

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

3 OCTOBER 2013

CONSULTATION: "MAKING DIFFICULT DECISIONS IN ADULT SOCIAL CARE"

1.0 PURPOSE OF REPORT

1. To introduce the consultation document "Making difficult decisions in Adult Social Care".
2. To invite the Committee to comment on the current consultation proposals, to decide how best to be involved and what information or meetings the Committee might wish.

2.0 CONSULTATION PROPOSALS – Making difficult decisions

2.1 A copy of the proposals is enclosed. They encompass three elements:

1. To raise the fair access to care service eligibility threshold from moderate to above and substantial and above;
2. To make some change to the charges that people pay for their social care support, including increasing the amount that some people pay towards their services; and
3. To continue to invest in prevention services to help people stay independent and healthy for longer so that they are less likely to need specialist health and social care support.

2.2 In addition to these documents I have also enclosed, as agreed by your Group Spokespersons, copies of the equalities impact assessments which, although currently in draft, will be finalised at the conclusion of the consultation process.

2.3 Helen Taylor will present the proposals to the meeting in much the same format that people will see at the consultation events - the dates of these are listed at the end of the document.

3.0 SCRUTINY COMMITTEE'S RESPONSIBILITY

3.1 The Committee is invited to consider what role and further participation it wishes to have in the consultation process. Your Group Spokespersons suggest that they be briefed at the Mid-Cycle Briefing in December on the replies received, so that they can take a view on what is reported to the

Committee meeting on 23 January 2014. Whilst this meeting date precedes the Executive which will review the final proposals, the timings might be too tight for the Committee to analyse the results and assess properly the level of user service group reaction effectively. Your Group Spokespersons will keep the matter under review.

4.0 RECOMMENDATION

4.1 The Committee is asked to comment on the consultation process and advise what further information it requires.

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24 September 2013

Background Documents: None



North

Yorkshire County Council

Making difficult decisions in adult social care

**Public consultation on eligibility and charging for
adult social care**

2 September 2013 - 25 November 2013

Health and Adult Services

If you would like someone to help to explain this consultation document to you, please call the Customer Service Centre on 0845 8 72 73 74.

Introduction

As many people will be aware, the budget for public services is being reduced as a result of Government funding cuts. This includes the services delivered by local authorities such as North Yorkshire County Council and now the council needs to deliver millions of pounds in savings. The council has to save £92 million over the four years up to March 2015. Following the June announcements by the Government over future funding, it now has to find another £66 million between 2015 and 2019.

Members of the council have agreed to start a number of public consultations on our proposals for saving money. Although we have worked hard to protect the budget for adult social care, it is the largest part of the council's budget and we will have to find savings from it, as well as other council services.

This consultation document explains how we propose to achieve savings on what we spend on adult social care and includes:

- background information about adult social care services in North Yorkshire;
- information about the changes we are proposing;
- information about the equality impact assessments we have done; and
- taking part in the consultation.

Background

Our current budget for adult social care is £139 million. We need to find savings of over £13 million over the next three financial years to 2015/16. We will also have to find more savings from 2015 onwards.

The number of people who need high levels of support from adult social care is increasing and we think this number will grow in the next few years, as our population ages. As people age, they become frailer and their need for social care support increases. We also know that young people with complex needs live longer, and therefore need social care support for longer.

We have already made lots of changes to the way we do things to save money and protect front-line services wherever possible. We have saved more than £18 million over the last four years. This has included reducing administration and office costs, careful management of the contracts we have with independent social care providers, and reducing the number of residential care placements by helping people to stay at home longer. We have also modernised some services, including our reablement service which offers intensive short-term support to help people regain their independence.

We are still looking for ways to save money without affecting the support we provide to people, for example by continuing to reduce the amount we spend on administration and management. We are now at the point, however, where we will have to make some difficult decisions in order to save the additional amount of money needed, but still be able to provide support to the most vulnerable people.

