emissions from transport will be significantly reduced.

Economic and Societal/Wider Community

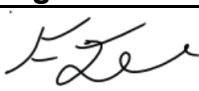



Shropshire Plan 2022-2025 Strategic Objectives:

- This service aligns with all Strategic Objectives within the Shropshire Plan 2022-2025. It supports strategic priorities such as a proactive and preventative approach, promoting healthier communities, reducing inequalities, and improving outcomes.

Positive Impact on Unpaid Carers

- **Increased Accessibility Without Assessment:** Telecare can provide essential support to caregivers by taking on some monitoring responsibilities, allowing them respite and peace of mind to seek employment.
- **Enhanced Independence:** Increasing the number of telecare users can positively impact individuals' independence, enabling them to stay at home longer and avoid the costs associated with face-to-face care. It may also support and ease demand on beds and care home attendance within the county for those who do not require such in-depth care/support at this stage in their lives. The mental health impacts of maintaining this independence and remaining within their local community are substantial.


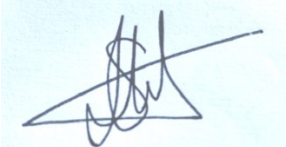
Scrutiny at Stage One screening stage

People involved	Signatures	Date
<i>Lead officer for the proposed service change</i>		16/01/2025
<i>Officer carrying out the screening</i>		16/01/2025
<i>Any other internal service area support*</i>		
<i>Any external support** Mrs Lois Dale Rurality and Equalities Specialist</i>	 	15/01/2025 16/01/2025

****This refers to other officers within the service area***

*****This refers to support external to the service but within the Council, e.g, the Performance and Research Specialist for Rurality and Equalities, Public Health colleagues, the Feedback and Insight Team, performance data specialists, Climate Change specialists, etc.***

Sign off at Stage One screening stage

Name	Signatures	Date
<i>Lead officer's name</i>		16/01/2025
<i>Commissioning manager's name</i>		16/01/2025

****This may either be the Head of Service or the lead officer***

B. Detailed Screening Assessment

Aims of the service change and description
<p>Telecare is a service designed to support individuals in living independently, providing an additional layer of assistance that enables clients and their carers to access emergency support 24/7. Shropshire Council is now consulting on proposals to introduce a subsidised charge for the Telecare service. Despite our ongoing commitment to delivering excellent care services for local residents, the current financial situation for local councils necessitates exploring ways to recover some of the operational costs of the Telecare services. We are dedicated to continuing funding the service for those who are eligible for care (i.e., have a social care package) following assessment. For individuals with lower-level needs or as a preventative measure, we propose a minimal payment towards the service.</p> <p>We are inviting Telecare clients, carers, health and social care professionals, and the wider public to provide feedback on the proposals to introduce charges for the Telecare service.</p> <p>In Shropshire Council, we support around 2,000 people with Telecare. Like most councils, there is no set criteria to determine "Telecare eligibility", with support dealt with on a case-by-case basis, often alongside other forms of care. However, as the Council is not the only Telecare issuing body within the county, and individuals are able to purchase these devices themselves direct from suppliers, the total number using Telecare across the county is likely to be much higher.</p> <p>Shropshire Council's main reasons for issuing Telecare are to support someone who is at risk of falling, someone with cognitive impairment (dementia, learning difficulties etc), or as part of managing conditions such as epilepsy. Whilst these</p>

reasons still hold true for the wider population who privately purchase Telecare devices, a significant number are bought simply to give individuals and their families peace of mind.

Where that wider population is one with an ageing demographic and/or a significant rural component, as is the case in Shropshire, communication regarding the proposed charges, or appropriate alternatives needs to be made through the channels that people are likely to use.

Telecare provides a way for people to signal for help if they are in need in their homes. Anyone can use it, including older adults, disabled and vulnerable people. You may have heard of them being called 'Careline', 'Care Alarm' or 'Lifeline' systems.

A standard telecare alarm package usually comes with a base unit. This either plugs into your telephone line or connects to the internet. It also comes with a call button, which you can wear as a pendant around the neck, wrist strap, and sometime includes falls detectors worn on the wrist and sensor mats.

The call button is the part used call for help when needed or some equipment can generate automatic alerts in the event of particular issues arising such as a fall. When activated the call will be picked up by a response centre. The response centre will assess the situation and make a decision about the help is needed. This might be to call an emergency contact such as a family member or friend, call a service listed on the persons record or might be to calls emergency services. In some areas, the Telecare Responder service provides 24/7 assistance and home visits to check on clients' wellbeing. While this service is not currently available in Shropshire, we are seeking your feedback through the consultation to determine if it would be beneficial.

Telecare offers several benefits, including:

- Ensuring individuals can summon help in an emergency.
- Helping individuals maintain independence while living at home.
- Providing reassurance to family and carers that a service user can quickly access help in an emergency.

Due to central government funding restrictions, the Council has been exploring alternative methods to recover some costs for running services. One option under consideration is introducing charges for previously free services.

Shropshire Council must operate with a reduced budget while facing rising costs and increased demand for services, which further strain financial resources. Approximately 77% of the Council's day-to-day budget is allocated to adults and children's social care services, which support the county's most vulnerable residents.

Shropshire Council is consulting on the proposal to introduce a charge of £3.45 per week for the Telecare service. This charge would apply to both existing and new users. We are proposing this reduced charge in recognition that the majority of Telecare clients are older adults who may be less able to afford the full charge. Residents receiving a care package from Shropshire Council would be exempt from the proposed changes and would not need to pay the charge. Additionally, we propose a one-off start-up fee of £35.00 for new users. Those people who are in receipt of reablement services will also receive a six-week free trial as part of the proposal.

Shropshire is one of the few councils that do not currently charge residents for the Telecare service. Charges for Telecare services in other councils range from £1.50 to £19 per week. Introducing a charge in Shropshire would align the Council with other areas, helping to recover some operational costs and sustain and develop the service. If the proposed charge is introduced and all users pay the relevant fee, it is estimated that the Council could recover £75,000 of the £240,000 annual cost of running the Telecare service. Therefore, the proposed charges would contribute towards covering the service's full cost, whilst being at the lower end of the range of charges across the country.

Given that the proposed charges will predominantly affect older people, there are concerns that increased financial contributions to care packages could lead some to cancel services. To mitigate this, Social Workers will conduct risk assessments if individuals decide to cancel services they have been assessed as needing, ensuring appropriate safeguards and/or mitigations are in place. Cases of individual hardship will be considered on a case-by-case basis, and we may adjust contributions temporarily. Charges will only be applied to those who can afford to pay them, following an individual financial assessment in line with Council policy. We will carry out consultations with those impacted to ensure they are fully informed of the changes and their implications.

Key features of the charging proposal include:

- The charge remains the same regardless of how frequently the alarm system is used.
- All Telecare equipment remains the property of the Council.
- The charge will be reviewed annually in line with the Council's budget, fees, and charges.

If the Council decides to implement the charge, everyone affected will be notified in writing with information on payment procedures and the expected amount.

