

14 November 2018

Call-in of Cabinet decision 'Future of Community Alarm Service'

Ward(s) All

Portfolio: Councillor R. Martin

Report:

In line with the provisions contained within Part 4.5 of the Walsall Council Constitution the decision of Cabinet regarding the Future of the Community Alarm Service was "called in" on 30 October 2018 by Councillor James, Chair of Social Care and Health Overview and Scrutiny Committee.

The reasons for the call-in are:

1. Why was there not a full price comparison and information on "Market options" in the Consultation to facilitate Public consideration of all options fully with all relevant facts in the open?
2. Why were existing Prevention schemes such as the Councils 'Falls prevention' work and cause of Hospital returns not cross checked and costed against the alleged savings. Other Public Services will have additional costs as a result of this decision.
3. Council has revealed the need for a £5m injection into modernisation and investment in IT systems. Why are Telecare and user friendly alert systems not seen as part of this upgrade and future plan?
4. Home Care is a fundamental part of Councils policies to provide high quality care in our communities. A policy supported by all our Health and Community partners. Why has the Cabinet chosen to undermine this essential cost effective policy for such a meagre 'saving' when Public Health have a responsibility to protect our most vulnerable and Public in General.

A copy of the received call-in notice, Cabinet decision and Cabinet reports are appended to this report.

The Overview and Scrutiny Committee are invited to review the decision taken in the light of the call-in. The Committee is able to make recommendations to the Executive on alternative courses of action should Members wish to do so.

Recommendation:

That Members consider the call-in and consider whether they wish to make any recommendations to the Executive.

Contact Officer:

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Democratic Services Officer

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Documents

Appendix 1 – ‘Call in’ Notice

Appendix 2 – Cabinet Decision on proposals

Appendix 3 – Cabinet Report on Future of the Community Alarm Service.

FORM S & PP 1 Received 30 OCT 2018

| | | | |
|---|--------------------------|--|-----------------------------------|
|  | <h1>Walsall Council</h1> | <p>NOTICE TO THE CHIEF EXECUTIVE CALL-IN OF CABINET DECISION BY OVERVIEW AND SCRUTINY COMMITTEE MEMBERS</p> | <p>DATE 25/10/2018</p> |
| <p>I/we being the Chairman/Members of the: <u>Social Care & Health</u> (delete where appropriate) Overview and Scrutiny Committee, under the provisions of paragraph 17 (c) (i) of the Overview and Scrutiny Rules, request the Chief Executive to call in the following item considered by Cabinet:</p> | | | |
| <p>Item number: <u>15</u> Report title: <u>Future of Community Action Service</u> Date of Cabinet meeting: <u>24th October 2018</u></p> | | | |
| <p>for consideration by the above named Overview and Scrutiny Committee for the following reasons: <u>see attached Note 1-4</u> <u>reserve right to submit other</u> and that following interested parties be invited to the meeting: <u>Walsall Pensioners Association</u> <u>Dementia Group</u> <u>Am-ur / SEN ZONE</u></p> | | | |
| <ol style="list-style-type: none"> Name <u>Mr. Peter James</u> Signature <u>[Signature]</u> Name Signature Name Signature Name Signature Name Signature | | | |

Note 1: Paragraph 17(c) (i) of the Overview and Scrutiny Rules enables the Chairman or any 5 Members of the relevant Overview and Scrutiny Committee to request the Chief Executive to call-in a decision of the executive for scrutiny by that Committee.

Note 2: This form should be completed and returned to Democratic Services within 5 working days of the date of publication of the decision notice.

Signed [Signature] Date received 30/10/18
Chief Executive

Amended 3.6.15

Call-in of - Future Community Alarms Service

1. Why was there not a full price comparison and information on "Market options" in the Consultation to facilitate Public consideration of all options fully with all relevant facts in the open.
2. Why were existing Prevention schemes such as the Councils 'Falls prevention' work and cause of Hospital returns not cross checked and costed against the alledged savings. Other Public Services will have additional costs as a result of this decision.
3. Council has revealed the need for a £5m injection into modernisation and investment in IT systems. Why are Telecare and user friendly alert systems not seen as part of this upgrade and future plan.
4. Home Care is a fundamental part of Councils policies to provide high quality care in our communities. A policy supported by all our Health and Community partners. Why has the Cabinet chosen to undermine this essential cost effective policy for such a meagre 'saving' when Public Health have a responsibility to protect our most vulnerable and Public in General.

PUBLISHED ON THURSDAY 25 OCTOBER 2018: Decisions set out below cannot be implemented until 5 clear working days after publication of this notice which is FRIDAY 2 NOVEMBER 2018

Cabinet – 24 October 2018

D e c i s i o n s

Part I – Public session

| Item | Page | Decision |
|--|-------------|--|
| 15. <i>Future of Community Alarm Service (Councillor Martin)</i> | 177 – 233 | <p>(1) <i>That Cabinet notes:</i></p> <p>(a) <i>The feedback of public consultation conducted between 10 August and 21 September 2018 (appendix 1).</i></p> <p>(b) <i>That the overall preferred option for 53% of respondents was Option 1 followed by 27% preferring Option 2 and Option 4 being the most unpopular, however, officers are unable to recommend either of these options as detailed further under the weakness and threats sections of the report (refer to 3.3.6 and 3.6.13) and summarised below:</i></p> <ul style="list-style-type: none"> <i>Option 1 – the Council decided to reduce the funds for this service and it is recommended that this option is discounted as unaffordable. If option 1 is pursued a budget variance of £888,461 would need to be identified.</i> <i>Option 2 – this option is not recommended as it is not affordable, creates an administrative burden and is unlikely to deliver full cost</i> |

| | | |
|--|--|---|
| | | <p><i>recovery. Again, a budget variance of £135,002 as a minimum to £689,488 as a maximum, would need to be identified.</i></p> <p><i>(c) That in addition to addressing the budget variance to implement either Option 1 or 2, investment would be required to upgrade equipment/ technology to ensure a quality service, comparable to the external market, was available.</i></p> <p><i>(d) That the top three suggestions from responders who selected Option 1 or 2 on how to fund CAS in the future were:</i></p> <ul style="list-style-type: none"> <i>• By other means - i.e. changes to other services, efficiencies, less essential services, tackle benefit dependency – 32%</i> <i>• reduce staff costs i.e. higher paid – 16%</i> <i>• Council Tax increase – 9%</i> <p><i>(2) That having taken into consideration the responses to public consultation and for the reasons set out in section 3 of this report Cabinet approves the recommendation of Option 4: to cease the provision of the service and direct customers to alternative providers in the market place, as set out in paragraph 3.6.26 of the report.</i></p> |
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Cabinet - 24 October 2018

Future of Community Alarm Service; inclusive of Call Handling, Telecare Equipment its Installation and Maintenance and the Response Service (CAS); outcome of consultation and preferred option

Portfolio: Councillor Rose Martin, Adult Social Care

Related Portfolio: All

Service: Adult Social Care

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary

- 1.1 The Community Alarm Service (CAS) is not a statutory service and there was a policy decision in the setting of the 2017/18 budget to cease providing universal services.
- 1.2 The CAS currently costs the council £1.29 million per year to deliver; this is without the additional investment required to upgrade equipment and technologies in order to deliver a modern service of suitable quality. This budget is, in part, no longer available.
- 1.3 An options appraisal informed development of five consultation options, to release savings, manage the services within the financial resources available and introduce the opportunity for customer choice and improved service delivery
- 1.4 The Council extensively engaged on the options prior to commencing public consultation with WHG along with a range of key stakeholders including other registered social landlords in the borough as the offer of an alarm service is regularly part of a housing offer.
- 1.5 Prior to consultation commencing the Council were able to cross reference their data and advise WHG, 1499 tenants have a community alarm installed and of which only 12% (183) are known to have an assessed care need.
- 1.6 In March 2003 the Council went through Large Scale Voluntary Transfer (LSVT) transferring its housing stock to a number of housing providers collectively known as Walsall Housing Group (WHG). Under the terms of that transfer the Council was to continue to provide a CAS to the community alarm customers in the former Council housing.
- 1.7 The Council's obligation to provide a Community Alarm Service under the LSVT agreement continues until the Council having firstly consulted with the Group and community alarm customers and decide to either amend those arrangements or terminate the same at the Council's absolute discretion. WHG have confirmed

they actively encouraged feedback on the consultation process from tenants and have also provided a response in their role as a registered social housing landlord.

- 1.8 Our research has not been able to find any authority nationally that does not levy a charge and Walsall is the only council across the Black Country that does not currently charge. CAS is free to all customers, the majority of which are over the age of 60 without an assessed social care need.
- 1.9 If it is determined a charge should be levied the directorate would seek to issue a formal notification of changes and proceed to implement.
- 1.10 This is a key decision because it will affect existing and future service users across all wards.

2. Recommendations

2.1 Cabinet notes;

- 2.1.1. The feedback of public consultation conducted between 10 August and 21 September 2018 (appendix 1).
- 2.1.2 Cabinet notes that the overall preferred option for 53% of respondents was Option 1 followed by 27% preferring Option 2 and Option 4 being the most unpopular, however, officers are unable to recommend either of these options as detailed further under the weakness and threats sections of the report (refer to 3.3.6 and 3.6.13) and summarised below;
 - Option 1 – the Council decided to reduce the funds for this service and it is recommended that this option is discounted as unaffordable. If option 1 is pursued a budget variance of £888,461 would need to be identified.
 - Option 2 – this option is not recommended as it is not affordable, creates an administrative burden and is unlikely to deliver full cost recovery. Again, a budget variance of £135,002 as a minimum to £689,488 as a maximum, would need to be identified.
- 2.1.3 That in addition to addressing the budget variance to implement either Option 1 or 2, investment would be required to upgrade equipment/technology to ensure a quality service, comparable to the external market, was available.
- 2.1.4 That the top three suggestions from responders who selected Option 1 or 2 on how to fund CAS in the future were;
 - By other means - i.e. changes to other services, efficiencies, less essential services, tackle benefit dependency – 32%
 - reduce staff costs i.e. higher paid – 16%
 - Council Tax increase – 9%
- 2.2 That having taken into consideration the responses to public consultation and for the reasons set out in section 3 of this report Cabinet approves the recommendation of Option 4: to **cease the provision of the service and direct customers to alternative providers in the market place**, as set out in paragraph 3.6.26 of the report.

3. Report detail

3.1 In February 2017 Cabinet agreed budget savings of circa £0.567m to be delivered against the Community Alarm service, split over 2 financial years, £0.190m for 2017/18 and £0.377m for 2018/19.

3.2 As well as reduction to the service budget, the services costs have increased over the two financial years due to increases in demand for its use as well as the outcome of an audit review. The audit review highlighted concerns around operating without sufficient resources and has subsequently required the service to increase the staffing contingent in year. For 2018/19, the current Community Alarms forecast spend is c£1.290m against an available budget of £0.402m, therefore Adult Social Care are currently forecasting a full year overspend of £0.888m. The directorate is exploring temporary mitigating action where possible to reduce this position across its services.

3.3 The Directorate needs to determine the future arrangements for CAS in Walsall, so it can operate within current financial constraints as outlined in this report.

3.4 Current Provision

3.4.1 The services are delivered in-house by the council and cover:

- Telecare Equipment
- Community Alarms
- Having those items installed by an in-house team
- Maintenance offered by an in-house team
- Response Service

The service is available free of charge. It is available to all Walsall residents irrespective of need.

3.4.2 Telecare Equipment and Community Alarms is purchased through a company called Tunstall from a national East Shires Purchasing Organisation (ESPO) framework for Telecare and Telehealth services. It is stored in a secure room at the Integrated Community Equipment Store (ICES), based in Willenhall. A small amount of stock is also stored at Streets Corner. Customers are not charged for the equipment provided.

3.4.3 Installation, Maintenance and the Decommissioning of Equipment (when it is no longer needed) – is carried out by a team who are based at Streets Corner available 8am to 4pm, Mon-Fri. Response service staff are also trained to install and replace equipment outside office hours. The team consists of:

| Breakdown of employees: | |
|-------------------------|---|
| 1 x G6 FTE | Team Manager who can respond to urgent requests |
| 1 x G4 FTE | Administrative Worker for updating of systems |
| 5 x G4 FTE | Fitters who install and decommission equipment (2 permanent, 3 agency) |

3.4.5 Work sheets are scheduled for the fitters to install/repair/replace and decommission equipment. They complete on average 6 jobs per day but currently do not undertake an annual maintenance check; doing so may reduce the number of system faults. A hand held device records the customer's

signature to confirm that equipment has been fitted and that they have been shown how to use it. This agreement is then uploaded onto the ELMS system to record details of what equipment has been installed. MOSAIC which is the care record system is then manually updated, which often results in time lags to reflect users starting and leaving the service.

- 3.4.6 Community Alarms telephony team are based at the Brownhills Depot in Pelsall. The service operates 24 hours a day, seven days a week, 365 days a year and responds to calls and alerts from community alarm equipment. Most calls are handled without the need to provide a physical response with advice and reassurance instead being given. Currently the team consists of:

| Breakdown of employees: | |
|--------------------------------|--|
| 1 x G11 FTE | Team Manager who can respond to urgent requests |
| 2 x G6 FTE | Senior Operators (covered by secondment) |
| 14.2 x G5 FTE | Operators who receive and handle calls (5.2 permanent, 2.7 fixed term, 3.5 agency and 2.8 vacant) |
| 1 x G4 FTE | Administrative Worker for updating of systems (Permanent) |

- 3.4.7 The team handles an average of 5000 calls per week with approximately 170 of the calls requiring a response service to be provided. Not all of the calls received relate to Telecare services. The team has recently relocated to the Depot at Pelsall as part of the Council's Channel Shift plans to have a Corporate Call Centre. This team acts as the corporate switchboard for all calls post 5pm and up to 8.30am the next day. This will need to be separated out from the Community Alarms element and resolved within the Channel Shift programme, as it was never resourced or designed to operate in this way and as such, has taken this additional task on-board without increasing capacity.
- 3.4.8 Customers are linked to a call handler through their use of the Community Alarms service. There are 7,196¹ community alarm users. Approximately 3,200 have no identified responder with 4,000 having an identified responder. Of the 7,196 community alarm users only 810 (11%) are assessed as eligible to receive care funded by Walsall Council.
- 3.4.9 Response Service delivers a 24 hour a day, seven days a week, 365 days a year service and on average they respond to 170 calls per week. This is currently provided by the Intermediate Care Services model funded through the Better Care Fund on an interim arrangement. As such, if the Council decides to continue providing this aspect of the service there will be additional staffing costs to identify.
- 3.4.10 ***The June 2017 Internal Audit report on the Community Alarm service and telecare identified 3 fundamental and 13 significant recommendations based on the lack of sufficiently trained staff and insufficient staff resources across community alarms call centre and installation team to deliver the service. This is further compounded by the fact that the Council has not invested in telecare equipment and systems as a result substantial investment would be needed to deliver a quality telecare service similar to those available in the external market which are Telecare Service***

¹ These numbers will vary through the consultation period

Association (TSA) accredited.