As well as making sure that we can do this, we want to continue to give some help to everyone who needs it, to assist them to stay independent for longer and avoid or reduce the need for specialist social care support. This is called 'prevention'.

Our proposals for saving money

We have some proposals for ways to save money and we would like to know what you think about them. We are considering doing all of these things in order to find the amount of money that we need to save:

- A. To raise the eligibility threshold for people to receive support from adult social care.
- B. To make some changes to the charges that people pay for their social care support, including increasing the amount that some people pay towards their services.
- C. To continue to invest in prevention services to help people stay independent and healthier for longer so that they are less likely to need specialist health and social care support.

We have explained them below.

A. To raise the 'Fair access to care services' eligibility threshold from Moderate and above to Substantial and above

'Fair access to care services' (FACS) is a way of describing different levels of need for social care. These different levels of need are also described as 'risks to independence'. It is used to decide what level of need a person must have before they are eligible for social care support from the council. This is called the 'eligibility threshold'.

FACS has been in place since 2003 and it is used by all councils that provide adult social care support. Each council chooses where to place its eligibility threshold, but the scheme is a national one.

There are four levels of need in FACS:

- Critical
- Substantial
- Moderate
- Low

There is more information about FACS at the end of this document and on the county council's website.

Proposal:

We currently provide support for people assessed at Moderate and above. This is our 'eligibility threshold'. **We are proposing to raise the eligibility threshold to Substantial and above.** This would mean people assessed as having needs that are Moderate or below would not be eligible for support from adult social care.

We currently provide support to approximately 2,600 people assessed at Moderate and below, out of a total of just over 10,000 people who receive support.

We think that this change will save the council approximately £1.4 million every year.

It would mean we have the same eligibility threshold as 87% of councils in England, who have already raised their eligibility threshold to Substantial and in some cases to Critical. The government has also said that it is planning to replace FACS in 2015, and there will be a new national minimum eligibility threshold which will be similar to the current 'Substantial' threshold.

If the proposal goes ahead, it will not happen straight away for most people. If a person already gets some support from adult social care, we will reassess them before we make a change to their support. We propose to begin reassessments in April 2014, with everyone reassessed by March 2015. New people needing a service for the first time would be assessed at the new FACS eligibility threshold from 1 April 2014.

If someone is reassessed and is no longer eligible for support from adult social care, their support will not stop straight away. There will be a transition period where they will be offered help to prepare for the change. This transition period will be for up to eight weeks, based on individual needs.

Even if a person is no longer eligible for support from adult social care, there will still be help available. This help will include:

- information, advice and signposting to other sources of support;
- equipment to help people live independently;
- Telecare (monitors linked to an alarm that alerts carers);
- Signposting to supported accommodation options such as Extra Care; and
- Other prevention services and support (please see section C below)

The new FACS threshold would not apply to reablement. This means that the reablement service will also still be available to people who are assessed as having a need for, and could benefit from, this sort of support.

Reablement is a short period of intensive support to help people maintain or regain their independence, for example after a hospital stay. Reablement works very well. Two thirds of people who have a period of reablement do not need on-going support or need less support than they would have otherwise.

We think that this help will mean that people have less need of specialist social care support.

B. To make some changes to the charges that people pay for their social care support, including increasing the amount that some people pay towards their services.

Support from adult social care has never been free. We currently work out the amount that a person is expected to pay towards their community-based social care support* through a means tested financial assessment. People are then charged in line with the cost of providing the support they need. The way we charge for support in the community follows the Department of Health guidance 'Fairer Charging' and 'Fairer Contributions', which advises local authorities to charge clients against the actual cost of providing services.

**'Community-based social care support' means support provided to you in your own home including an extra care scheme, for example personal care, and support in the community, for example a day service.*

The lower a person's income, the less they will be asked to contribute and the higher the subsidy for the support they receive. From the information we have available, one third of people do not pay anything towards their social care support, one third pay something, and one third pay the full cost of providing the support.

There are also some support services where we do not charge anyone the full amount that they cost us to provide. This means that even people who pay the full charge for their services are receiving a subsidy.