Intended audiences and target groups for the service change
The consultation is directed at the public, including communities, service users, and their representatives, such as town and parish councils, and Shropshire

Council councillors serving as community leaders. All Shropshire Councillors will be informed about the public consultation and proposed changes.

There is a higher proportion of older individuals receiving care and support services, including Telecare, compared to younger individuals. As such, the proposal is likely to have a greater impact on older people as a target audience.

A greater number of people with disabilities receive care and support services, including Telecare, compared to those without disabilities. Therefore, the policies may have a more significant impact on people with disabilities than on those without disabilities. Policies will be made available in alternative formats upon request. Reasonable disability-related expenses (DREs) will be disregarded in the financial assessment to ensure the Minimum Income Guarantee (MIG) does not cover DREs. Charges will only be levied against those deemed able to afford them, following a financial assessment in line with the Council's policy. Individuals will be supported in obtaining advice and assistance from the welfare support team.

Positive: Removing the eligibility threshold criteria is expected to increase the number of people using the Telecare service, providing additional income to support the service's ongoing sustainability and investment.

Evidence used for screening of the service change

The consultation document and proposal has been shaped by a variety of data sources, which include strategies that have been closely aligned to the adopted Local Plan and in the emerging Shropshire Local Plan. These documents collectively form the foundation of the Council's planning approach and provide valuable insights. Utilising this information is important not only for justifying funding and planning priorities but also for the continuous monitoring of our strategy and priorities.

Evidence used to develop the service change proposals includes:

- Population and household type/composition data for Shropshire Council area.
- The principles of The Care Act 2014
- Shropshire Council Shropshire Plan
- Shropshire Council's financial modelling data.
- Council submission to Ofcom inquiry in 2018 (**Ofcom Consultation on Protecting access to emergency services in power cuts at customer premises: Shropshire Council Response for 050718**)
- Public consultations and reports produced by other local authorities.

The public consultation will result in more data and an update will be provided when results of the feedback are available.

Specific consultation and engagement with intended audiences and target groups for the service change

The consultation will take place over eight weeks while the proposal is still at a formative stage. The proposal includes sufficient reasons for consideration and response, and an eight-week timeframe has been given for this. The results of the consultation will be conscientiously considered and presented to Cabinet ~~the cabinet~~ in 2025 for a decision. Consultation documents will be made available in other formats and in an easy-read version. The consultation will take place over eight weeks while the proposal is still at a formative stage. The proposal includes sufficient reasons for consideration and response, and an eight-week timeframe has been given for this. The results of the consultation will be conscientiously considered and presented to Cabinet in 2025 for a decision.

Consultation documents will be made available in other formats and in an easy-read version.

Members of the co-production team will be asked to review the consultation results and make recommendations. Continued regular engagement will update the group on any impacts should the proposal be approved as introduced.

A briefing sheet for elected members will be developed and distributed, enabling them to explain the proposal to their constituents.

The proposed eight-week public consultation will include consultations with town and parish councils, as well as provide opportunities for feedback from the general public and partner organisations. All Shropshire residents are invited to participate in the consultation.

Where the population is one with an ageing demographic and/or a significant rural component, as is the case in Shropshire, communication on these proposed changes to service provision needs to be made through the channels that people are likely to use.

We especially encourage current Telecare service users and those who may be affected by the proposed changes to provide their feedback. To ensure broad awareness and participation, we will contact a variety of groups, including:

- Members of the public (through general communications and updates to users of the service)
- Town and Parish Councils
- Elected Councillors
- Officers of Shropshire Council from various departments

- Local businesses
- Voluntary and community sector groups and organisations
- Other public sector organisations
- Anyone with an interest in this issue

Provisions are in place for those unable to respond online to request alternative versions of the consultation materials. Responses can also be submitted via email, letter, paper surveys available at local libraries, and tailored formats upon request. An easy-read version of the consultation will be available on the Shropshire Council website and upon request.

Initial equality impact assessment by grouping (Initial health impact assessment is included below this table)

Please rate the impact that you perceive the service change is likely to have on a group, through stating this in the relevant column.

Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.

Protected Characteristic groupings and other groupings locally identified in Shropshire	High negative impact Stage Two ESHIA required	High positive impact Stage One ESHIA required	Medium positive or negative impact Stage One ESHIA required	Low positive, negative, or neutral impact (please specify) Stage One ESHIA required
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)			Medium - negative impact; ability to pay Positive: Increased accessibility of telecare without a social care assessment	
<u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's disease; physical			Medium - negative impact: ability to pay	

and/or sensory disabilities or impairments)			Positive: Increased accessibility of telecare without a social care assessment	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				neutral/minimal impact
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				neutral/minimal impact
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				neutral/minimal impact
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				neutral/minimal impact
<u>Religion or Belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				neutral/minimal impact
<u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				neutral/minimal impact
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				neutral/minimal impact
<u>Other: Social Inclusion</u> (please include families and friends with caring responsibilities; households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable;			Medium - negative impact: ability to pay	

people with health inequalities; refugees and asylum seekers; rural communities)			Positive: Increased accessibility of telecare without a social care assessment	
<u>Other: Veterans and serving members of the armed forces and their families</u>				neutral/minimal impact
<u>Other: Young people leaving care</u>				neutral/minimal impact

Initial health and wellbeing impact assessment by category

Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column.

Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.

Health and wellbeing: individuals and communities in Shropshire	High negative impact <i>Part Two HIA required</i>	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
<p>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>			<p>Medium/high impact should users decide to cancel service due to charge.</p> <p>Positive impact on individuals mental wellbeing if able to remain within their homes/community, maintaining pre-existing social links for new users who may otherwise require care home services and be moved.</p>	

<p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>			<p>Medium/high impact should users decide to cancel service due to charge.</p>	
<p>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>				<p>Low community impact.</p>
<p>Will there be a likely change in <i>demand</i> for or access to health and social care services?</p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>			<p>Medium positive impact due to increased accessibility of the service without the need for an assessment</p> <p>Potential reduction in immediate demand for care home or beds due to remaining independent if there is an increase in users.</p>	

Guidance Notes

1. Legal Context

It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. It is up to us as an authority to decide what form our equality impact assessment may take. By way of illustration, some local authorities focus more overtly upon human rights; some include safeguarding.

It is about what is considered to be needed in a local authority's area, in line with local factors such as demography and strategic objectives as well as with the national legislative imperatives.

Carrying out these impact assessments helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision making processes.

These are: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations.

These screening assessments for any proposed service change go to Cabinet as part of the committee report, or occasionally direct to Full Council, unless they are ones to do with Licensing, in which case they go to Strategic Licensing Committee.

Service areas would ordinarily carry out a screening assessment, or Stage One equality impact assessment. This enables energies to be focussed on review and monitoring and ongoing evidence collection about the positive or negative impacts of a service change upon groupings in the community, and for any adjustments to be considered and made accordingly.

These screening assessments are recommended to be undertaken at timely points in the development and implementation of the proposed service change.