3.5 Outcome of the Soft Market Exercise

- 3.5.1 A soft market test exercise was undertaken in September 2017 to explore whether there was any interest from wider partners to deliver Community Alarm and Telecare installation, maintenance and decommissioning services, and Responder Service to obtain indicative costs and feedback on how best to procure these services to achieve maximum value for money.
- 1.5.2 Twenty three providers on the ESPO Telecare and Telehealth Products & Services framework were contacted. They were provided with a copy of the service specification and asked to complete a response template to outline indicative costs and provide feedback. Four providers expressed an interest in delivering these services, but their indicative costs are all in excess of our allocated 2018/19 budget.

Soft Market Exercise Costs Summary

| Service | Budget 18/19 | Average Annual Indicative Cost based on Soft Market Exercise | Variance |
|--|---------------------|---|-----------------|
| Equipment | £184,180 | £184,180 | £0 |
| Installation/Maintenance and Decommissioning | £0 | £306,270 | £306,270 |
| CAS | £217,667 | £265,500 | £47,833 |
| Responders | £0 | £608,000 | £608,000 |
| TOTAL | £401,847 | £1,363,950 | £962,103 |

- 3.5.3 From the feedback gathered one provider recommended that Walsall should procure all 3 services under a single lot or on co-dependent lots with a lead provider assigning work to subcontractors/partners. West Midlands Fire Service (WMFS) who deliver a response service in Dudley, Wolverhampton and Coventry via a Public to Public exemption² recommended close partnership working to explore whether they could meet our service requirements for the response service, rather than undertake a tender. However, in the summer of 2018, WMFS have decided to withdraw from delivering response services across the West Midlands and have served notice on all respective Councils.
- 3.5.4 At the time of the soft market test, there was no inclusion of a customer charge to cover the deficit of the available budget and full cost recovery.
- 3.5.5 The table below provides a summary of the costs facing the service in respect of the options presented in this report.
- **Option 1** - Do nothing with the existing Services and Adult Social Care funds the budget shortfall
 - **Option 2** - Retain the service in house and introduce a charge for the CAS and response service

² Walsall could consider the use of Regulation 12 of the Public Contracts Regulations 2015 to engage with WMFS if that is the preferred option

- **Option 3** - Commissioning of services to the external market and the introduction of a charge for the CAS service
- **Option 4** - Cease the provision of the service and offer alternative providers in the market place
- **Option 5** - Walsall Council will cease to provide the Community Alarm Service to customers without a social care need and direct these customers to alternative providers. For customers with an assessed social care need, the council will buy the Community Alarm Service from another provider.

| Summary of Options Full Year Effect | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
| Total Costs | £1,290,308 | £1,290,308 | £1,363,950 | £0 | £1,290,308 |
| Total Income | £0 | (£198,973) | (£146,973) | £0 | (£49,504) |
| Total Net Over spend | £1,290,308 | £1,091,335 | £1,216,977 | £0 | £1,240,804 |
| Budget | £401,847 | £401,847 | £401,847 | £401,847 | £401,847 |
| Shortfall/ Surplus | £888,461 | £689,488 | £815,130 | (£401,847) | £838,957 |

3.6 Public Consultation (inclusive of customers and general public)

3.6.1 **Option 1 – Do nothing with the existing Services and Adult Social Care funds the budget shortfall**

3.6.2 This would retain the status quo for existing customers, prospective customers and staff. However, the Council will not achieve the budget savings attached to these services and they will continue to cost the Council an additional £888,461 per annum.

3.6.3 Strengths, Weakness Opportunities & Threats (SWOT) Analysis:

| Strengths | Weakness |
|---|--|
| <ul style="list-style-type: none"> • Retains universal service provision | <ul style="list-style-type: none"> • Budget savings not achieved • Significant investment would be needed to address the internal audit recommendations and to invest in modern equipment and systems to deliver a quality service. • Resources not being allocated to those in greatest need • Inefficient systems • Not aligned with most other local authorities which have either started to charge for services; or ceased providing the service as there is a strong market place for these services |
| Opportunities | Threats |
| <ul style="list-style-type: none"> • None | <ul style="list-style-type: none"> • Potential income is being lost • Current practice will continue which has been below market standard (due to limited resources) |

3.6.4 Cost Appraisal:

| Service | Budget 18/19 | Forecast 18/19 | Variance |
|---|-------------------------|---------------------------|-----------------|
| Equipment | £184,180 | £284,180 | £100,000 |
| Installation/ Maintenance and Decommissioning | £0 | £197,998 | £197,998 |
| Community Alarms Service | £217,667 | £467,737 | £250,070 |
| Responders | £0 | £290,393 | £290,393 |
| Equipment maintenance | £0 | £50,000 | £50,000 |
| Total | £401,847 | £1,290,308 | £888,461 |

Summary: the Council decided to reduce the funds for this service and it is recommended that this option is discounted as unaffordable.

3.6.5 Option 2 – Retain the service in house and introduce a charge for the CAS and response service

3.6.6 Introduce a flat rate charge £4.00 per week for all users of the CAS service which will be used to fund the community alarm service. This would be regardless of whether or not the user has an identified responder.

3.6.7 Walsall does not currently charge for CAS or response services, it is free to all customers, the majority of which are over the age of 60. From analysing the current list of 7,196 registered CAS and response customers:

- 810 are in receipt of a social care service
- 6,386 are not in receipt of a social care service

3.6.8 An analysis using the ASC charging model of the 810 people in receipt of another type of social care service other than a community alarm, resulted in a total of 68 liable to pay a charge. This is low in comparison to the overall number as the majority are likely to already be paying the maximum allowed charge for the other services they receive and therefore not eligible to be charged. Assuming a £4.00 weekly charge was levied against the 68 eligible to pay, the total income generated would only be £14,144 per annum.

3.6.9 If the other 6,386 customers of community alarms not in receipt of another type of social care service, is modelled at 10% who would be prepared to take up the service if it is charged at £4.00 a week this could generate income up to £132,829 per annum.

3.6.10 Based on other comparative local authorities it has also been modelled that up to a 1,000 users may be prepared to pay for the service of a physical responder team. However based on previous implementation modelling assumes only 100 users would take up and contribute to the service, and would generate up to £52,000 at an additional charge of £10 per week. Thus a customer with the full service would pay £14 per week.

3.6.11 The total income generated by bringing in a charge could be up to £198,973 per annum. With a further cost added to administer the charging for the service and for managing the non-payment of debts, it is estimated that the service would still have a shortfall to operate at full cost recovery. This is estimated due to the assumptions about take up of the service and the fees people would be prepared to pay.

3.6.12 This overall cost to the Council would be £888,461 which would be reduced to between £135,002 and £689,488 if charging is implemented. However it would be further prudent to not realise any of this potential revenue saving until forecast income levels are secure. This would only be certain through analysis of billed payments and actual income received after the first years cycle of charging is complete.

3.6.13 Strengths, Weakness Opportunities & Threats (SWOT) Analysis:

| Strengths | Weakness |
|--|--|
| <ul style="list-style-type: none"> Retains universal service provision Consultation for 16/17 Budget showed support for customers paying for the service | <ul style="list-style-type: none"> Budget savings not achieved Adult Social Care Charging Policy may need to be changed which requires a period of consultation Substantial administrative resources would be required to bill the 6,386 client's not in receipt of social care services and manage enquires and request to remove equipment Significant investment would be needed to address the internal audit recommendations and to invest in modern equipment and systems to deliver a quality service. |
| Opportunities | Threats |
| <ul style="list-style-type: none"> Offers the opportunity to review current users and remove those that don't need the service | <ul style="list-style-type: none"> Non-payment of charge and associated administration costs. Unaffordable due to risk for the income model remaining with the Council |

3.6.14 Cost Appraisal:

| | Budget 18/19 | Forecast 18/19 | Variance |
|--|---------------------|-----------------------|-----------------|
| Equipment | £184,180 | £284,180 | £100,000 |
| Installation/Maintenance and Decommissioning | £0 | £197,998 | £197,998 |
| Community Alarms Service | £217,667 | £467,737 | £250,070 |
| Responders | £0 | £290,393 | £290,393 |
| Equipment maintenance | £0 | £50,000 | £50,000 |
| Total | £401,847 | £1,290,308 | £888,461 |
| Income (worst case) | £0 | (£198,973) | (£198,973) |
| NET TOTAL | £401,847 | £1,091,335 | £689,488 |

3.6.15 The cost to the Council is strongly dependent on the level of income that could be achieved, this is affected by various factors such as reduction in take up by clients, eligibility to pay and non-payment/debt write off. The table below shows the impact on income for various percentages of take up by clients.

| | Percentage of Universal clients | | | |
|-------------------|--|----------|----------|----------|
| Total Cost | £888,461 | £888,461 | £888,461 | £888,461 |

| | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| £4 flat rate for 68 liable ASC users | (£14,144) | (£14,144) | (£14,144) | (£14,144) |
| | 10% (100 clients) | 20% (200 clients) | 30% (300 clients) | 40% (400 clients) |
| £10 flat rate for responder service based on take up and contribution of service | (£52,000) | (£104,000) | (£156,000) | (£208,000) |
| £4 for other CAS users | (£132,829) | (£265,658) | (£398,486) | (£531,315) |
| Total Income | (£198,973) | (£383,802) | (£568,630) | (£753,459) |
| Net Cost | £689,488 | £504,659 | £319,831 | £135,002 |

Summary: this option is not recommended as it is not affordable, creates an administrative burden and is unlikely to deliver full cost recovery. The risk for those issues would sit wholly with the Council.

3.6.16 **Option 3 – Commissioning of services to the external market and the introduction of a charge for the CAS**

3.6.17 The soft market exercise has revealed that there is interest in the external market to deliver these services, but indicative costs are all in excess of Walsall's 2018/19 budget. It could cost the Council an additional £962,103 per annum if these services were externalised, and dependent on the level of income this current overspend could be reduced to between £416,644 and £815,130.

3.6.18 Introduce a flat rate charge £4.00 per week for all users of the CAS service which will be used to fund the community alarm service. This would be regardless of whether or not the user has an identified responder.

3.6.19 Walsall does not currently charge for CAS or response services, it is free to all customers, the majority of which are over the age of 60. From analysing the current list of 7,196 registered CAS and response customers:

- 810 are in receipt of a social care service
- 6,386 are not in receipt of a social care service

3.6.20 An analysis using the ASC charging model of the 810 people in receipt of another type of social care service other than a community alarm, resulted in a total of 68 liable to pay a charge. This is low in comparison to the overall number as the majority are likely to already be paying the maximum allowed charge for the other services they receive and therefore not eligible to be charged. Assuming a £4.00 weekly charge was levied income for the 68 liable could be up to £14,144 per annum.

3.6.21 If the other 6,386 customers of community alarms not in receipt of another type of social care service, is modelled at 10% (the worst case) who would be prepared to take up, and were liable to pay, the service if it is charged at £4.00 a week this could generate income up to £132,829 per annum.

3.6.22 The total income generated by bringing in a charge could be up to £146,973 per annum. With a further cost added to administer the charging for the service and for managing the non-payment of debts, it is estimated that the service would still have a shortfall to operate at full cost recovery. This is estimated due to the assumptions about take up of the service and the fees people would be prepared to pay.

3.6.23 Strengths, Weakness Opportunities & Threats (SWOT) Analysis:

| Strengths | Weakness |
|--|--|
| <ul style="list-style-type: none"> Retains universal service provision Consultation for 16/17 Budget showed support for customers paying for the service | <ul style="list-style-type: none"> Budget savings not achieved Adult Social Care Charging Policy may need to be changed which requires a period of consultation Substantial administrative resources would be required to bill the 6,386 client's not in receipt of social care services and mange enquires and request to remove equipment. Resources not being allocated to those in greatest need |
| Opportunities | Threats |
| <ul style="list-style-type: none"> Create partnership opportunities with others | <ul style="list-style-type: none"> Non-payment of charge and associated administration costs. Unaffordable due to risk for the income model remaining with the Council |

3.6.24 Cost Appraisal:

| Service | Budget 18/19 | Average Annual Indicative Cost based on Soft Market Exercise | Variance |
|--|---------------------|---|-----------------|
| Equipment | £184,180 | £184,180 | £0 |
| Installation/Maintenance and Decommissioning | £0 | £306,270 | £306,270 |
| CAS | £217,667 | £265,500 | £47,833 |
| Responder Service | £0 | £608,000 | £608,000 |
| TOTAL | £401,847 | £1,363,950 | £962,103 |
| Income (worst case) | 0 | (£146,973) | (£146,973) |
| NET TOTAL | £401,847 | £1,216,977 | £815,130 |

3.6.25 The cost to the Council is strongly dependent on the level of income that could be achieved, and this is affected by various factors such as reduction in take up by clients, eligibility to pay and non-payment/debt write off. The table below shows the impact on income for various percentages of take up by clients.

| | Sensitivity Analysis of Income | | | |
|---|---------------------------------------|-----------|-----------|-----------|
| Total Cost | £962,103 | £962,103 | £962,103 | £962,103 |
| £4 flat rate for 68 liable ASC users | (£14,144) | (£14,144) | (£14,144) | (£14,144) |

| | 10% (638 clients) | 20% (1,277 clients) | 30% (1,916 clients) | 40% (2,554 clients) |
|-------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------|
| £4 for other CAS users | (£132,829) | (£265,658) | (£398,486) | (£531,315) |
| Total Income | (£146,973) | (£279,802) | (£412,630) | (£545,459) |
| Net Cost | £815,130 | £682,301 | £549,473 | £416,644 |

Summary: This option is not recommended as it is not affordable; the introduction of a new charge creates an administrative burden and is unlikely to deliver full cost recovery. The risk for those issues would sit wholly with the Council.

3.6.26 Option 4 – Cease the provision of the service and offer alternative providers in the market place

3.6.27 Based on the level of funding available for 2018/19 there will be insufficient funds to deliver these services. It is suggested therefore that the service is ceased.

3.6.28 As an alternative to the Council providing the service, there is a strong and good quality market place for these services. Customers told us in the Budget Consultation in 2016/17 that they would prefer to pay for a service rather than it not be available.

3.6.29 If this option was implemented during 2018/19, this could reduce some of the current forecast overspend. In terms of the full year effect once implemented the full costs of £1.290m would cease and the remaining budget of £0.402m could be offered up to reduce the current budget gap Adult Social Care is incurring.