Some community-based support services are free. In future, we may have to consider charging for all community-based support services.

We have less money to provide social care support and by reducing the subsidy it will help us to keep providing support to the people that need it most.

If our proposals are implemented, people will still have a means tested financial assessment to work out how much they can afford to contribute towards their social care support.

Proposals:

We are proposing to follow the Department of Health charging guidance on some 'discretionary areas'. These are areas which we have not previously included when calculating how much a person can afford to pay towards their support. We are considering including these areas now because of the amount of money we have to save. We are also proposing to change the way we charge for housing-related support services. We are proposing:

i. To increase the amount of 'disposable income' that goes towards paying for social care support from 90% to 100%.

When completing the means tested financial assessment we look at the individual's weekly income and expenditure. In other words, the money that they have coming in and going out.

We also calculate the cost of providing the individual's social care support.

Before we tell people how much they need to contribute towards the cost of their support, we have to ensure that each person has a specific minimum amount of money available to live on each week. We use the Department of Health charging guidelines to tell us how much this amount of money should be for each individual.

The next thing we do is look to see how much money the individual has left, over and above the amount the guidelines say that they need to live on each week. This amount of money left over can be taken to contribute towards the cost of support. This is called 'disposable income'.

At the moment, we don't take all of the money left over after weekly living expenses are calculated; we take 90% of it. We are proposing to take 100%.

Most other local authorities already take 100% of the money left over after weekly living expenses have been calculated.

This means that approximately 2000 people are likely to have to pay about 10% more towards their support services than they do now.

There are some examples to show how this proposal might affect people, at the end of this document.

ii. To charge people receiving personal care at home who need two care workers to support them, for example to use a hoist, for the cost of both care workers.

Currently we only charge for one care worker to support a person even if two care

workers help them. The proposal means that we will charge clients against the real cost to provide their care and support. The means tested financial assessment will still apply.

Before people with two care workers are asked to pay for both care workers, they will have a community care assessment to check if two care workers are necessary or if some care needs can be met in another way. The charge for two care workers will only be applied after the assessment and support planning has happened, if two care workers are still needed to meet the person's support needs.

We estimate that around 250 people currently contribute towards the cost of their support and have two care workers for some of their support needs. Some of these people would be likely to have to pay more than they do now. We will know how many people are affected once we have completed the community care assessments and means tested financial assessments.

iii. When we work out how much people should contribute towards their housing-related support (Supporting People), we propose to do it in the same way that we work out charges for community-based support.

Housing-related support is where people living in their homes have a warden type service and a community alarm/Telecare, or need some support to live independently. This service is not free, but people who receive housing benefit or council tax benefit can apply to us and we will pay for the service for them.

We are proposing to stop using housing benefit or council tax benefit as a way of deciding if people should pay, and instead use the same way of working out charges for everyone. This means that we will use the same means tested financial assessment to work out how much people should contribute as we use for other sorts of community based support. We think that this would be simpler and fairer, particularly because there are going to be lots of changes to the benefits system which will make the current system very complicated.

There are over 9,000 people in North Yorkshire who have housing-related support and over 6,400 who are currently helped with the cost. Because we don't know everybody's financial situation, it is hard to estimate how many people will be affected. About 50% of people receiving the service also receive some form of social care support, and we think between 200 - 500 of those may have to pay more than they do now. We won't know how it affects the 50% who don't currently receive social care support until we carry out the means tested financial assessment, if this proposal is implemented.

iv. To start collecting small weekly contributions of £5 or less.

If someone has a means tested financial assessment and should be contributing to the cost of their support, we don't collect the contribution if it is £5 or less per week. This is because it can often cost us more than £5 to collect the contribution. Because of our improved administrative systems, however, the cost of collecting the contribution will reduce and will save us money.

There will also be more people due to pay a small contribution towards their support if proposal iii. goes ahead.

This proposal may only generate a small amount of income but it will help to protect services.