For example, a Stage One ESHIA would be a recommended course of action before a consultation. This would draw upon the evidence available at that time, and identify the target audiences, and assess at that initial stage what the likely impact of the service change could be across the national Protected Characteristic groupings and our additional local categories. This ESHIA would set out intended actions to engage with the groupings, particularly those who are historically less likely to engage in public consultation eg young people, as otherwise we would not know their specific needs.

A second Stage One ESHIA would then be carried out after the consultation, to say what the feedback was, to set out changes proposed as a result of the feedback, and to say where responses were low and what the plans are to engage with groupings who did not really respond. This ESHIA would also draw more upon actions to review impacts in order to mitigate the negative and accentuate the positive.

Meeting our Public Sector Equality Duty through carrying out these ESHIAs is very much about using them as an opportunity to demonstrate ongoing engagement across groupings and to thus visibly show we are taking what is called 'due regard' of the needs of people in Protected Characteristic groupings.

If the screening indicates that there are likely to be high negative impacts for groupings within the community, the service area would need to take advice on whether or not to carry out a full report, or Stage Two assessment. This is resource intensive but will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Stage Two or Full Screening Assessments have only been recommended twice since 2014, as the ongoing mitigation of negative equality impacts should serve to keep them below the threshold for triggering a Full Screening Assessment. The expectation is that Full Screening Assessments in regard to Health Impacts may occasionally need to be undertaken, but this would be very much the exception rather than the rule.

2. Council Wide and Service Area Policy and Practice on Equality, Social Inclusion and Health

This involves taking an equality and social inclusion approach in planning changes to services, policies, or procedures, including those that may be required by Government. The decisions that you make when you are planning a service change need to be recorded, to demonstrate that you have thought about the possible equality impacts on communities and to show openness and transparency in your decision-making processes.

This is where Equality, Social Inclusion and Health Impact Assessments (ESHIA) come in. Where you carry out an ESHIA in your service area, this provides an opportunity to show:

- What evidence you have drawn upon to help you to recommend a strategy or policy or a course of action to Cabinet or to Strategic Licensing Committee.
- What target groups and audiences you have worked with to date.
- What actions you will take in order to mitigate any likely negative impact upon a group or groupings, and enhance any likely positive effects for a group or groupings; and
- What actions you are planning to monitor and review the impact of your planned service change.

The formal template is there not only to help the service area but also to act as a stand-alone for a member of the public to read. The approach helps to identify whether or not any new or significant changes to services, including policies, procedures, functions, or projects, may have an adverse impact on a particular group of people, and whether the human rights of individuals may be affected.

There are nine Protected Characteristic groupings defined in the Equality Act 2010.

The full list of groupings is: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion or Belief; Sex; and Sexual Orientation.

There is also intersectionality between these. Eg a young person with a disability would be in the groupings of Age and Disability, and if they described themselves as having a faith they would then also be in the grouping of Religion or Belief. We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views when developing and implementing policy and strategy and when commissioning, procuring, arranging, or delivering services.

For the individuals and groupings who may be affected, ask yourself what impact do you think is likely and what actions will you currently anticipate taking, to mitigate or enhance likely impact of the service change? If you are reducing a service, for example, there may be further use you could make of awareness raising through social media and other channels to reach more people who may be affected.

Social inclusion is then a wider additional local category we use in Shropshire, in order to help us to go beyond the equality legislation in also considering impacts for individuals and households with regard to the circumstances in which they may find themselves across their life stages. This could be households on low incomes, or households facing challenges in accessing services, such as households in rural areas, and veterans and serving members of the armed forces and their families, or people that we might consider to be vulnerable, such as young people leaving care or refugee families.

Please note that the armed forces are now a grouping to whom we are required to give due regard under recent Armed Forces legislation, although in practice we have been doing so for a number of years now.

We are now also identifying care leavers as a distinct separate local grouping due to their circumstances as vulnerable individuals.

When you are not carrying out an ESHIA, you still need to demonstrate and record that you have considered equality in your decision-making processes. It is up to you what format you choose.-You could use a checklist, an explanatory note, or a document setting out our expectations of standards of behaviour, for contractors to read and sign. It may well not be something that is in the public domain like an ESHIA, but you should still be ready for it to be made available.

Both the approaches sit with a manager, and the manager has to make the call, and record the decision made on behalf of the Council.

Carry out an ESHIA:

- If you are building or reconfiguring a building.
- If you are planning to reduce or remove or reconfigure a service.

- If you are consulting on a policy or a strategy.
- If you are bringing in a change to a process or procedure that involves other stakeholders and the wider community as well as particular groupings

Carry out and record your equality and social inclusion approach:

- If you are setting out how you expect a contractor to behave with regard to equality, where you are commissioning a service or product from them.
- If you are setting out the standards of behaviour that we expect from people who work with vulnerable groupings, such as taxi drivers that we license.
- If you are planning consultation and engagement activity, where we need to collect equality data in ways that will be proportionate and non-intrusive as well as meaningful for the purposes of the consultation itself.
- If you are looking at services provided by others that help the community, where we need to demonstrate a community leadership approach

3. Council wide and service area policy and practice on health and wellbeing

This is a relatively new area to record within our overall assessments of impacts, for which we are asking service area leads to consider health and wellbeing impacts, and to look at these in the context of direct and indirect impacts for individuals and for communities.

A better understanding across the Council of these impacts will also better enable the Public Health colleagues to prioritise activities to reduce health inequalities in ways that are evidence based and that link effectively with equality impact considerations and climate change mitigation.

Health in All Policies – Health Impact Assessment

Health in All Policies is an upstream approach for health and wellbeing promotion and prevention, and to reduce health inequalities. The Health Impact Assessment (HIA) is the supporting mechanism

- Health Impact Assessment (HIA) is the technical name for a process that considers the wider effects of local policies, strategies and initiatives and how they, in turn, may affect people's health and wellbeing.
- Health Impact Assessment is a means of assessing both the positive and negative health impacts of a policy. It is also a means of developing good evidence-based policy and strategy using a structured process to review the impact.
- A Health Impact Assessment seeks to determine how to maximise health benefits and reduce health inequalities. It identifies any unintended health consequences. These consequences may support policy and strategy or may lead to suggestions for improvements.
- An agreed framework will set out a clear pathway through which a policy or strategy can be assessed and impacts with outcomes identified. It also sets out the support mechanisms for maximising health benefits.

The embedding of a Health in All Policies approach will support Shropshire Council through evidence-based practice and a whole systems approach, in achieving our corporate and partnership strategic priorities. This will assist the Council and partners in promoting, enabling and sustaining the health and wellbeing of individuals and communities whilst reducing health inequalities.

Individuals

Will the proposal have a *direct impact* on health, mental health and wellbeing?

For example, would it cause ill health, affecting social inclusion, independence and participation?

Will the proposal directly affect an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to be physically active e.g., being able to use a cycle route; to access food more easily; to change lifestyle in ways that are of positive impact for their health.

An example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g., green highways), and changes to public transport that could encourage people away from car usage. and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve lives.

Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to access local facilities e.g., to access food more easily, or to access a means of mobility to local services and amenities? (e.g. change to bus route)

Similarly to the above, an example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g. pedestrianisation of town centres), and changes to public transport that could encourage people away from car usage, and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve their health and well being.