3.6.30 To illustrate the types of offers and the costs a comparative analysis has been undertaken and just some examples of the service offer are illustrated overleaf:

| Provider | Service Range | Costs |
|-------------|--|---|
| Lifeline 24 | Personal alarm Telephony response Equipment provided Equipment maintained No physical responder (but emergency services contacted) | £2.28 per week |
| Eldercare | As above | £5.58 per week to buy Or £4.15 per week to rent Additional optional offer of responder service £10 per week (available in some areas only) |
| Age UK | As above | £4.16 per week Plus £82.80 one off equipment charge Additional service offer of a key safe for £95 |
| Saga | As above | £4.41 per week |
| Telecare24 | As above | £3.22 per week |

| | | |
|------------|----------|--|
| | | Additional optional offer of a falls sensor £3.65 per week extra |
| Suresafe24 | As above | £3.45 per week |

3.6.31 Based on other comparative local authorities it has also been modelled that up to a thousand users may be prepared to pay for the service of a physical responder team. Thus a customer with the full service would pay a minimum of £12.28 per week.

3.6.32 In addition to the providers listed in 3.6.28, Accord Housing Group currently provide a community alarm service for their own tenants living in some properties. In circumstances where having an alarm service is a condition of a social housing tenancy, low income households may be able to claim housing benefit to help cover the costs of that service. Typically this type of arrangement occurs in sheltered housing schemes or specialist housing schemes for vulnerable people. It is possible that other housing providers in Walsall may decide to develop a similar service for their tenants should the opportunity arise.

3.6.33 Strengths, Weakness Opportunities & Threats (SWOT) Analysis:

| Strengths | Weakness |
|---|--|
| <ul style="list-style-type: none"> Releases financial savings of £1m + Creates choice for customers Consultation for the 16/17 Budget showed support for customers paying for the service The market place offers are cheaper than the Council can provide the service for Reduces the financial risk to the Council | <ul style="list-style-type: none"> Staff redundancies Less availability of response services but this can be tailored to those with greater need. Paying for a service may put some vulnerable people under increased financial pressure. |
| Opportunities | Threats |
| <ul style="list-style-type: none"> Excellent market exists for these services | <ul style="list-style-type: none"> People may choose not to take up the service |

Summary: taking this option creates the most choice for customers. There is a well-developed and affordable market place for customers who can purchase these services directly. There are a range of providers, many of whom deal with 10,000 calls a day in an efficient manner. Some offer additional services which can be added to the community alarm basic service. Most offer a guaranteed response time, for example Age UK who will respond to callers within 60 seconds. This option also enables the release of the budget for service in totality to address the budget pressures for 2018/19.

3.6.34 **Option 5 – Walsall Council will cease to provide the Community Alarm Service to customers without a social care need and direct these customers to alternative providers. For customers with an assessed social care need, the council will buy the Community Alarm Service from another provider**

- 3.6.35 This option would look to provide a service only to the 810 clients in receipt of a social care service, and redirect the 6,386 clients not in receipt of a social care service to other alternative providers.
- 3.6.36 Introduce a flat rate charge £4 per week for all users of the CAS service which will be used to fund the community alarm service. This would be regardless of whether or not the user has an identified responder.
- 3.6.37 An analysis using the ASC charging model of the 810 people in receipt of another type of social care service other than a community alarm, resulted in a total of 68 liable to pay a charge. This is low in comparison to the overall number as the majority are likely to already be paying the maximum allowed charge for the other services they receive and therefore not eligible to be charged. Assuming a £4.00 weekly charge was levied income for the 68 liable could be up to £14,144 per annum.
- 3.6.38 Based on other comparative local authorities it has also been modelled that up to a thousand users may be prepared to pay for the service of a physical responder team. This would generate up to £35,360 at an additional charge of £10 per week based on the 68 clients already being charged. Thus a customer with the full service would pay £14 per week.
- 3.6.39 The total income generated by bringing in a charge could be up to £49,504 per annum. With a further cost added to administer the charging for the service and for managing the non-payment of debts, it is estimated that the service would still have a shortfall to operate at full cost recovery. This is estimated due to the assumptions about take up of the service and the fees people would be prepared to pay.
- 3.6.40 The overall overspend to the Council would be £838,957 under this option as though the universal service element would cease, the continuation of the community alarms and responder services will require the same level of staffing currently in place.
- 3.6.41 Strengths, Weakness Opportunities & Threats (SWOT) Analysis:

| Strengths | Weakness |
|---|---|
| <ul style="list-style-type: none"> • Consultation for the 16/17 Budget showed support for customers paying for the service | <ul style="list-style-type: none"> • Budget savings not achieved • Lose universal offer which neighbouring councils provide • Adult Social Care Charging Policy may need to be changed which requires a period of consultation • Paying for a service may put some vulnerable people under increased financial pressure • Any risks outlined in 3.4.9 would remain |
| Opportunities | Threats |

| | |
|--|---|
| <ul style="list-style-type: none"> • Excellent market exists for these services | <ul style="list-style-type: none"> • Equity of service offer may be challenged • People may choose not to retain the service • Non-payment of charge and associated administrative costs • Unaffordable due to the risk for income model remaining with the Council |
|--|---|

3.6.42 Cost Appraisal:

| Service | Budget 18/19 | Forecast 18/19 | Variance |
|---|-------------------------|---------------------------|-----------------|
| Equipment | £184,180 | £284,180 | £100,000 |
| Installation/ Maintenance and Decommissioning | £0 | £197,998 | £197,998 |
| Community Alarms Service | £217,667 | £467,737 | £250,070 |
| Responders | £0 | £290,393 | £290,393 |
| Equipment maintenance | £0 | £50,000 | £50,000 |
| Total | £401,847 | £1,290,308 | £888,461 |
| Income | £0 | (£49,504) | (£49,504) |
| | £401,847 | £1,240,804 | £838,957 |

Summary: the Council decided to reduce the funds for this service and it is recommended that this option is discounted as unaffordable.

4. **Council Corporate Plan priorities**

4.1 Ensuring there is a service available for people, at a reasonable cost and with good quality is important to the Council. It will enable the council to promote independence choice and control for adults and young people who live in the community and would benefit from these services. This in turn improves the quality of service provision, leading to better outcomes for residents.

4.2 This proposal links and contributes to the Council's corporate priority 'Make a positive difference to the lives of Walsall people':

- Increasing independence and improving healthy lifestyles so all can positively contribute to their communities.

5. **Risk management**

5.1 There is a risk that if the Council stops this service altogether, vulnerable people could struggle to contact support at time of need. However this risk is mitigated if there are low cost alternative options available for people to purchase. There are 7,196 current CAS users:

- 810 are in receipt of social care services, and
 - 6,386 are not in receipt of adult social care services.
- 5.2 6,386 people are taking up a universal offer. Whilst the Council does not have a statutory obligation to offer or fund the service these people will be signposted to find alternative providers in the market should they choose to continue the service.
- 5.3 For Walsall Adult Social Care clients, they have needs assessed under of the Care Act, and we will ensure that an allocated worker, supports these customers in a transfer to a new service. This will be based on a review of their overall needs.
- 5.4 Users of the service will be supported to claim Disability Related Expenditure from the Department of Work and Pensions (where necessary) to help fund future service provision; if eligible this will be reflected in support plans and financial assessments will be reviewed in line with our Contribution Policy.
- 5.5 Separate to the CAS public consultation, an exercise is ongoing to identify corporate enquiries, service requests and emergency reports received by the CAS out of standard hours of opening. CMT will be presented with a series of options on how out of hours services may operate and be funded in the future pending the outcome of public consultation
- 5.6 93% respondent's smoke detectors are linked to the lifeline system; if the lifeline system is removed or disabled we will leave the smoke detector in situ and this would activate like any other smoke alarm. Should a replacement be required in the future we will refer to the Fire Service who install smoke detectors free of charge as part of their fire safety check service
- 5.7 84% of respondents have a key safe installed; this will be left in situ.
- 5.8 There is a risk if the responder service was removed that many people would not have a personal responder to respond if required. Between 69% and 81% of respondents have responded they do have a family member, friend or neighbour would respond if contacted, alternative options are available in the market for those who do not have a personal responder.

6. Financial implications

- 6.1 As detailed within the report, in February 2017 Cabinet agreed budget savings of circa £0.567m to be delivered against the Community Alarm services, split over 2 financial years, £0.190m for 2017/18 and £0.377m for 2018/19. Since this decision, costs for delivering this service have increased due to increases in demand for its use, and concerns around operating without sufficient non-financial resources. This subsequently required the service to increase the staffing contingent in year at further cost.
- 6.2 For 2018/19, the current Community Alarms forecast spend is c£1.290m against an available budget of £0.402m, therefore Adult Social Care are currently forecasting a full year overspend of £0.888m in respect of this area of service delivery, the equivalent of £0.074m per month. The directorate is exploring

temporary mitigating action where possible to reduce this position from across its other services.

6.3 The table below provides a summary of the costs facing the service in respect of the options presented in this report.

- **Option 1** - Do nothing with the existing Services and Adult Social Care funds the budget shortfall
- **Option 2** - Retain the service in house and introduce a charge for the CAS and response service
- **Option 3** - Commissioning of services to the external market and the introduction of a charge for the CAS service
- **Option 4** - Cease the provision of the service and offer alternative providers in the market place
- **Option 5** - Walsall Council will cease to provide the Community Alarm Service to customers without a social care need and direct these customers to alternative providers. For customers with an assessed social care need, the council will buy the Community Alarm Service from another provider

| Summary of Options Full Year Effect | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
| Total Costs | £1,290,308 | £1,290,308 | £1,363,950 | £0 | £1,290,308 |
| Total Income | £0 | (£198,973) | (£146,973) | £0 | (£49,504) |
| Total Net Over spend | £1,290,308 | £1,091,335 | £1,216,977 | £0 | £1,240,804 |
| Budget | £401,847 | £401,847 | £401,847 | £401,847 | £401,847 |
| Shortfall/ Surplus | £888,461 | £689,488 | £815,130 | (£401,847) | £838,957 |

6.4 Option 4 is the only option, which will not require additional investment in the service.

7. Legal implications

7.1 In March 2003 the council transferred its housing stock under Large Scale Voluntary Transfer (LSVT) to a number of housing providers collectively known as Walsall Housing Group. Under the terms of that transfer the Council was to continue to provide a Community Alarm Service to the Community Alarm customers in the former Council housing.

7.2 The Council's obligation to provide a Community alarm Service under the LSVT agreement continues until the Council having firstly consulted with the Group and community alarm customers decides to either amend those arrangements or terminate the same at the Council's absolute discretion.

7.3 The Council are able to satisfy WHG involvement as they have been extensively engaged and contributed to development of the five options prior to consultation commencing.

7.4 WHG have responded to consultation indicating option 5 as their preference.

8. Procurement implications

8.1 The nature of procurement advice will be determined by the option selected.

9. Property implications

9.1 No Council property assets are implicated by the proposals in the report.

10. Health and wellbeing implications

10.1 Continuing to ensure there is access to the market for such services will enable the Council to promote independence choice and control for adults and young people who live in the community would benefit from the service.

11. Staffing implications

11.1 There are 31.4 staff affected (10.3 agency staff & 21.1 permanent staff) by these proposals. The nature of staffing implications will be determined by the option selected.

12. Reducing inequalities

12.1 An equality impact assessment has been undertaken and is being updated throughout the process (appendix 2).

13. Consultation

2016 Consultation

13.1 During the autumn 2016, 6647 CAS customers were consulted with regards to the cessation of the Council's Response element of the CAS, 731(11%) responses were received.

13.2 The majority of responses assumed that this proposal was to cease the whole of the community alarm service, not just the response service. In reflection of this there was a general view put forward by respondents that customers would be willing to pay a small nominal fee for this service to continue.

13.3 Customers that responded stated that as long as some assurance was given that a speedy response in times of emergency can be continued, it was less relevant who provided the response. There were a high number of responses that expressed concerns that the withdrawal of the response service would put additional pressure on other statutory services for example; Ambulance Service, Police and the Council's Emergency Duty Social Work Team.

2018 Consultation

13.4 The directorate conducted key stakeholder listening and engagement during July to inform the development of the options outlined in 3.6

13.5 Public Consultation took place between 10th August and 21 September 2018 which consisted of:

- Postal questionnaires to 7300+ customers
- We wrote to 4000 families, friends, or carers and a range of key stakeholders including GP's, Walsall Health Care Trust, the ambulance service and voluntary and community sector organisations inviting feedback on the consultation option.

- 6,000 leaflets advertising the consultation were dropped across 56 GP surgeries, 25 clinics and leaflets were included in the Walsall Carers newsletter.
- 4 face to face public consultation sessions at different times of the day, days of the week and at different locations within the borough

13.5 A copy of the consultation report can be found at appendix 1.

Background papers

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15 October 2018



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Portfolio Holder

15 October 2018



Community Alarm Service Consultation 2018

Have your say on proposed options for this service

Report of findings October 2018

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1. Executive summary

- During the consultation, 7308 Community Alarms Service (CAS) customers (all customers) were sent a postal questionnaire seeking their views on the future of the service. A further 3839 registered nominated responders (persons nominated by CAS customers as their responder if they alerted for help) were posted an information flyer notifying them on the consultation, explaining the consultation and inviting them to respond to the online questionnaire.
- By the closing date of 21 September 2,732 valid responses had been received (2507 paper returns and 225 completed online). A total of 2592 responses were received from CAS customers, representing a 35% response rate among this audience.
- The three most commonly owned support devices are the Council-provided personal / pendant alarm (99%), smoke detector (93%) and key safe (84%). Relatively few have any of the other devices listed.
- Just over half of CAS customers (55%) have used an alarm or had another device alert help.
- 69% of CAS customers have someone who would contact or visit them if the CAS was alerted, mainly a family member, friend or neighbour rather than a professional responder. Two-fifths (19%) have no one to assist in such a situation and a further 12% are unsure.
- The service is valued with a quarter stating they couldn't live without it. The service is important because it provides peace of mind/reassurance that support or help is there if needed and a feeling of safety, enables independence, is an essential service and is important for those living alone or far from family.
- Overall there is a preference for Option 1 ("Do nothing with the existing service and Walsall Council finds the saving elsewhere"). This is the preferred option for 53% of respondents. The main reasons for preferring Option 1 are:
 - Affordability
 - Savings should be made elsewhere to protect this important service rather than directly charging users
 - The Council has Duty of Care to support vulnerable and elderly residents
 - Sense of entitlement/equity given people have contributed financially over their lifetime via taxes etc.
 - Feeling that current arrangement works well
- The next most popular option is Option 2 ("Walsall Council continues to deliver the Community Alarm Service for which it will introduce a charge"), selected by 27%.
- The options involving external providers are not popular with the Council's preferred option (4) of "ceasing to provide a Community Alarm Service with customers buying directly from another provider" is supported by only 4%.
- For many the likely impacts of introducing a charge and/or an external provider will be negative; making them financially worse off requiring them to have to budget/cut costs or make savings elsewhere; be unaffordable even at £4 per week (especially £14) given many are on low incomes, benefits or pensions; increase the likelihood of cancelling their use of


the service and/or returning devices; for some this would definitely happen as a result; and raise concerns around the quality and cost of services delivered by external providers

- Some customers however, said they could afford or would be willing to pay a charge for the continuation of Council run services. For most this would need to be a small charge that is affordable (e.g. £4 was mentioned as being acceptable). Impact would therefore depend very much on the actual amount charge.