We don't yet know how many people this will affect if this proposal goes ahead; we will have to find out as we carry out financial assessments.

From the calculations that we have done, we think:

- Increasing the percentage of disposable income to 100% would raise up to £390,000 per year.
- Charging for both care workers, where a person needs two, would raise up to £150,000 per year.
- Charging for housing-related support would raise between £200,000 and £400,000 per year.
- We are not yet sure how much starting to collect small weekly contributions would raise.

When the changes to charging will take place, if they go ahead:

The new charging arrangements will take place from 5th April 2014 onwards.

We are proposing to give people four weeks' notice of changes to their charges. This will follow a financial assessment for people that need one.

We would continue to complete a means tested financial assessment for the services we provide in the same way that we do now. We would continue to take account of income and expenses including housing and other disability related costs as part of the assessment. We would also continue to ensure that the supported person is left with the right level of Income Support plus a further 25% (as defined by central government) **before** we look at the amount they have left which could reasonably be considered available to pay towards the cost of services.

C. To continue to invest in prevention services to help people stay independent and healthier for longer so that they are less likely to need specialist health and social care support.

We are also looking at the way we plan prevention services and support. Prevention means helping people with advice and low-level services before they need health or social care support, or so that they need less support.

Good prevention services can help people stay independent and healthier for longer, and reduce the amount of specialist health and social care support needed, as well as save money.

We invest a lot of money in prevention services and we want to make sure that the right sort of help and advice is available, based on evidence of what works. This includes:

- Access to information and advice about the different sorts of help available
- Support for people who need some help to find and use the information and advice
- Support to help people live in their own home or signposting to supported accommodation options such as Extra Care
- Access to local informal support groups
- Help for people to keep active and meet others, including by volunteering time and skills
- Help for people to maintain their home and keep warm
- Help for people to manage their health and stay well

Some of the support we provide or commission from other organisations may be free to the person needing it. Some of it may be available at a charge to help keep the services going.

Some of the funding for prevention services will continue to come from council budgets including the adult social care and Public Health budgets.

Over the next few months, Public Health colleagues will be looking at the evidence on prevention services to see what works. To help us get it right, we will be asking people what they think about prevention. We have included some questions in the consultation questionnaire.

The consultation process

We will be asking people what they think about our proposals during the next few weeks. As well as asking for your views on them, we will welcome your ideas on other ways we could save money.

Equality impact assessment

The Equality Act 2010 says that we have a 'duty to pay due regard' to the impact of our proposals. We do this by carrying out an equality impact assessment. We have carried out two equality impact assessments to check how these proposals might affect people. The assessments found that the proposals could make life harder for some people, particularly older and disabled people. However, the proposals for prevention services could help to make life less hard. This is called 'mitigation'. The equality impact assessments are still drafts and they will be finished after the consultation, so that we can include people's views in the final versions. If you would like to see the draft equality impact assessments, please go to the website or call the helpline (details below).

Responding to the consultation: how you can tell us what you think about our proposals

You can tell us what you think about our proposals in the following ways:

- Complete the paper questionnaire and post it to us
- Complete the questionnaire on-line, at:
<http://www.northyorks.gov.uk/socialcareconsultation>
- Write to us at:
Adult social care consultation
Health and Adult Services
County Hall
Northallerton
DL7 8DD
- E-mail your comments to: **HASconsultation@northyorks.gov.uk**
- Call the Customer Service Centre on **0845 8 72 73 74**
- Attend a consultation event for people who use care services and unpaid carers.

Consultation events

If you would like to attend an event, it would help us if you would book a place. You don't have to book to attend an event, but it would help us to make sure we have enough places for everyone. To book, please go to www.northyorks.gov.uk/socialcareconsultation or call **0845 8 72 73 74**.

British sign language interpreters will be available at the events in Harrogate, Northallerton and Scarborough. Hearing loops will be available at all the events. All venues will be wheelchair accessible.

The daytime events start at 1pm and the evening events start at 6pm. The venue will be open 30 minutes before the start of each event to allow time for people to arrive and find a seat.