Communities

Will the proposal directly or indirectly affect the physical health, mental health, and wellbeing of the wider community?

A *direct impact* could include either the causing of ill health, affecting social inclusion, independence and participation, or the promotion of better health.

An example of this could be that safer walking and cycling routes could help the wider community, as more people across groupings may be encouraged to walk more, and as there will be reductions in emission leading to better air quality.

An *indirect impact* could mean that a service change could indirectly affect living and working conditions and therefore the health and well being of the wider community.

An example of this could be: an increase in the availability of warm homes would improve the quality of the housing offer in Shropshire and reduce the costs for households of having a warm home in Shropshire. Often a health promoting approach also supports our agenda to reduce the level of Carbon Dioxide emissions and to reduce the impact of climate change.

Please record whether at this stage you consider the proposed service change to have a direct or an indirect impact upon communities.

Demand

Will there be a change in demand for or access to health, local authority and social care services?

For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services?

An example of this could be: a new housing development in an area would affect demand for primary care and local authority facilities and services in that location and surrounding areas. If the housing development does not factor in consideration of availability of green space and safety within the public realm, further down the line there could be an increased demand upon health and social care services as a result of the lack of opportunities for physical recreation, and reluctance of some groupings to venture outside if they do not perceive it to be safe.

For further advice: please contact

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Shropshire
Council

Adult Social Care

Charging and Financial Assessment Policy for Non-Residential Care

2024-2025

Document Title: Adult Social Care Charging and Financial Assessment Policy for Non-Residential Care 2024/25

Summary

Publication Date	April 2024
Related Legislation/Applicable Section of Legislation	<ul style="list-style-type: none">▪ The Care Act 2014• The Care and Support (Charging and Assessment of Resources) Regulations 2014• Charging-for-care-and-support-local-authority-circular: 2024 to 2025
Related Policies, Strategies, Guideline Documents	<ul style="list-style-type: none">• Care and Support Statutory Guidance
Replaces	<ul style="list-style-type: none">• The Council's Fairer Charging Policy• Adult Social Care Charging and Financial Assessment Policy 2023/24
Joint Policy (Yes/No)	No
Name of Partner(s) if joint	N/A
Policy Owner (Position)	Assistant Director of Adult Social Care
Policy Author (Position)	Team Leader Financial Assessments, Adult Social Care Business Support

Review of Policy

Last Review Date	February 2024
Review undertaken by	TBC
Next Review Date	February 2025

Document Approvals:

Name	Title	Date of Issue	Version Number
TBC			

Introduction

This policy complies with The Care Act 2014 which provides a single legal framework for charging for care and support in Adult Care Services.

The main aim of this policy is to produce a consistent and fair framework for charging for all service users who receive non-residential services.

Non-residential services that fall within the scope of this policy include:

- Care in a person's own home
- Day Care (including college day placements)
- Rolling Respite
- Shared Lives Services
- Supported Living
- Transport

Legal basis for charging and financial assessments

Under section 14 of The Care Act 2014 Shropshire Council is allowed to charge people in receipt of care and support services where it is permitted to charge.

Under section 17 of The Care Act 2014 Shropshire Council is required to undertake a financial assessment for adults with eligible care and support needs to determine the amount (if any) that a service user is assessed as able to pay towards the cost of meeting their care and support needs.

This policy has been designed to comply with the Care and support (Charging and Assessment of Resources) Regulations 2014, which sets out:

- How a Local Authority is to carry out a financial assessment if the Local Authority is to charge for care and support.
- Rules on treatment and calculation of income and capital within a financial assessment (including notional income and notional capital where a person has deliberately deprived themselves of an asset)
- Rules on minimum allowances to be given within a financial assessment
- The power to charge the costs of putting arrangements into place in specific situations.

Shropshire Council follows the regulations and the Care and Support Statutory Guidance (including annexes) issued under the Care Act 2014.

The key principles

The overarching principle of the legislation is that people should only be required to pay what they can afford. People will be entitled to financial support based on a means-test and some will be entitled to free care. Shropshire Council follows the principles that the approach to charging for care and support needs should:

- Ensure that people are not charged more than it is reasonably practicable for them to pay;
- Be comprehensive, to reduce variation in the way people are assessed and charged;
- Be clear and transparent, so people know what they will be charged;

- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
- Support carers to look after their own health and wellbeing and to care effectively and safely;
- Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet the person's needs;
- Apply the charging rules consistently to all individuals receiving services, so that everyone is treated fairly and equitably;
- Encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so;
- Be sustainable for Shropshire Council in the long-term.

Care and Support that is free of charge

Shropshire Council will not charge for:

- Intermediate care including reablement, which must be provided free of charge for up to 6 weeks for a specified period of a programme of care and support to assist a person to maintain or regain the ability needed to live independently in their own home.
- Community equipment (which includes aids and minor adaptations to property, for the purpose of assisting with nursing at home or aiding daily living). Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less.
- Services provided directly to a carer to meet that carer's identified needs
- Care and support provided to people with Creutzfeldt-Jacob Disease.
- After-care services and support provided under section 117 of the Mental Health Act 1983.
- Any other service or part of service that the NHS is under a duty to provide. This includes Continuing Health Care and the NHS contribution to Registered Nursing Care.
- Any services which a local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014.

Requirement for Financial Assessments

If the person or their representative does not have English as their first language, they may use the translation service available through the council.

When a person, has received a care needs assessment and has been deemed to have eligible care needs as defined by the Care Act 2014, they will be invited to create a support plan which will detail how their needs are going to be met and any costs involved in meeting those needs. The collective costs identified during the support planning process make up a person's indicative Personal Budget. Once their support plan and indicative budget have

been reviewed and agreed, the person will be informed of their allocated Personal Budget amount.

When a person has eligible care needs, a financial assessment must be carried out. An officer from the Financial Assessment Team will contact the person or their representative to arrange the completion of a Financial Declaration through the [Online Financial Assessment Calculator](#). Completion of the assessment is required to determine the financial contribution a person should contribute towards their personal budget.

When an individual's contribution to their personal budget has been established, it will be applied for the duration of any support plan. The person will be charged from the date that their support starts, and they will be required to contribute unless the following circumstances apply:

- A person is admitted to hospital or there is another absence from home for a period of more than 4 continuous weeks. The authority must be notified by the person or their representative. The contribution towards the cost of the personal budget will be reviewed based on expected change in income such as Attendance Allowance being suspended and whether the care and support is retained, for example keeping a residential room open or a non-residential service open in the expectation that this will resume upon discharge from hospital.
- They or their representative can be shown to have given 72 hours' notice to the relevant care provider that care is not needed on the day or days in question. This will be taken into account in a financial reconciliation
- A person dies, in which case a refund or any balance outstanding will be calculated from the date of death.

If the annual total cost of the personal budget is less than the equivalent annual contribution then the person's contribution shall be adjusted to match the annual value of the personal budget. At the end of the personal budget year, a financial reconciliation will be conducted to ascertain whether the amount the person has been charged exceeds the cost of the services they have received, any difference will be refunded to them.