2. Introduction

The Community Alarm Service costs the Council almost £1.3 million per year to deliver. An annual budgetary reduction of £567,000 for the service has been identified resulting in an available budget for 2019/20 of less than £500,000 to deliver it. The Council therefore needs to understand views on a number of proposed options for this service to inform future service delivery.

Between 10 August and 21 September 2018 we asked key stakeholders what they thought of five options for the Community Alarm Service (CAS) going forward.

| | | |
|---|------------------|--|
|  | Option 1: | Do nothing with the existing service and Walsall Council finds the saving elsewhere |
| | Option 2: | Walsall Council continues to deliver the Community Alarm Service for which it will introduce a charge |
| | Option 3: | Walsall Council will buy the Community Alarm Service from another provider |
| | Option 4: | Walsall Council will cease to provide a Community Alarm Service but customers can buy this directly from another provider |
| | Option 5: | Walsall Council will cease to provide the Community Alarm Service to customers without an assessed social care need and direct these customers to alternative providers. For customers with an assessed social care need, the council will buy the Community Alarm Service from another provider |

This report summarises the key findings of research among community alarm service users. The survey was conducted by Walsall Council with all data processing completed by Protel Fieldwork, who also analysed the results included in this report.

The research explored the use and perceptions of the service, as well as views on possible proposals. Ultimately, the data will be used to inform how the service is delivered in the future. Specifically, the questionnaire examined the following:

- Ownership of community support devices (including personal / pendant alarm from Walsall Council)
- Whether ever used these devices to alert help

- Nature of responder support
- Perceived value and importance of CAS
- Preferred option for CAS and why
- Potential impacts of service delivery charge or external provision
- Additional support needs for nominated responders, family members, friends and carers
- Impacts and risks of alternative provider of CAS
- Resident demographics including home postcode, gender, age, ethnicity, disability / illness, and whether they live alone.

2.1. The postal survey / online survey

The research took place through a postal survey of Community Alarm Service customers in the borough. There was also the option for other interested parties (friends, family, members of the public and key stakeholders) to complete the survey online.

The paper postal survey was sent to all 7308 addresses from the council's database of Community Alarm Service customers. The 6 page questionnaire, in the form of an A5 booklet, and covering letter (see report Appendices) were posted to each address in the sample on 10 August 2018. No reminder was issued.

By the closing date of 21 September 2,732 valid responses had been received (2507 paper returns and 225 completed online). A total of 2592 responses were received from CAS customers, representing a 35% response rate among this audience.

The data has not been weighted.

2.2. Statistical reliability and margins of error

The survey was designed to be representative at borough level and therefore analysis at this level is accurate to within $\pm 1.9\%$ at the 95% confidence level on an observed statistic of 50%. This means that if all households in the borough had completed the survey, a figure of 50% in this report would actually have been between 48.1% and 51.9%.

The respondents to the questionnaire are only samples of the total "population", so we cannot be certain that the figures obtained are exactly those we would have if everybody had been surveyed. But we can predict the variation between the sample results and the "true" values from knowing the size of the samples on which the results are based and the number of times that a particular answer is given.

The base size – i.e. the number of respondents providing a valid response – was different for each question answered in this survey. The number of respondents for each question is shown in the report.

Sub-level analysis, particularly where bases (the number of people answering the question) are low should be treated with caution when interpreting the results. Percentages based on a small number of people can be misleading.

Percentages may not total 100% due to questions being multiple response or computer rounding. Figures indicated with * are less than 0.5%.

2.3. About the respondents

The majority of respondents were Customer Alarm Service customers (service users; 95%), aged 75 or older (78%), predominantly female (70%) and White (96%).

As expected from the nature of the survey, most (89%) have a long-term illness, health problem or disability which limits their daily activities or the work they can do. Almost three quarters of respondents live alone (71%).

Most are responding in their capacity as the customer/service user themselves (71%) with the remainder completing the survey on behalf of someone else.

Further detail is shown in Section 4 of this report.

3. Summary of key findings

3.1. Personal/pendant alarms

Nearly all CAS customers (service users) have a personal or pendant alarm either given to them or installed by the Council. There are no significant differences in ownership by age, living alone, illness/disability or gender. Although significantly more white customers than BME customers have an alarm, the vast majority of either ethnic group have one.

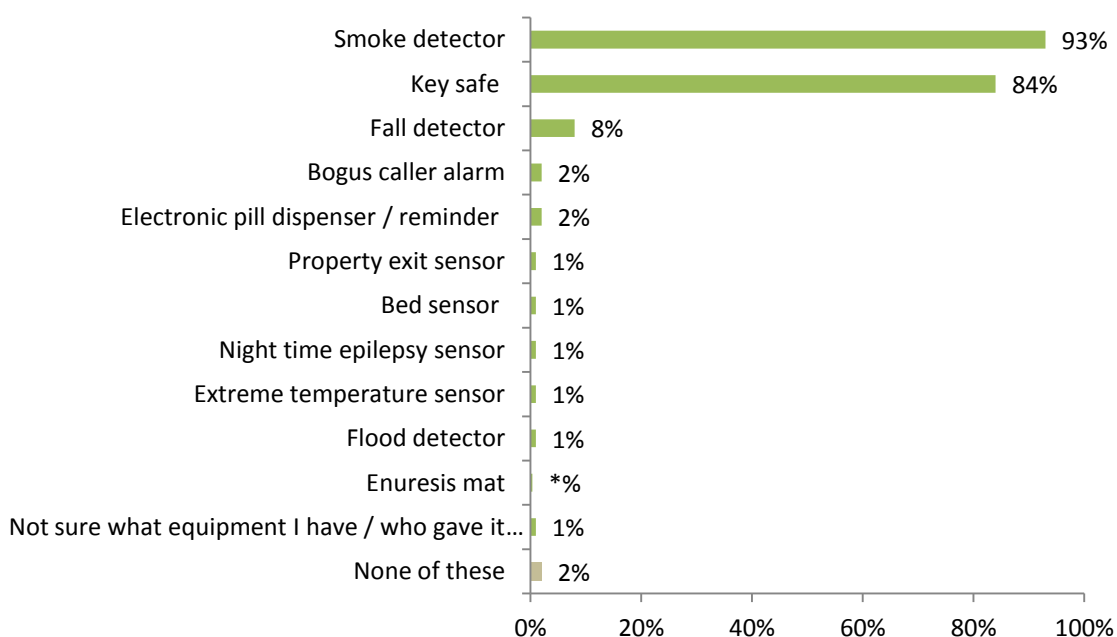
Table 1: Do you have a personal / pendant alarm that was given to you / installed in your home by Walsall Council? (Valid responses)

| | | Age group | | | | Ethnicity | |
|--------------|-------|-----------|-------|-------|------|-----------|------------|
| | Total | 16-44 | 45-74 | 75-84 | 85+ | White | BME |
| Yes | 99% | 97% | 98% | 99% | 99% | 99% | 95% |
| No | 1% | 3% | 2% | 1% | 1% | 1% | 4% |
| Not sure | *% | - | *% | *% | *% | *% | 1% |
| Sample bases | 2464 | 29 | 430 | 813 | 1108 | 2273 | 94 |

3.2. Other support devices

The two devices most commonly owned by CAS customers are smoke detectors (93%) and key safes (84%). Relatively few have any of the other support devices in their home.

Figure 1: Do you have any of the following other items in your home? (Valid responses)



Sample base: 2,489

Interestingly, those aged 45 to 74 are significantly more likely than those from older age brackets to have a key safe (89% vs 82% of 75 to 84 year olds and 83% of those aged 85 or over). White CAS customers are also significantly more likely than BME CAS customers to have a key safe in their home (85% vs 75%) or a fall detector (18% vs 7%). In contrast BME customers are significantly more likely to have a fall detector (18% vs 7% of white customers).

Younger CAS customers (16 to 44) are significantly more likely to have a night time epilepsy sensor than older age groups (24% compared with 3% of 45 to 74 year olds). However, caution must be taken as this is based on a small number of 16 to 44 year olds participating in the survey (n=29).

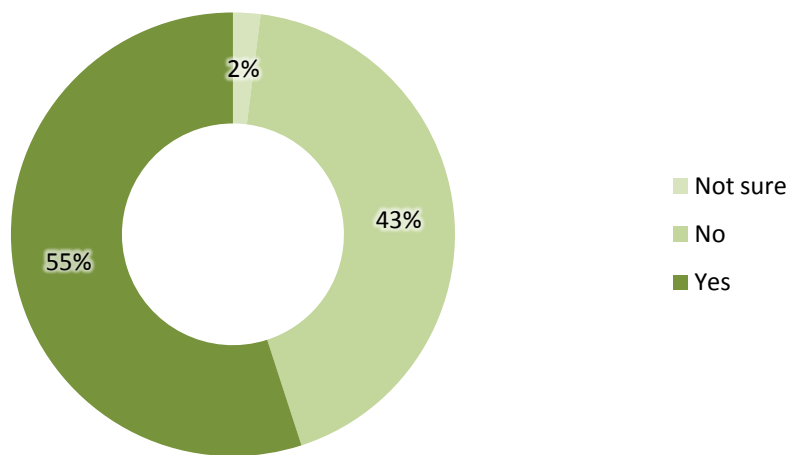
Table 2: Do you have any of the following other items in your home? (Valid responses)

| | Total | Age group | | | | Ethnicity | |
|----------------------------|-------|------------|-------|-------|------|-----------|------------|
| | | 16-44 | 45-74 | 75-84 | 85+ | White | BME |
| Smoke detector | 93% | 86% | 94% | 92% | 93% | 93% | 93% |
| Key safe | 84% | 83% | 89% | 82% | 84% | 85% | <u>75%</u> |
| Fall detector | 8% | 10% | 8% | 7% | 8% | 7% | <u>18%</u> |
| Night time epilepsy sensor | 1% | <u>24%</u> | 3% | *% | *% | 1% | 1% |
| Sample bases | 2489 | 29 | 428 | 826 | 1122 | 2297 | 95 |

3.3. Alerting help

Just over half of CAS customers (55%) have used an alarm or had another device alert help. Those aged 85+ are significantly more likely than 75 to 84 year olds to have had a device call for help (57% vs 50%, respectively), as are those living alone (56% vs 50% of those living with others) or with an illness/disability (57% vs 35% without an illness/disability).

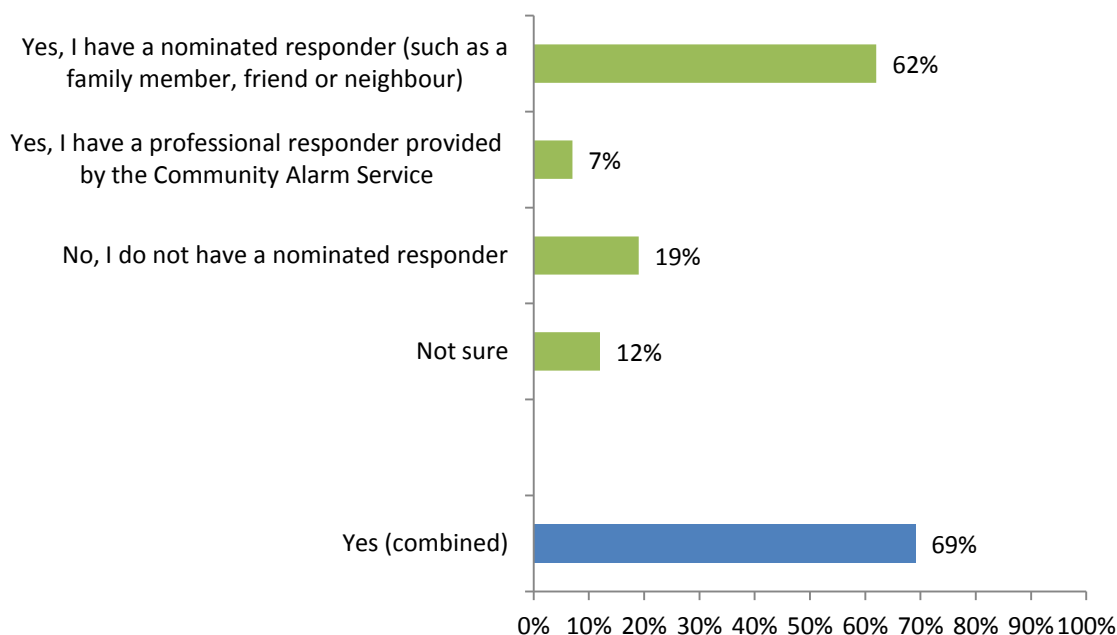
Figure 2: Have you ever used your personal / pendant alarm by pressing the red button to call for help, or has another device you have alerted that you need help?
(Valid responses)



Sample base: 2,468

Two-thirds of CAS customers (69%) have someone who would contact or visit them if the CAS was alerted, mainly a family member, friend or neighbour rather than a professional responder. Two-fifths (19%) have no one to assist in such a situation and a further 12% are unsure.

Figure 3: Do you have a responder who contacts / visits you if the Community Alarm Service are alerted that you are in need of help?
(Valid responses)



Sample base: 2,441

Older CAS customers are more likely to have someone who will respond in such a situation. BME CAS customers are significantly less likely than white customers to have a nominated responder such as a family member, friend or neighbour (48% vs 63%, respectively). They are also significantly more likely to be unsure of their support (19% vs 11%).

Table 3: Do you have a responder who contacts / visits you if the Community Alarm Service are alerted that you are in need of help? – by age and ethnicity (Valid responses)

| | | Age group | | | | Ethnicity | |
|---|-------|-----------|------------|-------|------------|-----------|------------|
| | Total | 16-44 | 45-74 | 75-84 | 85+ | White | BME |
| Yes, I have a nominated responder | 62% | 57% | 55% | 60% | <u>67%</u> | 63% | <u>48%</u> |
| Yes, I have a professional responder | 7% | 4% | 9% | 7% | 6% | 7% | 12% |
| No, I do not have a nominated responder | 19% | 21% | <u>24%</u> | 20% | 16% | 19% | 21% |
| Not sure | 12% | 18% | 12% | 13% | 10% | 11% | <u>19%</u> |
| Sample bases | 2441 | 28 | 422 | 810 | 1100 | 2256 | 91 |

CAS customers living alone are significantly more likely to have a nominated responder such as a family member, friend or neighbour than those living with others, as are those with an illness or disability. Females are significantly more likely than males to have a nominated responder.