People are expected to take advantage of all income available to them and assistance to maximise this will be available where needed. This advice will be contained in a notification from the Financial Assessment Team, which will signpost a person to the relevant agency to access the identified additional income. Following benefit maximisation advice, people who elect not to claim entitlement to allowances and benefits will be treated as receiving such income for the purpose of the financial assessment.

The council will consider a financial assessment has been carried out where the following circumstances apply:

- a) The person or representative refuses or does not wish to supply any financial information or fails to supply sufficient financial information, or;
- b) There is additional information available to the council that indicates that their resources are within or outside the financial thresholds set by Government.

Where the above paragraphs apply and the Financial Assessment Team has made two attempts to contact the person or Appointed Representative or anyone acting in their best interests but have not been able to obtain the relevant financial information, it will be

assumed that the person has the means to pay for their needs out of their capital or income. The person will be assessed as being able to pay for the full cost of their care and support from the date that it started. The situation will be reviewed if the person or their Appointed Representative or anyone acting in their best interests, can show good cause for any delay in providing the necessary information. If good cause cannot be demonstrated but the necessary information is subsequently provided, a financial assessment will apply from the relevant day after the necessary information has been provided. Prior to that date, the person will incur the full cost of any care and support provided.

Mental Capacity to Manage Finances

Where a person lacks the mental capacity to manage their finances, they may still be assessed as able to contribute towards the cost of their care. The Council will need to work with someone who has the appropriate authority (e.g Power of Attorney or appointee for benefits) to make financial decisions on behalf of the person.

People who lack the mental capacity to give consent to a financial assessment and who do not have an authorised representative will require the appointment of a deputy for property and financial affairs. Family members can apply for this to the Court of Protection or the Council will consider applying if there is no-one else suitable. The application process can take several months to complete but contributions towards the cost of care will still apply from the date the support commenced. Debt collection procedures will be suspended during this period until such time as a deputy has been appointed, subject to proof of application. The Council will then expect payment of any outstanding charges in full and if necessary, take steps to recover any arrears of charges.

Capital Limits

For the avoidance of doubt, the expression “capital” does not include the value of the person’s home or their share of the beneficial interest in the value of their home if they continue to live in it or its value is disregarded.

The upper capital limit is currently set at £23,250 and the lower capital limit at £14,250.

A person with more than £23,250 in capital, will be deemed to have sufficient resources to purchase their own care, and (unless exceptional circumstances apply) will not qualify for funded support from Shropshire Council.

When a person’s capital falls to, or below £25,000, they may approach the Council to put in place arrangements for financial assistance towards their care costs after their capital reduces to £23,250.

Where a person’s capital is between the lower and upper capital limits a tariff income will be applied to the financial assessment. See [Schedule 5](#). Tariff income assumes that for every £250 of capital or part thereof, between £14,250 and £23,250, a person is able to afford to contribute £1 per week towards the cost of their eligible care needs.

Deprivation of Assets

The financial assessment will need to look across all of a person’s assets – both capital and income. Whilst carrying out the assessment, the Council may identify circumstances that suggest a person has intentionally deprived themselves of income and/or assets in order to reduce or avoid contribution charges. In such cases, the person will be treated as still

possessing the actual capital that he or she has deprived him or herself of and the value included in the financial assessment as notional capital. For further information regarding deprivation of assets and notional capital, refer to [Schedule 4](#).

The Non-residential Financial Assessment

The Regulations require financial assessments for non-residential settings to ensure that the person has a set amount of income from which to meet basic living costs. This is defined as the Minimum Income Guarantee.

Part 2, paragraph 7 of the Care and Support (Charging and Assessment of Resources) Regulations 2014 defines the Minimum Income Guarantee specified according to age, relationship status, and entitlement to welfare benefits. These rates are updated each April by the Department of Health and Social Care. See [Schedule 1](#) for the current rates.

The purpose of the Financial Assessment is to:

- Correctly identify how much the person should contribute towards their personal budget.
- Establish if the person has entitlement to benefits
- Signpost the person to 3rd party organisations who could assist them to claim any such benefits
- Identify any permissible additional expenditure which the person may have because of their disability

Where the council identifies and informs the person of any benefit available upon application, it will take that income into account from the date that it has been awarded from, not the date it is paid so will take backdated payments into consideration.

All income that the person receives, or is entitled to on application, will be taken into account, other than that disregarded in Part 4 and Schedule 1 of The Care and Support (Charging and Assessment of Resources) Regulations 2014. See [Schedule 3](#) for more information on the treatment of income.

The Financial Assessment will also take into account Disability Related Expenditure where:

- the person has a current award of a disability-related benefit
- the costs are incurred due to a person's need
- it would be unreasonable to expect a lower cost alternative item or service to be used
- the cost can be verified by receipts/bills/invoice, and;
- Housing costs for which the person is liable for their main or only home, but which are not met by Department for Work and Pensions - or local authority- administered allowances, benefits, or credits. These are specifically:
 - ♦ Mortgage repayment costs
 - ♦ Rent or ground rent
 - ♦ Council tax
 - ♦ Service charges other than those ineligible under Schedule 1 of The Housing Benefit Regulation 2006, and;

If the person is a 'non-householder', housing costs will not be taken into account

- Any tariff income from capital held, which shall be applied as a weekly income in the financial assessment.
- Where the person has a partner and has chosen to provide detail of their partner's income and capital, an amount equivalent to the shortfall between the partner's assessed income and the Minimum Income Guarantee shall be offset against the person's income. This is known as the 'partner disregard'.

For more detailed information regarding Disability Related Expenditure refer to [schedule 2](#).

If the person has a partner, and one of the couple receives a means tested benefit, half of any means-tested income received for them as a couple will also be taken into account. This applies specifically to:

- Income-based Employment and Support Allowance
- Income Support
- Income-based Jobseekers Allowance
- Universal Credit
- Guaranteed Pension Credit

All calculations will be based on weekly income. It is assumed that one-half of any capital and savings held in joint names is available to the person unless the contrary is demonstrated by or on behalf of the person.

If both individuals living in a household are persons receiving a home care service, a financial assessment will be carried out on each person and a separate financial declaration completed for each of them. As well as the disregarded income, half of any housing costs and individual disability related expenditure will be deducted from any assessable income. When assessing allowances for disability related expenditure relating to the home, these will be divided by two if both partners are receiving Council-arranged support. This applies specifically to care alarms, domestic services, gardening, wear and tear in the home, telephone, energy, laundry, and metered water.

The Financial Assessment will be calculated based on a person's income and expenditure. To ascertain whether the person is able to afford the full cost of their care, their capital will be calculated including any notional capital.

The financial assessment for a person's contribution to their personal budget will be calculated according to the following formula:

- The person's income from pensions and/or benefits will be calculated on a weekly basis; and
 - ♦ Any notional income and/or tariff income will be added to the person's weekly income total
- Any disregards will be deducted from the person's weekly income
- The Minimum Income Guarantee will be deducted from the person's weekly income

The result of the calculation will be the person's assessed weekly contribution.

The amount the person is required to pay will be the assessed weekly contribution, or the actual cost of their care, whichever is lower.

Review of financial assessments

A financial assessment will be undertaken at the earliest opportunity to assist with decision making as part of the care and support planning process. The assessment will be subject to regular review to take account of any changes to a person's finances.

The person's contribution will be re-assessed whenever any of the following apply:

- Annually in April following the changes in annual benefit rates
- Following any relevant changes in the person's circumstances or changes in the person's income and capital

It is the person's responsibility, or that of their financial representative, to inform the Financial Assessment Team of any changes in their circumstances that will affect the amount that they contribute to their Personal budget, specifically:

- Changes in income
- Changes to their capital
- Changes in membership of the household
- Moving to other accommodation

Changes are required to be reported to the Team within a month of the date of change. Any change will be effective on the Monday of the week in which the change occurred.

Collection of Contributions

The person will be informed in writing of the weekly assessed contribution. They will be required to contribute this amount, on an ongoing basis subject to any changes notified to the Financial Assessment Team.

Persons not receiving Direct Payments will normally be invoiced every 4 weeks in arrears for their contribution with the following exceptions:

- a) for administrative reasons, the first invoice is delayed, or
- b) when a payment period is adjusted to comply with financial year-end accounting.

Contributions remain payable for each week that a Support Plan is open, irrespective of whether the person receives care and support in that week.

Where a person receives their financial support through a Direct Payment, the assessed contribution will be deducted from the amount Shropshire Council would otherwise pay into the person's direct payment account. The person is required to pay their assessed contribution into the same account.

Failure to pay the assessed contribution into the Direct Payment account may lead to the full amount owed being invoiced, subject to a financial reconciliation.

Any debt accrued through non-payment of assessed contributions may be recoverable as a civil debt in line with the council's debt recovery policy. [Adult Social Care Debt Recovery Policy](#)

Discretionary Powers

Arranging home care services for those who are self-funding is discretionary. If requested to do so, the council will arrange such services, but the council will make a charge to cover the costs they incur in providing this service. More information can be found at our webpage [Paying for your own care](#).

Equality, diversity and social inclusion

The Council is committed to the Equality Act 2010. This Act, together with the Human Rights Act 1998, forms a robust framework of protection for equality, diversity, social inclusion and human rights. More information is available at [Equality, diversity and social inclusion](#).

Data Protection & Fraud Prevention

All data gathered as part of the Financial Assessment process will be kept in accordance with the council's [Data Protection Policy](#). The council is also under a duty to protect the public funds that it administers and, to this end, may also use the information that a person has provided within the council:

- For the prevention & detection of fraud
- To support national fraud initiatives; this may include a persons' information being used in data matching exercises

The council may also share this information with other bodies administering or in receipt of public funds solely for this purpose.

Schedule 1

Minimum Income Guarantees (MIG)

In February each year, the Department of Health and Social Care publish a circular detailing the level of Minimum Income Guarantee that local authorities must leave a person with each week. The table below sets out the levels for the financial year 2024 to 2025.

Single People		
Age of Person	Disability Benefits or other benefit components he/she receives, or would be considered to receive, if entitled to Income Support or Pension Credit	Minimum Income Guarantee
n/a	Responsible for and in the same household as a child	£101.25
Under 25	None	£87.65
	Disability Premium	£136.45
	Disability & Enhanced disability premiums	£160.30
	Carer's Premium	£140.00
	Disability Premium & Carer's Premium	£188.80
	Disability, Enhanced disability & carer's premiums	£212.65
Aged 25 or over but under State Retirement Age*	None	£110.60
	Disability Premium	£159.40
	Disability & Enhanced disability premiums	£183.25
	Carer's Premium	£162.95
	Disability Premium & Carer's Premium	£211.75
	Disability, Enhanced disability & carer's premiums	£235.60
State Retirement Pension Age*	None	£228.70
	Carer's Premium	£281.05
One of a couple		
Under State retirement age	None	£86.85
	Disability Premium	£121.65
	Disability & Enhanced disability premiums	£138.80
	Carer's Premium	£139.20
	Disability Premium & Carer's Premium	£174.00
	Disability, Enhanced disability & carer's premiums	£191.15
State Retirement Pension Age*	None	£174.60
	Carer's Premium	£226.95

* This is the age at which a person becomes eligible for Pension Credit. It is subject to amendment from central government and is based on a person's date of birth rather than their age. The Government's State Pension age can be checked [here](#).

Schedule 2

Disability Related Expenditure (DRE)

Disability related expenditure can be considered when the individual is in receipt of the care component of DLA or the care component of PIP or Attendance Allowance.

Where a service is made up of different elements, we will only consider costs for the part(s) that meet a disability-related need. For example: Hairdressing – we will allow a claim for the cost of hair washing if the individual's disability prevents them doing this themselves, but not the cost of cutting/styling as most people pay for this.

To support a claim for disability related expenditure, receipts and/or invoices and bank statements should be provided to evidence the actual cost and how often these expenses are incurred.

This schedule sets out the allowances and thresholds for the most common disability related expenditure for non-residential care. Unless otherwise indicated, thresholds and allowable weekly rates have changed in line with the Consumer Price Index i.e. an increase of 6.7% from 8 April 2024.

Any requests for additional disability related expenditure will be based on the individual's circumstances and the following will be taken into consideration:

- Does the individual have to pay more for a service or item due to their disability?
- Is the expense specifically linked to the individual's needs or would it be incurred irrespective of these?
- Is the cost reasonable and can it be verified?
- Is the need identified in the support plan?

DRE item	Basis of disregard	Evidence Required	Maximum or standard allowable weekly rate
Care Alarm	Necessary housing cost if living in supported/sheltered housing. Cost if not included in Housing Benefit or Supporting People Grant.	Last two payments or invoices	Actual cost
Privately bought personal care	Actual cost, if social care practitioner confirms this as a requirement to meet the person's eligible care needs and the Shropshire Council support is reduced accordingly. No disregard for payments made to any carer who is a	Signed receipts or invoices covering at least 4 weeks.	Actual cost

	close relative of the person. If payments made to carer receiving Carer's Allowance or Carer's Premium, any such payments will not be accepted as expenditure, as carer is receiving state funding.		
Domestic services	Actual cost, if social care practitioner confirms as a reasonable addition to the Care Plan and no one else in the household can carry out task. Maximum allowance is based on 2 hours of support per week at the National Living Wage of £11.44 an hour	Signed receipts or invoices covering at least 4 weeks.	£22.88
Gardening	Actual cost if the person is unable to care for the garden due to disability and no one else in the household is able to do so. Essential work only. <i>The expense is presumed to occur over the growing seasons of 39 weeks (9 months) only, but is averaged over the year. It is based on 2 hours a week at the National Living Wage of £11.44 an hour</i>	Signed receipts for at least 4 weeks using a proper Receipt Book or a Shropshire Council Form.	£17.11
Dietary Requirements (food and non-alcoholic beverages)	Discretionary as special dietary needs may not be more expensive than normal. Identify average spend per week and any additional costs due to disability rather than personal preference.	4 weeks till receipts We may request medical evidence from the customer and details of special purchases.	£8.75
Clothing and Footwear	Evidence required for additional spend – large items such as special shoes/boots will be averaged out over a year. We do not allow for personal preferences for more expensive items.	2 months receipts Last receipt for large items Reference within the Care Plan to abnormal wear and tear of clothing.	£3.59