Table 4: Do you have a responder who contacts / visits you if the Community Alarm Service are alerted that you are in need of help? – by living alone, disability and gender (Valid responses)

| | | Live alone | | Illness/disability | | Gender | |
|---|-------|------------|-----|--------------------|------------|------------|------------|
| | Total | Yes | No | Yes | No | Male | Female |
| Yes, I have a nominated responder | 62% | <u>64%</u> | 58% | <u>63%</u> | 54% | 57% | <u>65%</u> |
| Yes, I have a professional responder | 7% | 7% | 8% | 7% | 6% | 8% | 6% |
| No, I do not have a nominated responder | 19% | 18% | 21% | 18% | <u>26%</u> | <u>23%</u> | 17% |
| Not sure | 12% | 11% | 13% | 12% | 13% | 11% | 12% |
| Sample bases | 2441 | 1709 | 639 | 2095 | 195 | 684 | 1634 |

3.4. Value and importance of CAS

CAS customers were asked which of the statements shown in Table 5 best reflects how they feel about the Community Alarm Service provided by Walsall Council. Clearly the service is valued with a quarter stating they couldn't live without CAS, rising to 40% of BME customers.

Table 5: Which of the following statements best reflects how you feel about the Community Alarm Service provided by Walsall Council? – by age and ethnicity (Valid responses)

| | | Age group | | | | Ethnicity | |
|---|-------|-----------|-------|------------|------|------------|------------|
| | Total | 16-44 | 45-74 | 75-84 | 85+ | White | BME |
| I can't live without it | 26% | 38% | 27% | <u>21%</u> | 28% | 25% | <u>40%</u> |
| It's good to know it's there if I need it | 72% | 62% | 68% | <u>77%</u> | 70% | <u>72%</u> | 57% |
| I don't need it | 3% | - | 4% | 2% | 2% | 3% | 3% |
| Sample bases | 2486 | 29 | 428 | 830 | 1116 | 2299 | 92 |

The Community Alarm Service is particularly valued by customers living alone or with an illness or disability (28% couldn't live without it).

Table 6: Which of the following statements best reflects how you feel about the Community Alarm Service provided by Walsall Council? – by living alone, disability and gender (Valid responses)

| | | Live alone | Illness/disability | Gender |
|--|--|------------|--------------------|--------|
|--|--|------------|--------------------|--------|

This alarm has been a life saver for my mom, who wishes to continue to live in her own home. I have nothing but praise and admiration for the alarm service, without it, my mom would have to go in a residential home.

Peace of mind that I can contact someone in an emergency. Maintains my independence so that I can stay in my own home, without needing social care.

I would not be safe to live independently without the alarm. The service has proved to be valuable to me. As I have Parkinson's and sight loss the risks of me having a fall in my home are increased.

An essential service, for example:

It's important to me because without this service I wouldn't be here today it saved my life earlier this year when a vein in my leg burst. I pressed the button and don't remember much after that therefore it is an essential part of my life.

Life saving aid. Emergency help for uncontrolled multiple seizures with no warning signs, of dangerous length in time. Gives independence, can improve life status.

Feeling of safety (especially for those liable to trips or falls), for example:

It is important because without it I would be unable to live my day to day life in the safety of my home without the pendant alarm services.

Have needed help several times as I am extremely unsteady and have had many bad falls and I am unable to get up. I don't know and scared to think what would happen without that help.

Important for those living alone or far from family, for example:

It is a service to call if you live alone, it is knowing you are not alone if you have a fall.

I live alone, it gives me the feeling of safety, as I am disabled and my two daughters live in Ireland. I could not pay for it. It would leave me very frightened if it was taken away.

3.5. Options for consultation

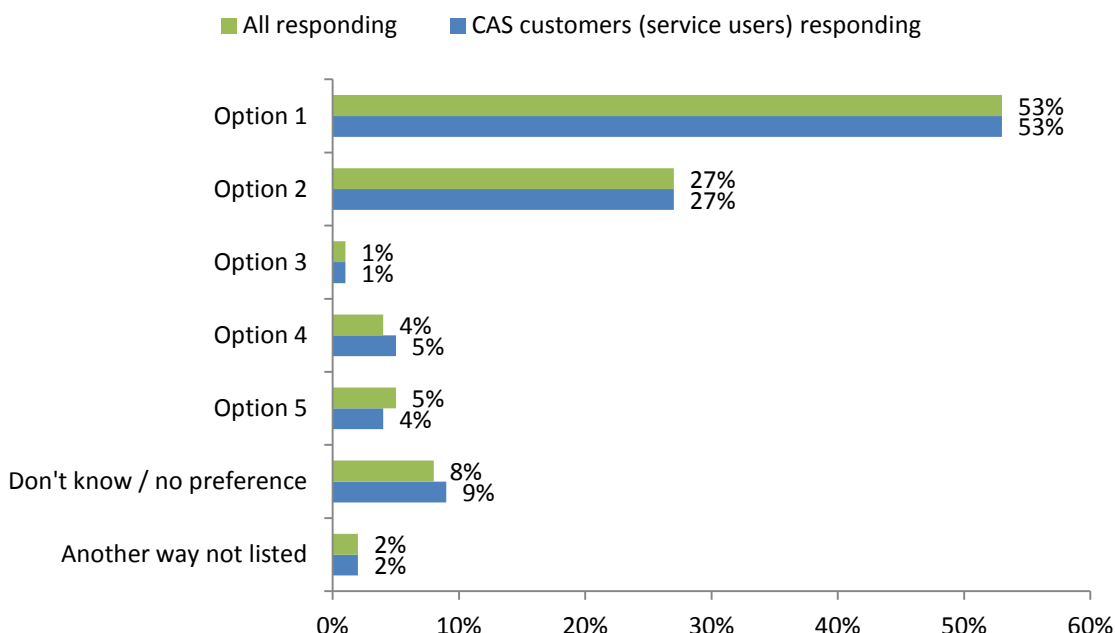
Respondents were presented with **five** options and asked which one they think the council should adopt in respect to the CAS going forward. The options were:

1. Do nothing with the existing service and Walsall Council finds the saving elsewhere
2. Walsall Council continues to deliver the Community Alarm Service for which it will introduce a charge
3. Walsall Council will buy the Community Alarm Service from another provider
4. Walsall Council will cease to provide a Community Alarm Service but customers can buy this directly from another provider
5. Walsall Council will cease to provide the Community Alarm Service to customers without an assessed social care need and direct these customers to alternative providers. For customers with an assessed social care need, the council will buy the Community Alarm Service from another provider

The questionnaire clearly stated the council's preferred option is Option 4, as it achieves the savings that Walsall Council needs to make whilst still ensuring customers can access good quality telecare services. Respondents could choose to not select one of the options listed.

Option 1 – ‘doing nothing with the existing service and Walsall Council finding the saving elsewhere’ – received the most support, twice as much as the second most popular option (Option 2: Walsall Council continues to deliver the Community Alarm Service for which it will introduce a charge).

Figure 5: Which of the five options do you think the council should adopt? (Valid responses)



Sample base: All responding to question = 2,434, All Community Alarm Service customers (service users) responding to question = 2,294

The options involving an external provider (Options 3 to 5) were noticeably less popular with Option 4 (the Council's preferred option) receiving the lowest support (4% overall, 5% when looking at CAS customers/service users only). Views towards options 3 to 5 were very similar across different demographics such as age or gender. The only significant differences were views towards Option 5, with 16 to 44 year olds being most likely to prefer it (15%; care as this is based on 41 respondents) and those with a long-term illness, health problem or disability being less likely than those without to prefer it (5% vs 8%, respectively).

The main demographic differences in views towards Options 1 (do nothing) and 2 (Council continue to deliver CAS but charge) are shown in Tables 7 and 8.

Older age groups are significantly more likely to select Option 2 than younger age groups, as are white respondents compared with BME groups. In contrast BME respondents are significantly more likely than white respondents to prefer Option 1.

Table 7: Which of the five options do you think the council should adopt? – by age and ethnicity (all respondents)

| | | Age group | | | | Ethnicity | |
|--------------|-------|-----------|-------|------------|------------|------------|------------|
| | Total | 16-44 | 45-74 | 75-84 | 85+ | White | BME |
| Option 1 | 53% | 59% | 56% | 54% | 50% | 52% | 67% |
| Option 2 | 27% | 17% | 19% | 26% | 31% | 28% | 12% |
| Sample bases | 2434 | 41 | 497 | 750 | 1066 | 2250 | 92 |

Those with an illness or disability are significantly more likely than those without to prefer Option 1: 'do nothing'. In contrast those without an illness or disability are significantly more likely to prefer the option of Walsall Council continuing to deliver the Community Alarm Service for which it will introduce a charge (Option 2). Females are significantly more likely than males to prefer Option 2, as are those living alone.

Table 8: Which of the five options do you think the council should adopt? – by living alone, disability and gender (all respondents)

| | | Live alone | | Illness/disability | | Gender | |
|--------------|-------|------------|-----|--------------------|------------|--------|------------|
| | Total | Yes | No | Yes | No | Male | Female |
| Option 1 | 53% | 52% | 54% | 54% | 40% | 55% | 51% |
| Option 2 | 27% | 29% | 21% | 26% | 32% | 23% | 28% |
| Sample bases | 2434 | 1649 | 684 | 2037 | 253 | 697 | 1617 |

All respondents were asked, as an open-ended question, why they preferred the option they selected. The responses from CAS customers (service users) selecting Options 1 or 2 (both of which involve the Council continuing to deliver the service) are particularly relevant here. The responses may be broadly summarised as follows:

Option 1: Do nothing with the existing service and Walsall Council finds the saving elsewhere

Affordability – the proposed charge would be too expensive especially for those on low incomes or small pensions given the customer base. This could leave some without any support and increasingly vulnerable. For example:

£4 per week= £16 per month for people who are already in need of assistance, this is expensive. I would be happy to make some contribution, but this seems expensive.

I live on a low income, pension credit and age pension and would be very worried if this system was charged. This option would give me peace of mind.

This service is a reassurance for some clients like me. Some clients may need it more and might not be able to afford even a small contribution.

Savings should be made elsewhere by the Council (or taken from Council Tax contributions) rather than charging vulnerable, elderly or low income residents for an important service. There is a perception by some that budget is available in the system it just needs to be better managed by the Council. For example:

I think the elderly and vulnerable should not have to pay for this service. It is not a lifestyle choice they have issues with illness and mobility whereas other people in society who can help themselves and choose not to, get various payments for alcohol and drug addiction. We need to care for elderly and vulnerable whatever the cost!

It always seems to be the elderly that are the easy target. Who have worked all their life and now it's time to reap some of the benefits the funds are not there.

Why pick on the weakest first because the elderly and vulnerable need to feel safe and secure to stay independent for as long as possible. It would be a false economy to cut this service and would impact on other services detrimentally.

I think Walsall Council has not got their priorities right and wastes a lot of money. This is a valuable service for the elderly in our community, not everyone could afford to pay for this service.

The Council has a **Duty of Care** to support elderly and vulnerable people and should be seen as a priority over some other services. CAS is seen as an invaluable service that cannot be lost. For example:

Because it is a duty of the council to protect its citizens and that's why we have community charges.

It is important for vulnerable elderly residents to feel safe in their own home.

It is invaluable service to vulnerable members of the community whose lives could be in danger without it.

Sense of entitlement/equity given people have paid taxes over their lifetime and continue to pay Council Tax. Perception that existing tax contributions should be sufficient to cover the shortfall in budget. For example:

I feel that it would be more equitable for rate payers to cover the cost by increasing council tax.

As stated my mother has worked all of her life. At 89 years I feel she has the right to get this service free of charge.

As a tax payer and working all my life to pay into the system, why shouldn't the Council provide this for the elderly.

Feeling current arrangement works well as it is. For example:

Because it benefits several people and is a support network which is needed for everyone who have a low income and cannot afford this service without the support of the Council.

Because the system works and a new provider may not give the same level of service.

Option 2: Walsall Council continues to deliver the Community Alarm Service for which it will introduce a charge

The reasons given by CAS customers for preferring this option fall broadly into two themes:

Willingness to pay a reasonable charge to ensure the continuance of a highly valued and much needed service. Most of these customers see the proposed fee (£4) as manageable, however some note that care is needed with the level of charge so it doesn't become unaffordable. Some acknowledge that other Councils charge for similar provision.

The Council currently offer a great service without outsourcing. We are happy to pay a charge for this service, it is invaluable.

I wouldn't mind paying for the alarm so I have peace of mind knowing I can contact someone if needed.

Because of my disability and vision impairment I could need the help of the service anytime during the day or night, so I am willing to pay £4 charge.

Still gives me peace of mind and security and £4 per week is manageable on a pension.

I wouldn't mind a small charge but I would struggle with £14 per week.

It will be less stressful if the present system continues. Older people are not happy with changes. If changes are fixed too high I shall have to cancel and hope I don't require the services.

Other councils like Sandwell currently make a small charge and this seems reasonable for the service provided.

Desire for the service to remain Council run (trusted, secure, quality) rather than outsourced to private provider(s). Many talk about the trust they have in the Council providing a quality, recognised and secure service which may not be the case if the service was outsourced. Some also express concerns that the cost may rise at a later date if the service is handed over to private provider(s).

Because I need the system and am willing to pay a reasonable charge. I prefer to trust Council over private contractor.

I prefer Walsall Council to deliver the community alarm service as I do not want this service to go out to private tender. I want to have trust in the service provided to me.

I would prefer the council to be still be in charge to avoid profiteering by a private company and I would be willing to pay £4 per week for this service. So far the response that have been very friendly and helpful.

I much prefer the council delivering the service and I'm prepared to pay a charge. I do not want this service "privatised" as the charges are bound to increase!

This service has the potential to save lives. Being council controlled ensures a quality service is maintained. External providers may not maintain the excellent service that it currently provides.

I would feel more confident with Walsall Council delivering the service.

3.6. Impact of charging

CAS customers (service users) were asked, as an open-ended question, how the introduction of a service delivery charge and / or delivery of the Community Alarm Service by an external provider might impact on them as a customer. For many this would have a negative impact because it would:

- Make them financially worse off requiring them to have to budget/cut costs or make savings elsewhere.

My monthly budget will suffer and I will have to cut down on heating, elec. and food.

Paying for this service would mean I would have to make saving in other areas to make end meet. This may impact on my independence and wellbeing.

My mother pays her homecare each month. Finding more money has an impact. With everything going up not just this bill, Council tax etc. the list goes on, so leaves vulnerable old age pensioners worse off.

- Be unaffordable even at £4 per week (especially £14) given many are on low incomes, benefits or pensions.

I won't be able to afford the fee, so I will once again feel vulnerable.

I would find it very difficult to find £14 a week (£728 a year) other council are charging £15 per month (£180 per year) for similar support services.

I can't afford to do so. Without the pendant it would have an impact on my life as I am sick, elderly single lady, living on my own.

- Increase the likelihood of cancelling their use of the service and/or returning devices; for some this would definitely happen as a result.

If Walsall Council started to charge, I would not use it. I do not have any other choice as I am 92 years of age.

Have all security measures removed, regardless of the impact this will have.

It would be more complicated and possibly less effective (as less local) and would cost more money. I worry that some service users (e.g. disabled people), whose benefits have been cut could not afford the service or would believe they could not afford it and so lose out.

- Raise concerns around the quality and cost of services delivered by external providers.

A small charge that is means tested will not cause a problem. However using external providers would mean the loss of the experienced personal and local knowledge that they have of their customer in the local area.

Outsiders in my experience do not provide the service to a required standard. All that concerns them is profit not customer satisfaction.

Some customers however (around a fifth of comments analysed), said they could afford or would be willing to pay a charge for the continuation of Council run services. For most this would need to be a small charge that is affordable (e.g. £4 was mentioned as being acceptable). Impact would therefore depend very much on the actual amount charge.

£4 per week would not make a significant difference.

Will not impact, a small charge for safety is worth it.

I would be prepared to pay £4 or £5 per week. But don't like the idea of an external provider.

Whilst £4 is a manageable figure in view of the peace of mind this service provides, however any future increase may impact on my independence and make my day to day existence financially difficult.

Additional expense is never welcome but suggested payment would be manageable and worth it for peace of mind. Change to an external provider would bring uncertainty regarding reliability of service provision.

3.7. Nominated responders, family members, friends and carers

Respondents were asked, as an open-ended question, if there was any change to the Community Alarm Service currently provided by Walsall Council, what support they would require in their capacity as a nominated responders, family members, friends and carers.

A total of 109 comments were received covering a broad range of support needs. The main themes were:

Ensuring sufficient/additional/alternative care coverage, for example:

We would have to ensure that someone was calling on her more regularly and possibly people having to sleep over in case she gets up and falls in the night, something that has happened in the past leading to hospitalisation for my mother in law. Her mobility is very poor, her eyesight is poor and her hearing is particularly bad. Who would have to pay for extra carer support?

A daily check call of sorts to make sure that my elderly mother is safe and well, as all relatives do not live close by.

It is not possible to care for someone 24/7 and the current service provides peace of mind and accessibility for elderly and vulnerable people who would otherwise probably need to be supported elsewhere.

Ensuring same service level/quality as now, for example:

I would need the same service as is currently provided, a speedy response by dedicated staff who could give advice if needed and who I am able to understand.

I would need to know that the quality of service was truly being matched.

To ensure that the service is delivered seamlessly and that contact remains as efficient as it is at present.

A guarantee that the service would be provided to the same standard with a cost control.

Being kept fully informed/notified of any changes or developments with clear justification and explanation of what these are, for example:

A full explanation of what the changes are, what that means in terms of the service, the process, the safeguards in place e.g. equipment servicing / testing, 24/7 monitoring, transparency and clarity regarding cost.

Clear explanation of the changes and what it means - by letter is fine. For a new provider, a period to test the service and, if it is unsatisfactory, revert to the Council to mandate changes or take back in-house.

My family member would need support in understanding the new system and how it works. Myself and my family would also need support in understanding the new process of how the new system works. I would also like to know how the council would then become involved or recognise people who may need extra support if they no longer have access to records of people who are high risk of falls or if their falls risk level increases.

I would need some guidance and advice on external service providers & costs and the relative merits of each, to enable me to make a decision on which provider to go with. Also I would need some guidance on what to expect from these companies. Would they simply answer the alarm and then contact me or could I realistically expect more than that? What would a 'professional responder' do?

Notification and detail as to what cuts have been made, justification as to why cuts needed to be made in this area and not other areas and guarantees that the cost of £4.00 would not rise even if this was outsourced.

A few also mentioned the need for financial support.

A number of respondents requested that the service didn't change:

All I ask is it continues to run as it always has. I have misgivings about a private company taking over as their focus is always on the profit margin and not the people they are supposed to be providing a service for.

Would prefer the service as it is.

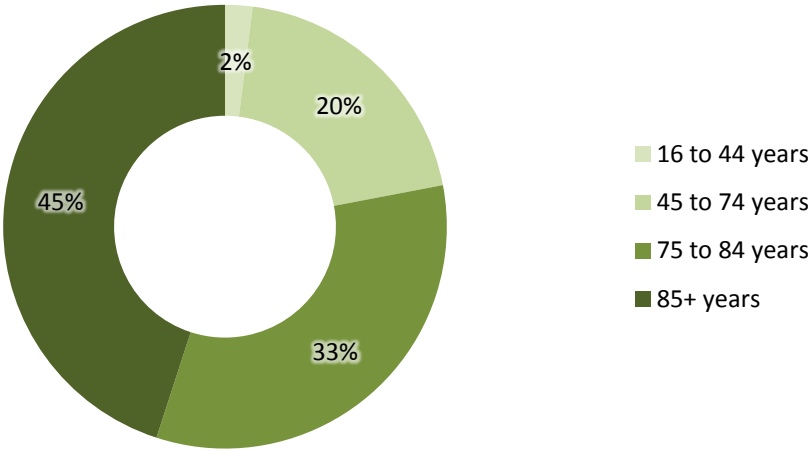
3.8. Wider sector views

Unfortunately, too few responses (8) were received from health, social and emergency service workers, landlords and housing providers, and the volunteer and community service sector to enable any meaningful analysis of these questions.

Please note: Outside of the questionnaire itself, stakeholders have been engaged with by the council throughout the consultation period through correspondence, face to face public sessions and stakeholder workshops. Stakeholder views gathered through this process have been collated and considered alongside the findings of this report.

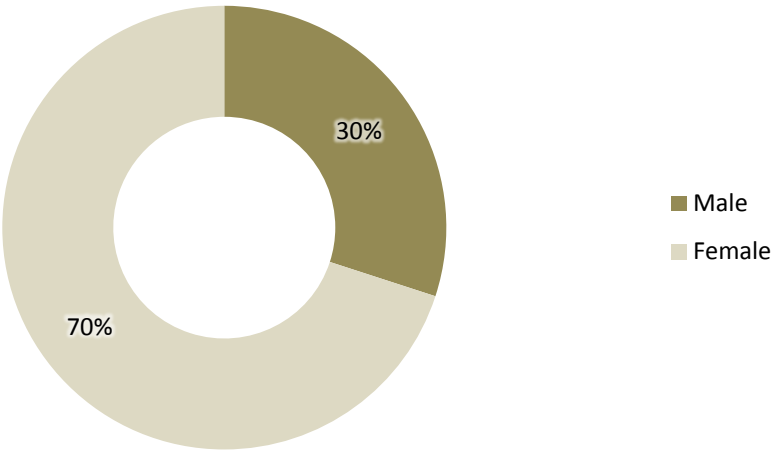
4. Respondent profile

Age



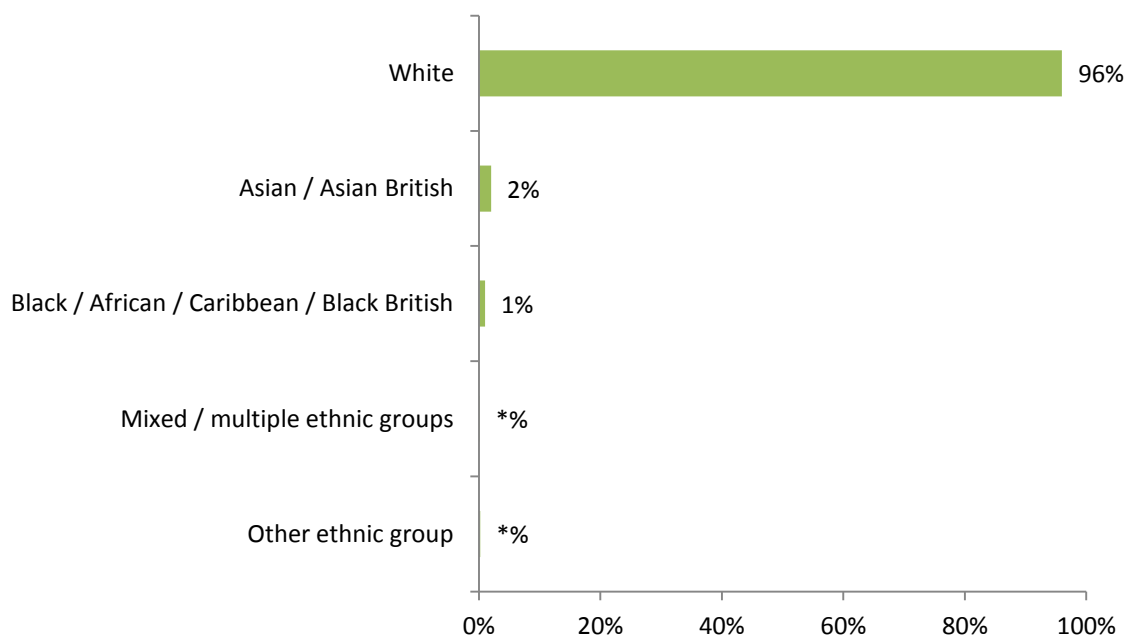
Sample base: 2,621

Gender



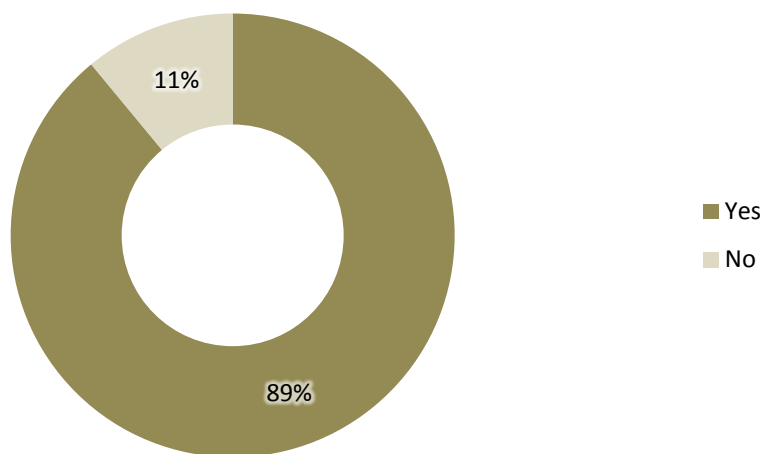
Sample base: 2,576

Ethnic group



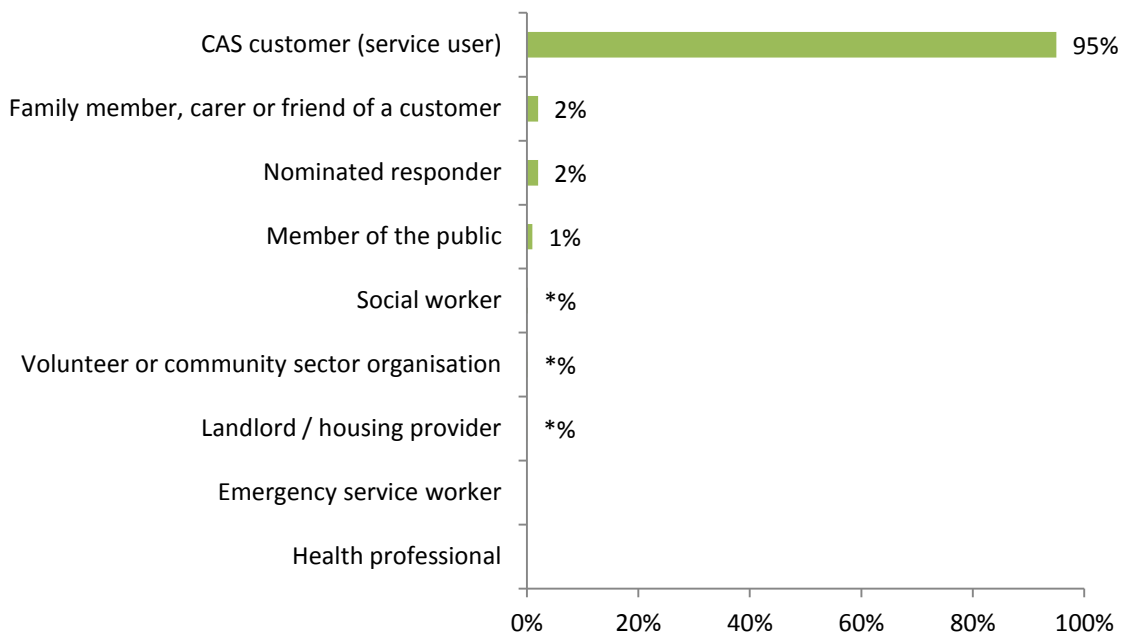
Sample base: 2,610

Long-term illness / health problem / disability



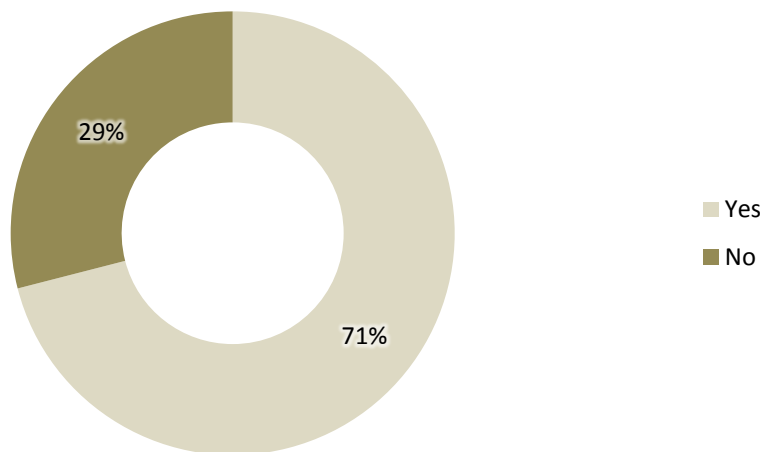
Sample base: 2,533

Respondent type



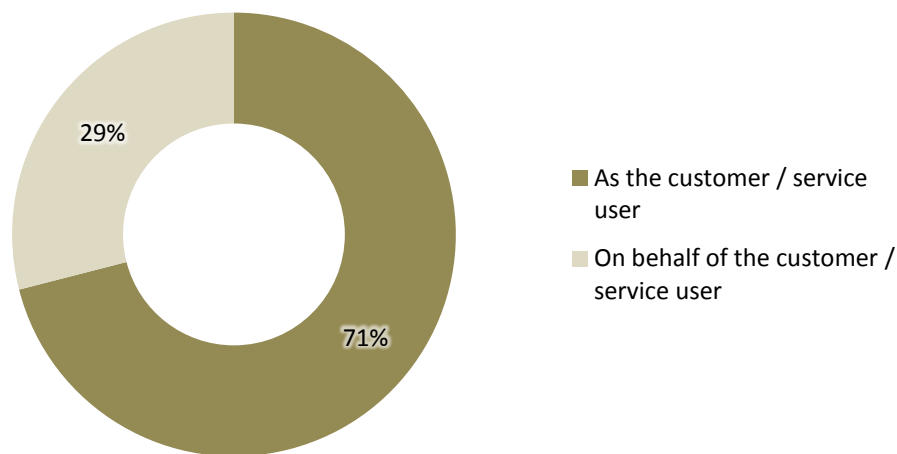
Sample base: 2,732

Whether live alone



Sample base: 2,586

Capacity in which responding to survey



Sample base: 2,417

Appendices

- Covering letter accompanying the postal questionnaire
- Postal questionnaire
- Consultation information sheet sent to CAS customers and nominated responders
- Letter to nominated responders