	A clothing allowance is available with the War Disablement Pension, which recognises extra wear and tear caused through incontinence and the use of an artificial limb. If this is received, it is netted off against identified extra costs.		
Wear and Tear in Home	Any extra costs resulting from a disability such as wheelchair wear on carpet or behavioural difficulties, high level of breakages	12 months previous payments pro rata to weekly amount	£3.59
Prescription Costs	If not eligible for free prescriptions, then the weekly equivalent of the cost of annual prepayment certificate, currently £114.50 for 2024/25. Note patients over 60 are exempt from these charges.	Latest prescription information/prepayment card	£2.22
Land line or mobile phone	A contribution to the usage, as most of the time phones are not used for emergencies	Ownership of a phone	£1.81
Wheelchair maintenance	The cost of maintaining a privately owned wheelchair, including insurance. No allowance is made if the equipment is provided free, e.g. by NHS or charity.	Manual Electric	£5.05 £12.26
Metered Water	Costs over and above these that can be identified as disability related expenditure, with reasons: Flat/ terraced House Semi-detached Detached	Last 2, 6 monthly bills required or evidence of direct debit Threshold £8.01 pw Threshold £9.44 pw Threshold £11.51 pw	£2.01

Laundry	Evidence of excess washing – additional washing machines, known continence problems, obsessive compulsive disorders. The numbers of extra loads over 4 per week per person in household. Reasonableness to be checked with Care Manager.	5 or more loads Transitional protection for Persons first assessed before 9 April 2012 9-12 loads 13 or more loads	£4.86 £6.15 £9.25
Bedding	This should be covered by NHS provision if for continence/night-time sweat issues. Actual spend over last 12 months including mattress protectors, new bedding. Protected mattress expected to last 8 years. Confirmation of whether extra costs of incontinence should be provided by Health to be checked with care manager. To include mattress and bedding		£4.14
Energy (electricity, gas, oil etc. – heating, lighting and cooking)	Additional costs because of disability - e.g. need to regulate body temperature. The additional cost must be related to a medical need – no allowance is made for high heating costs without this. Single in flat/terraced house/bungalow Couple in flat/terraced house/bungalow Single in semi detached Couple in semi detached Single in detached Couple in detached Additional allowance if no mains gas and using fuel oil.	Monthly standing order or direct debit to utility company, or last two bills Threshold £74.39 £98.05 £79.02 £103.84 £96.22 £126.70 This allowance only applies if total energy costs exceed the above thresholds	The amount by which fuel costs exceed energy costs in column opposite up to a maximum of: £11.83 £5.63

Transport	<p>This will apply to costs not included in any Support Plan. Only costs incurred as a result of disability – over and above the amount of DLA mobility allowance will be considered.</p> <p>If mobility allowance received a presumption is made that there are no additional transport costs unless evidenced and with suitable reason agreed with care manager.</p> <p>If no mobility, then all to be evidenced with both receipt and reason for transport. Ordinary day-to-day transport costs e.g. for shopping are not taken into account unless specialist transport is required.</p> <p>Allowable expense is net of the cost of the same journey by the cheapest available public transport.</p> <p>Day centre transport charges are to be allowed as DRE if over and above any DLA or PIP mobility component and not included in a Support Plan.</p>	Where applicable, HMRC mileage rates will be used	£16.52
Equipment	<p>The life span for most items is considerable. The Council will take into account annual maintenance costs.</p> <p>Purchases will be looked at on an individual basis. The Council will take into account any contributions to purchase, e.g. grants, charitable payments.</p> <p>Items provided free of charge will not be considered.</p> <p>Items over 5 years old will not be taken into account.</p>	<p>Date of purchase</p> <p>Cost of item</p>	The cost of the item or items, divided by 250. This figure is based on the treatment of capital under Income Support regulations.

Schedule 3

Treatment of Income

The level of charge will be determined by the amount of income being received by the Service User, and if applicable, any received by a partner on their behalf. If the Service User has capital above £14,250, any tariff income calculated in accordance with [Schedule 5](#), shall be added to that income.

Disregarded Income

Any income described in Part 1 of Schedule 1 of the Care and Support (Charging and Assessment of Resources) Regulations 2014 shall be disregarded

These amounts include the following:

INCOME WHICH ATTRACTS AN EXEMPTION AMOUNT
<p>The first £10 per week of the following will not be charged against:</p> <ul style="list-style-type: none">▪ War Widows and War Widowers pension,▪ Survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme,▪ Civilian War Injury pension,▪ Any War Disablement pension paid to non-veterans and▪ Payments to victims of National Socialist persecution (paid under German or Austrian law)
INCOME WHICH WILL NOT BE CHARGED AGAINST
<ul style="list-style-type: none">▪ All earnings from employment▪ Any partner's earnings▪ Armed Forces Independence Payments and Mobility Supplement▪ Guaranteed Income Payments made to veterans under the Armed Forces Compensation Scheme▪ Payments made to veterans under the War Pension Scheme with the exception of Constant Attendance Allowance▪ Payments received as a holder of the Victoria Cross, George Cross or equivalent▪ Gallantry Awards▪ Discretionary Trust

- Savings Pension Credit up to £6.95 per week for a single qualifying Service User and up to £10.40 per week for one of a couple
- Income frozen abroad
- Income in kind
- Disability Living Allowance - Mobility Component
- Personal Independence Payment - Mobility component
- Payments made by the Local Authority under Child Care legislation
- Payments from the Social Fund and Local Support and Prevention Fund
- War Widow's and Widower's special payments
- Council Tax Reduction Schemes where this involves a payment to the person
- Guardian's Allowance
- Christmas Bonus
- Grants or loans paid for the purposes of education and payments made in relation to training for employment
- Dependency increases paid with certain benefits
- Child Support Maintenance Payments and Child Benefit (except where the accommodation in which the adult and child both live is arranged under the Care Act)
- Child Tax Credit
- Pensioners Christmas payments
- Personal injury trust, including those administered by a Court
- Resettlement benefit
- Payments from Macfarlane Trust; Macfarlane (Special Payments) Trust; Macfarlane (Special Payment) (No 2) Trust; Caxton Foundation; The Fund (payments to non-haemophiliacs infected with HIV); Eileen Trust; MFET Limited; Independent Living Fund (2006); Skipton Fund; London Bombings Relief Charitable Fund; Scottish Infected Blood Support Scheme; London Emergencies Trust; an approved blood scheme (approved by the Secretary of State); We Love Manchester Emergency Fund
- Payments made by the Post Office or the Secretary of State for the purpose of providing compensation or support in connection with the failings of the Horizon system

- Payments made under the Windrush Compensation Scheme (Expenditure) Act 2020
- Payments from the scheme established or approved by the Secretary of State for the purpose of providing compensation in respect of historic institutional child abuse in the UK
- Any payment made under the Vaccine Damage Payments Act 1979
- Payments made for the purpose of providing compensation or support in respect of the fire on 14 June 2017 at Grenfell Tower
- Any payment from the Victims of Overseas Terrorism Compensation Scheme established by the Ministry of Justice in 2012 under section 47 of the Crime and Security Act 2010

Schedule 4

Capital Limits

For the financial year 2024 to 2025 the capital limits have been determined as:

Upper capital limit: £23,250

Lower capital limit: £14,250

Treatment of Capital

A person with assets above the upper capital limit will be deemed to be able to afford the full cost of their care. Capital is the total amount of money and items with a monetary value that a person owns. Examples of which are:

- a) Property
- b) Land
- c) National Savings Certificates and Ulster Savings Certificates
- d) Premium bonds
- e) Stocks and shares
- f) Capital held by the Court of Protection or a Deputy appointed by that Court
- g) Trust funds
- h) Savings held in
 - ♦ Building society accounts
 - ♦ Bank accounts
 - ♦ SAYE schemes
 - ♦ Unit trusts
 - ♦ Co-operatives share accounts
 - ♦ Cash

Any monies received as income becomes capital at the end of the period to which the income relates e.g. where a person is paid monthly, any money they have left at the start of the next month, becomes capital

Tariff Income

A person with capital between the lower and upper capital limits, will be deemed as able to make a contribution, known as a tariff income from their capital. The tariff income will be assumed at the rate of £1 per week for every £250 of capital between the minimum and maximum capital limits. The tariff income rates are shown on [Schedule 5](#).

Disregarded Capital

Capital listed in [Annex B of the Care and Support Statutory Guidance](#) and any capital below the lower capital limit will be disregarded in the assessment.

In addition, any compensation payments made under [The Armed Forces and Reserve Forces Compensation Scheme Order 2011](#) will also be disregarded. All other capital will be taken into account in the Financial Assessment.

Deprivation of Capital

Where the Council believes that there is sufficient evidence to the effect that a person has deprived themselves of any income or capital to avoid payment of charges, the person will be assessed as retaining that capital. In such cases it will be for the Council to demonstrate that a significant reason for the disposal of such capital was to obtain financial assistance from the Council.

Common approaches that suggest deprivation of income are;

- A person has failed to apply for an available income, such as a means-tested benefit or allowance.
- A person has given away or sold the right to an income from an occupational pension

Common approaches that suggest deprivation of capital are:

- a lump-sum payment to someone else, for example as a gift
- substantial expenditure has been incurred suddenly and is out of character with previous spending
- the title deeds of a property have been transferred to someone else
- assets have been put into a trust that cannot be revoked
- assets have been converted into another form that would be subject to a disregard under the financial assessment, for example personal possessions
- assets have been reduced by living extravagantly, for example gambling
- assets have been used to purchase an investment bond with life insurance

In all such cases, it is up to the service user to prove to the council that they no longer possess an income or an asset. Acceptable evidence of disposal of capital assets would be:

- (a) a trust deed
- (b) deed of gift
- (c) receipts for expenditure
- (d) proof that debts have been repaid

Failure to provide this evidence will result in the Council treating the individual as though they possess the income and/or asset. The value of the income and/or asset will be treated as notional income or notional capital in their financial assessment. Therefore in the assessment the figure used for the person's income would be their actual income plus notional income and/or the capital figure used in their assessment will be the total of their actual capital plus notional capital. The value of notional capital will be reduced over time.

If, subsequently, the Service User either provides the missing information or can demonstrate that the decision is incorrect, then the charge will be returned to the appropriate amount and any overcharges will be refunded.

Schedule 5

Tariff income

The weekly tariff income will be calculated on the following total capital amount a Person holds at the point of the financial assessment. This amount is £1 per week for every £250 (or part thereof) a person has above £14,250.00, up to £23,250. Above that amount the person will be considered as being able to fund his or her own care.

Amount of Capital		Tariff Income
From	To	
£14,250.01	£14,500.00	£1.00
£14,500.01	£14,750.00	£2.00
£14,750.01	£15,000.00	£3.00
£15,000.01	£15,250.00	£4.00
£15,250.01	£15,500.00	£5.00
£15,500.01	£15,750.00	£6.00
£15,750.01	£16,000.00	£7.00
£16,000.01	£16,250.00	£8.00
£16,250.01	£16,500.00	£9.00
£16,500.01	£16,750.00	£10.00
£16,750.01	£17,000.00	£11.00
£17,000.01	£17,250.00	£12.00
£17,250.01	£17,500.00	£13.00
£17,500.01	£17,750.00	£14.00
£17,750.01	£18,000.00	£15.00
£18,000.01	£18,250.00	£16.00
£18,250.01	£18,500.00	£17.00
£18,500.01	£18,750.00	£18.00

Amount of Capital		Tariff Income
From	To	
£18,750.00	£19,000.00	£19.00
£19,000.01	£19,250.00	£20.00
£19,250.01	£19,500.00	£21.00
£19,500.01	£19,750.00	£22.00
£19,750.01	£20,000.00	£23.00
£20,000.01	£20,250.00	£24.00
£20,250.01	£20,500.00	£25.00
£20,500.01	£20,750.00	£26.00
£20,750.01	£21,000.00	£27.00
£21,000.01	£21,250.00	£28.00
£21,250.01	£21,500.00	£29.00
£21,500.01	£21,750.00	£30.00
£21,750.01	£22,000.00	£31.00
£22,000.01	£22,250.00	£32.00
£22,250.01	£22,500.00	£33.00
£22,500.01	£22,750.00	£34.00
£22,750.01	£23,000.00	£35.00
£23,000.01	£23,250.00	£36.00
£23,250.01	Self-funding	

Appendix 4

Call-in Procedure at an Overview and Scrutiny Committee Meeting

1. The Chair explains the purpose of the meeting and the decisions which the Committee is able to take.
2. Callers-in present their case, explaining reasons for calling in Cabinet's decision, including setting out their proposal (which needs to be seconded).
3. Members of the Committee ask questions and seek clarification from the callers in, if required.

[If there is more than one call-in on the same decision then steps 2 and 3 are repeated as required. The call-ins will be taken in the order that they were received]

4. The Chair invites the Executive Director/Service Director and Portfolio Holder to explain the background to the decision.
5. Members of the Committee ask questions and seek clarification from the Portfolio Holder and Executive Director/Service Director.
6. Members of the Committee consider any supplementary information/evidence required to assist them confirm their response to the call-in.
7. General debate during which Committee members may ask questions of both parties with a view to helping them make up their mind.
8. The callers-in are invited to summarised (in the order which they were received).
9. The Chair sums up and identifies the key issues arising out of the debate.
10. The Committee resolves either:
 - to take no further action (at which point the decision becomes effective from the date of the OSC meeting)
 - to refer the matter back to Cabinet - with issues (to be detailed in the minute) for Cabinet to consider before taking its final decision.
 - to refer the matter to Full Council for a wider debate (NB: Full Council may decide either to take no further action or to refer the matter back to Cabinet with specific recommendations for them to consider prior to decision taking).

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