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

| | | | |
|--------------------------------|--|---|---|
| Proposal name | Future of Community Alarm Service; inclusive of Call Handling, Telecare Equipment its Installation and Maintenance and the Response Service (CAS); outcome of consultation and preferred option | | |
| Directorate | Integrated Commissioning | | |
| Service | Community Alarm Service (CAS) | | |
| Responsible Officer | Tracy Simcox | | |
| Proposal planning start | 3.7.17 | Proposal start date (due or actual date) | 1.4.19 updated 31.7.18, updated 24.9.18, updated 8.10.18 |
| 1 | What is the purpose of the proposal? | Yes / No | New / revision |
| | | | |
| | Policy | N | |
| | Procedure | N | |
| | Guidance | N | |
| | Is this a service to customers/staff/public? | Y | |
| | If yes, is it contracted or commissioned? | N | |
| | Other - give details | In-house provision | |
| 2 | What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change? | | |
| | <p>The Community Alarm Service (CAS) is not a statutory service and there was a policy decision in the setting of the 2017/18 budget to cease providing universal services.</p> <p>The Community Alarm Service (CAS) currently costs the council £1.29 million per year to deliver; this is without the additional investment required to upgrade equipment and technologies in order to deliver a modern service of suitable quality. This budget is, in part, no longer available</p> <p>In February 2017 Cabinet agreed budget savings of £0.567m to be delivered against the CAS, split over 2 financial years, £0.190m for 2017/18 and £0.3777m for 2018/19.</p> <p>As well as a reduction to the service budget, the services costs have increased over the two financial years due to increases in demand for its use as well as the outcome of an audit review which highlighted concerns around operating without sufficient resources and has subsequently required the service to increase the staffing contingent in year.</p> <p>For 2018/19, the current Community Alarms forecast spend is c£1.290m against an available budget of £0.402m, therefore Adult Social Care are currently forecasting a full year overspend of £0.888m.</p> | | |



The CAS service is delivered in- house by the council and includes:

- Telecare Equipment –lifeline alarm unit, pendant, key safe, smoke alarm and other identified equipment used to trigger a community alarm.
- Community Alarms - the 24 hour call team which monitors and responds to alarms raised for an emergency response.
- Having those items installed by an in house team
- Maintenance offered by an in house team
- A 24 hour / 7 day a week response service that will attend people at their homes in a crisis.

The service is available to Walsall residents free of charge irrespective of need. The majority of people accessing the service are not known to Adult Social Care.

Service breakdown

Telecare Equipment and Community Alarms – is purchased through a company called Tunstall from a national Eastern Shires Purchasing Organisation (ESPO) framework for Telecare and Telehealth services. It is stored in a secure room at the Integrated Community Equipment Store (ICES), based in Willenhall. A small amount of stock is also stored at streets corner. There is no charge to the user for the equipment provided and maintained.

Installation, Maintenance and the Decommissioning of Equipment (when it is no longer needed) – is carried out by a team who are based at Streets Corner available 8am to 4pm, Mon-Fri; which does not work in line with 7 day working for hospital discharges. A limited numbers of Intermediate Care Staff have been trained to install and replace equipment outside office hours.

Community Alarms telephony team are based at the Depot in Pelsall. The service operates 24 hours a day, seven days a week, 365 days a year and responds to calls and alerts from community alarm equipment. Most calls are handled without the need to provide a physical response with advice and reassurance instead being given.

The team handles an average of 5000 calls per week with approximately 170 of the calls requiring a response service to be provided. Not all of the calls received relate to Telecare services. The team has recently relocated to the Depot at Pelsall as part of the Council's Channel Shift plans to have a Corporate Call Centre. This team acts as the corporate switchboard for all calls post 5pm and up to 8.30am the next day. This will need to be separated out from the Community Alarms element and resolved within the Channel Shift programme, as it was never resourced or designed to operate in this way.

The Response Services are a care team based at Hollybank, Short Heath, providing an emergency 24 hours a day, seven days a week, and 365 days a year. This service is currently part of the Community Alarm offer. There are a range of reasons why the response service will go out to an individual, for example: the person does not have an identified responder, a person does not respond to the call handler or the individual's named key contact person is not available or responding. The response service also provides support to individuals on occasions to provide non-emergency personal care and reassurance where verbal over the phone support is insufficient.

CAS users are linked to a call handler through their use of the Community Alarms service. There are approximately 7,200 community alarm users. 3,200 have no identified

responder (which the council automatically respond to) with 4,000 having an identified responder. Of the 7,200 community alarm users only 1,010 (14%) are known to Adult Social Care Services.

Future delivery of service

The extent of the agreed savings will affect the future delivery of the service; furthermore, following a challenging audit report in 2017 it was shown that the service was operating on under resourced staffing levels and lacked investment to upgrade equipment and technologies to deliver a modern service of suitable quality.

To determine the future delivery of CAS a soft market exercise was undertaken in 2017 to replace the existing service on a like for like basis and an options appraisal. The result of this work has generated 5 options for the future delivery of the service and ASC undertook extensive consultation with stakeholders, CAS users, nominated responders, Care of, family members of users and staff (see section 5) to identify their preferred option for future delivery. To capture feedback from people with equality characteristics, all service users, nominated responders and care off contacts were written to engage them in the consultation exercise and support users to respond. In addition to this the council had a dedicated phone line to answer queries and support people to engage in the consultation. The helpline handled 172 calls, completed 12 online questionnaires for nominated responders who did not have access to the internet. They also offered alternative methods of communication, which included interpreters, alliterative formats of questionnaire. The help line responded to 4 requests to provide the questionnaire in large print to support users with visual impairments. In addition to this the council conducted face to face consultation at 4 community venues across the borough at differing times, briefed all social care staff and issue press releases to explain the purpose of the consultation exercise and support and engage users, nominated responders, care off/carers to complete questionnaires and provide feedback.

The five options for consultation are listed below.

Option 1 – Do nothing with the existing Services and Adult Social Care (ASC) funds the budget shortfall.

This would retain the status quo for existing customers, prospective customers and staff. However, ASC would not achieve the budget savings attached to these services and they would continue to cost ASC an additional £0.888 m per annum., impacting on other services ASC deliver and not allowing for necessary technology investment in the future. This does not promote access to, or choice of, quality alternative providers.

Option 2 – Retain the service in house and introduce a charge for the CAS and response service.

This would mean that ASC delivers the service with a £4 per week charge introduced for all customers and an additional £10 per week charge introduced for customers who opt to have a professional responder provided directly by ASC, taking the total cost of the service for these customers to £14 per week. These figures are based on the average cost of equivalent services delivered by quality external providers. While this option would offset some of the service delivery cost, it would not achieve the annual savings that ASC needs to make. This is likely to impact on other services ASC deliver. This option does not promote access to or choice of alternative providers and technologies.

Option 3 – Commissioning of services to the external market and the introduction of a charge for the CAS.

This would mean that ASC would manage the service contract but another provider would deliver the Community Alarm Service (installation and call handling) at a cost to the customer. A £4 per week charge would be introduced for all customers with an additional £10 per week charge introduced for customers who opt to have a professional responder provided directly by the provider, taking the total cost of the service for these customers to £14 per week. These figures are based on the average cost of equivalent services delivered by quality external providers. This would not achieve the annual saving that ASC needs to make and would impact on other services ASC deliver. This option does promote access to or choice of alternative providers and technologies. It would also require ASC staff resources to manage and administer

Option 4: Cease the provision of the service and offer alternative providers in the market place.

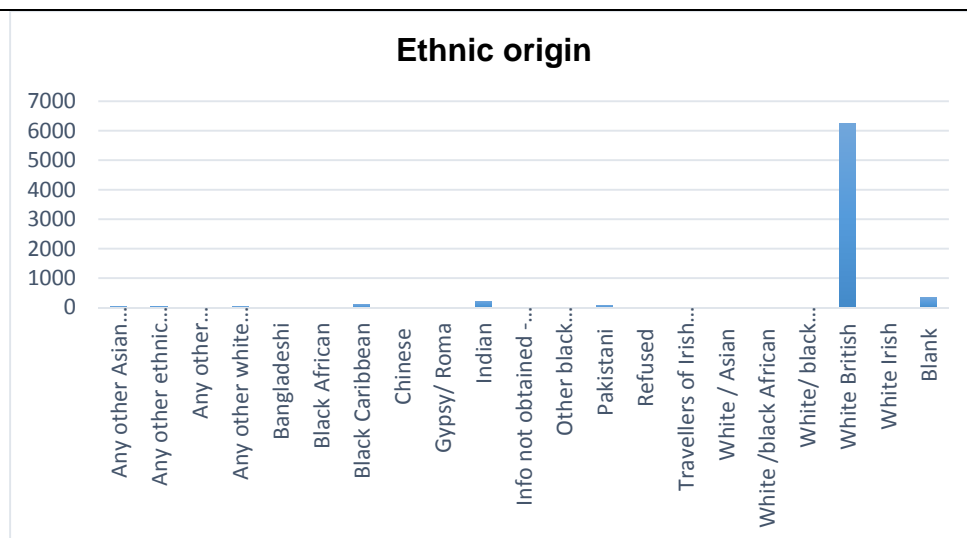
This would mean ASC no longer delivers the service and customers who wish to continue to have a Community Alarm Service would be required to purchase it from the external market where there is a well-developed and affordable market. The council will collect details of quality alternative providers which will be made available to customers. To ensure that the replacement CAS remains accessible the council will brief social care professionals, the third sector, registered social landlords on alternative provision. This option would achieve the annual saving that the ASC needs to make, thereby protecting other service areas. ASC would offer support by way of advice and assistance to customers to move to other providers should they choose to do so; which will impact initially on ASC staff resources whilst managing the transition. The service will be delivered to customers by quality providers at a variable cost dependant on the provider, offering greater choice for the customer. As an indication, the average cost of equivalent services delivered by quality external providers is £4 per week. Additional costs of approximately £10 for customers who opt to have a professional responder provided would take the total cost of the service for these customers to £14 per week. This option creates the most choice for customers and there is a well-developed and affordable market place for customers who can purchase these services directly.

This is the best option for reducing inequalities because all other options are unaffordable for the Council. The community alarms service is not a statutory service, but the financial burden it will place on the Council if option 4 is not selected would result in other services having to be cut to fund it. Furthermore, the current council service requires substantial investment to upgrade equipment and technology to deliver a modern service of suitable quality compared to external providers.

Option 5: Walsall Council will cease to provide the Community Alarm Service to customers without a social care need and direct these customers to alternative providers. For customers with an assessed social care need, the council will buy the Community Alarm Service from another provider.

This would mean that for those customers without an assessed social care need (not receiving care funded by Adult Social Care) the council will cease to provide the Community Alarm Service, but this service could be bought directly from another provider. The ASC would offer support by way of advice and assistance to customers to move to other providers; which will impact initially on ASC staff resources whilst managing the transition. For those customers with an assessed social care need (receiving care funded by Adult Social Care) the council would buy the Community Alarm Service from an external provider on their behalf. Where they are assessed as making a contribution for their care, this may mean their care contribution increases.

| | This option would not achieve the annual savings that ASC council needs to make and would impact on other services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|---|----------|--|--------|-------|--------|------|------|------|---------|---|--------------|-------|-----|----|-----|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|------|---------|------|----------|----|
| 3 | Who is the proposal likely to affect? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | People in Walsall | Yes / No | Detail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | All | Y | Any Walsall resident can receive the current service. But the majority of service users are White British, females over the age of 80 who will be affected by these proposals Some of the options could lead to the redundancy of council staff Partner organisations such as ambulance, police and fire services may receive an increase in calls. Housing providers that currently rely on out of hours cover from the CAS will be affected. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Specific group/s | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Council employees | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (identify) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Please provide service data relating to this proposal on your customer's protected characteristics. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Analysis was undertaken in September 2017, at which point 7183 people were accessing the service, a breakdown of users is detailed below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div><p>Gender</p><table><thead><tr><th>Gender</th><th>Count</th></tr></thead><tbody><tr><td>Female</td><td>4800</td></tr><tr><td>Male</td><td>2400</td></tr><tr><td>Unknown</td><td>0</td></tr></tbody></table></div> <div><p>Age category</p><table><thead><tr><th>Age category</th><th>Count</th></tr></thead><tbody><tr><td>0-4</td><td>10</td></tr><tr><td>5-9</td><td>20</td></tr><tr><td>10-14</td><td>30</td></tr><tr><td>15-19</td><td>40</td></tr><tr><td>20-24</td><td>50</td></tr><tr><td>25-29</td><td>60</td></tr><tr><td>30-34</td><td>70</td></tr><tr><td>35-39</td><td>80</td></tr><tr><td>40-44</td><td>90</td></tr><tr><td>45-49</td><td>100</td></tr><tr><td>50-54</td><td>110</td></tr><tr><td>55-59</td><td>120</td></tr><tr><td>60-64</td><td>130</td></tr><tr><td>65-69</td><td>140</td></tr><tr><td>70-74</td><td>150</td></tr><tr><td>75-79</td><td>160</td></tr><tr><td>80-84</td><td>170</td></tr><tr><td>85-89</td><td>1800</td></tr><tr><td>90 over</td><td>1200</td></tr><tr><td>No Known</td><td>10</td></tr></tbody></table></div> | | | Gender | Count | Female | 4800 | Male | 2400 | Unknown | 0 | Age category | Count | 0-4 | 10 | 5-9 | 20 | 10-14 | 30 | 15-19 | 40 | 20-24 | 50 | 25-29 | 60 | 30-34 | 70 | 35-39 | 80 | 40-44 | 90 | 45-49 | 100 | 50-54 | 110 | 55-59 | 120 | 60-64 | 130 | 65-69 | 140 | 70-74 | 150 | 75-79 | 160 | 80-84 | 170 | 85-89 | 1800 | 90 over | 1200 | No Known | 10 |
| Gender | Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | 4800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | 2400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unknown | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age category | Count | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0-4 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-9 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10-14 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15-19 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20-24 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25-29 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30-34 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35-39 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40-44 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45-49 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50-54 | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55-59 | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60-64 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65-69 | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70-74 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75-79 | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80-84 | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85-89 | 1800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 over | 1200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Known | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



The majority of service users are White British, females over the age of 80 who will be affected by these proposals which affects race, sex and age. This is the first time that there have been any changes that have affected this service. Note these proposals outline the different ways of delivering this service and the impact on Council budgets: Option 2 involves retaining the service in house but introducing a charge; Option 3 involves externalising the service and introducing a charge; Option 4 involves the Council ceasing to provide the service but signposting to alternative providers in a competitive market place and Option 5 the Council ceasing to provide the service to customers without a social care need and directing those customers to alternative providers . For customers with an assessed social care need, the council will buy the CAS from another provider and charge for this service.

| | |
|---|--|
| 5 | <p>Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).</p> |
| | <p>Adult Social Care Budget Consultation Feedback 2016 – Proposal to end the Community Alarm Response service as part of the Budget Setting Process 2016/17</p> <p>Consultation methods: Individual letters to people currently accessing the service, Council online questionnaire and email</p> <p>Number of people consulted via letter : 6647 via letters Response 731</p> <p>Summary of feedback</p> <p>The majority of responses thought that this proposal was to cease the whole of the community alarm service, not just the Council response. In reflection of this there was a general feeling that people would be willing to pay a small nominal fee for this service to continue.</p> <p>The people that responded to the budget proposal about the cessation of the Council Response element of the community alarm service was that as long as some reassurance is given that a speedy response in times of an emergency could be continued who provided was irrelevant. There were a high number of responses that have expressed concerns that the withdrawal of the response service would put additional pressure on other statutory services.</p> <p><i>Key quotes</i></p> <p><i>"None of my family live close to me anymore on the borders of Wales" (Service User)</i></p> <p><i>"Willing to pay a reasonable fee in the future" (Service User)</i></p> <p><i>" Dropping the funding for this service would be devastating if this is dropped I would have to go alone at night, as I do not have a car" (Relative)</i></p> <p><i>"How about funding this partly with the remuneration from your consultants, why do you employ interim specialists?"(Service User)</i></p> <p><i>" I had 2 falls one morning and pressed the red button, but as I had been able to get up from the floor I was told to ring 111 I was badly shaken, but the alarms service was not interested" (Service User)</i></p> <p><i>" If the service changed it would mean possible delays in getting help" (Service User)</i></p> <p><i>" It give me piece of mind" Helps me to live independently" (Service User)</i></p> <p><i>" Makes me feel safe at home" (Service User)</i></p> <p><i>" It would leave my parents in a more vulnerable position" (Service User)</i></p> <p><i>"Walsall needs more money not less. All you can do is fight for more money from central government, which might include putting up local taxes (Council Tax and Business Rates) as well as arguing for hypothetical of taxes of taxes in Banks' profits" (Service User)</i></p> <p>Future of Community Alarm Service; inclusive of Call Handling, Telecare Equipment its Installation and Maintenance and the Response Service (CAS); outcome of consultation and preferred option 2018</p> <p>Community Alarm Consultation methods: Individual Letter to CAS users and Nominated responder Postal Questionnaires to CAS Users "Have your Say" leaflet to all CAS users and Nominated Responders Online questionnaire for Nominated Responder's and Stakeholders Face to Face consultation, Online Web page, CAS dedicated helpline. Consultation commenced 8th August 2018 and closed 21st September 2018.</p> <p>Consultation statistics</p> <p>Number of CAS Users consulted via letter: 7308 via letters and postal questionnaire</p> <p>Number of CAS responders that were written to: 3839</p> <p>Number of calls handled through CAS Helpline: 172</p> <p>Number of calls handled through Community Alarm Contact Centre:11</p> |

Number of "Have your say" Online survey completed: 206 of which 12 of these were completed via IBPS
Distribution of over 6,000 leaflets to 56 GP surgeries, 25 clinics, Carers centre newsletter distribution and wider community and voluntary, third sector organisations.

We also offered alternative methods of communication, which included: Interpreters, alternative formats of questionnaire

By the closing date of 21 September **2,732** valid responses had been received (2507 paper returns and 225 completed online), representing a 38% response rate. The findings are summarised below:

- Just over half of Community Alarm Service (CAS) customers (55%) have used an alarm or had another device alert help.
- 69% of CAS customers have someone who would contact or visit them if the CAS was alerted, mainly a family member, friend or neighbour rather than a professional responder. Two-fifths (19%) have no one to assist in such a situation and a further 12% are unsure.
- The service is valued with a quarter stating they couldn't live without it. The service is important because it provides peace of mind/reassurance that support or help is there if needed and a feeling of safety, enables independence, is an essential service and is important for those living alone or far from family.
- Overall there is a preference for Option 1 ("Do nothing with the existing service and Walsall Council finds the saving elsewhere"). This is the preferred option for 53% of respondents. The main reasons for preferring Option 1 are:
 - Affordability
 - Savings should be made elsewhere to protect this important service rather than directly charging users
 - The Council has Duty of Care to support vulnerable and elderly residents
 - Sense of entitlement/equity given people have contributed financially over their lifetime via taxes etc.
 - Feeling that current arrangement works well
- The next most popular option is Option 2 ("Walsall Council continues to deliver the Community Alarm Service for which it will introduce a charge"), selected by 27%.
- The options involving external providers are not popular with the Council's preferred option (4) of "ceasing to provide a Community Alarm Service with customers buying directly from another provider" is supported by only 4%.
- For many the likely impacts of introducing a charge and/or an external provider will be negative; making them financially worse off requiring them to have to budget/cut costs or make savings elsewhere; be unaffordable even at £4 per week (especially £14) given many are on low incomes, benefits or pensions; increase the likelihood of cancelling their use of the service and/or returning

devices; for some this would definitely happen as a result; and raise concerns around the quality and cost of services delivered by external providers

- Approximately a fifth of customers, said they could afford or would be willing to pay a charge for the continuation of Council run services. For most this would need to be a small charge that is affordable (e.g. £4 was mentioned as being acceptable). Impact would therefore depend very much on the actual amount charge.

Consultation Activity

| | | | |
|--|--|------|----------|
| Type of engagement/consultation | Engagement Stakeholders Sessions (Individual letters to stakeholders and CAS staff, face to face consultation) | Date | 23/07/18 |
| Who attended/participated? | Key stakeholders: 46 invited. Number of stakeholders including CAS staff consulted face to face 13 (4 CAS staff) | | |
| Protected characteristics of participants | No information available | | |
| Feedback There was a perception that people may not chose or have the means to pay, which may result in them being left vulnerable. There was also a view that the withdrawal of this service may place emergency services under increased pressure. Concerns were also raised with respect to the 6000+ users that do not have commissioned | | | |

services, as it was felt that we would not have sufficient information to understand the impact this would have to these users.

Key quotes

"What impact would this have on the 999 service, if people do not have a community alarm" (Stakeholder)

"Will external providers offer a wider technical offer? A range of provider take from options" (Stakeholder)

"A significant number of calls are high due to loneliness" (Stakeholder)

"Who is liable e.g. if the Council cease this service. There will be no liability at Walsall council If provider takes this service on" (Stakeholder)

"If going to charge need to consider how this is going to be communicated" (Stakeholder)

"Who would be responsible if CAS ceased for providing support to users and if they needed care and those most vulnerable" (Staff)

"Returned equipment would bring additional value, so can be recycled or used so would not have to keep buying new equipment" (Staff)

"People sometimes want things they don't need just because they can have. Won't work for option 3 as clients may say have responder but don't because know someone would come out" (Staff)

| | | | |
|---|---|------|----------------------|
| Type of engagement/consultation | Postal questionnaire | Date | 10/08/18 to 01/10/18 |
| Who attended/participated? | 2507 questionnaires were completed | | |
| Protected characteristics of participants | The majority of CAS clients are White British females over the age of 80. | | |
| Feedback <ul style="list-style-type: none">This will be incorporated with the analysis of the postal questionnaire analysed by Protel an external data agency and summarised in section 6. | | | |

| | | | |
|--|--|-------------|----------------------|
| Type of engagement/consultation | Online Questionnaire | Date | 10/08/18 to 21/09/18 |
| Who attended/participated? | A total of 225 respondents completed the online questionnaire: <ul style="list-style-type: none"> 86 CAS users 59 nominated responders 52 family member, carer or friend of a customer 4 were social workers 3 volunteer or community sector organisation 1 Landlord 20 members of the public | | |

| | | | |
|--|---|------|--|
| Protected characteristics of participants | 162 respondents were aged 55 and over; 125 respondents identified as having a long term illness, health problem or disability that limits their daily activities and work. 132 respondents were female 194 were white | | |
| Feedback This will be incorporated with the analysis of the postal questionnaire analysed by Protel an external data agency and summarised in section 6. | | | |
| Type of engagement/consultation | Dedicated phone line | Date | 10/08/18 to 21/09/18 |
| Who attended/participated? | To all CAS clients, identified responders and family members of users – 172 people consulted via the dedicated phone line | | |
| Protected characteristics of participants | No information available | | |
| Feedback Key themes of queries handled via dedicated phone line Faulty Equipment Deceased Return of equipment as a result of property move Support in completing questionnaire General further information Clarifying charges No longer require equipment General service queries i.e. update/ add responder details Consult support, due to not being able to attend face to face workshops Concerns regarding charges | | | |
| Type of engagement/consultation | Face to face 21/08/18 2.30pm-5.30pm 22/08/18 9.30pm – 12.30pm 23/08/18 6.30pm – 9.30pm 24/08/18 12.00 noon- 3.00pm Individual Letter to CAS users and Nominated responder to notify them of face to face sessions, these sessions were held across 4 localities; Old Hall Peoples Partnership, Manor Farm, Forest Arts Centre, St Pauls (The Crossing) | Date | 21/08/18 22/08/18 23/08/18 24/08/18 |
| Who attended/participated? | To all CAS clients, identified responders, family members of users, elected members and stakeholders. 48 people attended these sessions 20 male and 18 females. | | |
| Protected characteristics of participants | 20 male and 18 females. | | |
| Feedback | | | |

The general feedback from people that attended these face to face sessions was that this is a valuable service that give people reassurance and assists them to live independently. There was a strong feeling that external providers would not provide the quality of service that this service provides overseen by the Council and would be driven by profit, rather than quality. There are a high number of responses that have expressed concerns that the withdrawal of the response service would put additional pressure on other statutory services. The majority of feedback suggested that most people would struggle to pay the proposed charges and would put greater pressure on services.

Key quotes:

"I am delighted with this service and get a response very quickly I would pay for this service from yourself or some else" (User)

"You need to know about the people that are not known to you, as some of these people may not need it" (User)

"This is a fantastic service to prevent people from going into hospital " (User)

" If you applied a charge I would pay, but £14 is a lot" (User)

" People needs to be assessed as not everyone needs this" ((Family member of user)

" People get reassurance wearing their pendant" (Family member of user)

" I've never liked the idea of things going into private hands, as they are just about making money" (User)

" Maybe if you set a limit for people over 80 to get it free, as a way of keeping them independent" (Family member of user)

" I suffer from Mental Health issues and this would tip me over the edge" (User)

" You have a moral duty to look after elderly people" (Family member of user)

6 Concise overview of all evidence, engagement and consultation

The service is valued. It is important because it provides peace of mind/reassurance that support or help is there if needed and a feeling of safety, enables independence and is important for those living alone or far from family.

Overall there is a preference for Option 1 ("Do nothing with the existing service and Walsall Council finds the saving elsewhere"). This is the preferred option for 53% of respondents. The main reasons for preferring Option 1 are:

- Affordability
- Savings should be made elsewhere to protect this important service rather than directly charging users
- The Council has Duty of Care to support vulnerable and elderly residents
- Sense of entitlement/equity given people have contributed financially over their lifetime via taxes etc.
- Feeling that current arrangement works well

The next most popular option is Option 2 ("Walsall Council continues to deliver the Community Alarm Service for which it will introduce a charge"), selected by 27%.

The options involving external providers are not popular with the Council's preferred option (4) of "ceasing to provide a Community Alarm Service with customers buying directly from another provider" is supported by only 4%.

For many the likely impacts of introducing a charge and/or an external provider will be negative; making them financially worse off requiring them to have to budget/cut costs or make savings elsewhere.

Option 4 creates the most choice for customers and there is a well-developed and affordable market place for customers who can purchase these services directly. However, it is acknowledged that introducing a charge will have a negative impact on service users but this will be mitigated as detailed below.

For the 6386 with no assessed need the council will:

- Signpost to community alarm companies in the private market place
- Signpost to welfare rights to maximise income to address issues of affordability.

For the 810 with assessed needs the council will in addition to the above:

- Incorporate this service as part of a personal budget where it has been assessed as an eligible need and deemed as an appropriate way of addressing that need. This will address issues of affordability as the service charge will be built into their support plan and the person's personal contribution will be assessed against the Adult Social Cares charging policy.

In addition to this all service users and carers (responders) would be eligible to a social care assessment under the Care Act and the Council would link with the third sector and wider resilient communities to signpost clients to appropriate services to promote independence and support people to remain at home as long as possible.

Option 4 is the best option for reducing inequalities because all other options are unaffordable for the Council. The community alarms service is not a statutory service, but the financial burden it will place on the Council if option 4 is not chosen would result in other services having to be cut to fund it. Furthermore, the current CAS requires substantial investment to upgrade equipment and technology to deliver a modern service of suitable quality compared to external providers.

The majority of service users are White British, females over the age of 80 who will be affected by these proposals which affects race, sex and age.

7 How may the proposal affect each protected characteristic or group? The effect may be positive, negative, neutral or not known. Give reasons and if action is needed.

| Characteristic | Affect | Reason | Action needed Yes / No |
|---------------------|--|--------|---------------------------|
| Age | Negative— the majority of service users are over the age of 80. Action needed Yes Negative - most users have either a disability are vulnerability. Action needed Yes Not known - Action needed No | | |
| Disability | | | |
| Gender reassignment | | | |
| Marriage and civil | | | |

| | | | |
|----------|--|---|---|
| | partnership | | Not known - Action needed No Neutral the majority of service users are over the age of 80 – Action needed No Negative – the majority of service users are white British. Action needed Yes Not known - Action needed No Negative – the majority of service users are females. Action needed Yes Not known –Action needed No This may impact on informal carers of CAS users |
| | Pregnancy and maternity | | |
| | Race | | |
| | Religion or belief | | |
| | Sex | | |
| | Sexual orientation | | |
| | Other (give detail) | | |
| | Further information | | |
| 8 | Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details. | | (Delete one) No |
| | | | |
| 9 | Which justifiable action does the evidence, engagement and consultation feedback suggest you take? | | |
| | A | No major change required | |
| | B | Adjustments needed to remove barriers or to better promote equality | |
| | C | Continue despite possible adverse impact | |
| | D | Stop and rethink your proposal | |

| Action and monitoring plan | | | | |
|----------------------------|--|-------------------|--------------|---|
| Action Date | Action | Responsibility | Outcome Date | Outcome |
| November 2018 | Brief Council staff and key stakeholders on the outcome of the cabinet decision | Adult Social Care | 24.10.18 | Social Care staff, key stakeholders, CAS users/nominated responders, identified care of will be informed of the outcome following Cabinet's decision; what the transitional arrangements will be and the agreed timescales. |
| November 2018 and Ongoing | Adult Social Care will work closely with the third sector and community resilience to promote independence | The Council | Ongoing | Ensure people living in the community with no eligible needs are aware of the range of services available, including community alarms provider's together with other services to promote independence through partnership working with i.e. Council Welfare Rights, third sector to maximise income in order to address issues around affordability and accessibility ensure needs are met. |
| | | | | |

| Update to EqIA | |
|---|--------|
| Date | Detail |
| Use this section for updates following the commencement of your proposal. | |