There will be information about social care services at each event.

Date	Town	Address	Times
1 October 2013	Easingwold	Galtres Centre, Market Place, Easingwold YO61 3AD	1pm - 3pm
2 October 2013	Malton	Friends Meeting House, Greengate, Malton YO17 7EN	1pm - 3pm
3 October 2013	Skipton	Herriot Hotel, Broughton Rd, Skipton BD23 1RT	1pm - 3pm
7 October 2013	Northallerton	Allerton Court, Darlington Road, Northallerton DL6 2XF	1pm - 3pm (BSL)
7 October 2013	Northallerton	Allerton Court, Darlington Road, Northallerton DL6 2XF	6pm - 8pm (BSL)
9 October 2013	Harrogate	Cedar Court, Park Parade, Harrogate HG1 5AH	1pm - 3pm (BSL)
9 October 2013	Harrogate	Cedar Court, Park Parade, Harrogate HG1 5AH	6pm - 8pm (BSL)
14 October 2013	Selby	Regen Centre, Landing Lane, Riccall YO19 6PW	1pm - 3pm
15 October 2013	Settle	Falcon Manor, Skipton Rd, Settle BD24 9BD	1pm - 3pm

Date	Town	Address	Times
21 October 2013	Scarborough	Falsgrave Community Resource Centre, Seamer Road, Scarborough YO12 4DJ	1pm - 3pm (BSL)
21 October 2013	Scarborough	Falsgrave Community Resource Centre, Seamer Road, Scarborough YO12 4DJ	6pm - 8pm (BSL)
25 October 2013	Hawes	Simonstone Hall, Hawes DL8 3LY	1pm - 3pm
5 November 2013	Whitby	Sneaton Castle, Castle Road, Whitby YO21 3QN	1pm - 3pm

How to find out more about the consultation

You can call the Customer Service Centre on **0845 8 72 73 74**

You can email **HASconsultation@northyorks.gov.uk**

You can visit our website: **<http://www.northyorks.gov.uk/socialcareconsultation>**

There are some frequently asked questions with this document.

You can also ask for audio, Braille, large print and easy read versions of this document and questionnaire.

Closing date for the consultation

Responses to the consultation to be received no later than **Monday 25th November 2013**.

What happens after the consultation finishes?

All the responses we receive by the consultation closing date, 25 November 2013, will be used to write the final report and recommendations to County Councillors (or delegated decision makers) in early 2014. They will then decide if the proposals are to go ahead.

Eligibility Frequently Asked Questions

What does FACS or Fair Access to Care Services mean?

Fair Access to Care Services has been in place since 2003. It is a way to make sure that people who have a social care need are treated fairly across the country. All councils that provide social care in England use the FACS criteria.

The FACS criteria look at four main areas:

- any risk to health and safety for yourself or others;
- your ability to control and make choices about your life;
- your ability to manage your personal care and domestic routines; and
- your involvement in your family and wider community including leisure, social activities, work, volunteering and education.

There are four levels of need in FACS:

- Critical - serious risks to someone's independence
- Substantial - significant risks to someone's independence
- Moderate - some risks to someone's independence
- Low - one or two risks to someone's independence

Can you explain the different FACS Levels?

Critical: this band includes the most severe or urgent needs, for example something that has or will have a life-threatening impact on health, safety or continuing independence in the immediate future. For example, this means someone who:

- needs immediate help because they have suffered or are suffering from serious abuse or neglect;
- is not able to manage their own personal care or complete vital daily tasks to maintain a safe and secure environment;
- is in a situation which is putting unacceptable strain on the people who are caring for them and because of this, their support network has broken down or is likely to break down very soon.

Using personal care at home as an example, someone with critical needs might need three to five periods of care every day.

Substantial: this band includes serious needs, which in the short term might have a significant impact on health, safety or continuing independence. For example, this means someone who:

- is at risk of suffering from abuse or neglect;
- needs support with personal care and help to complete the daily tasks required to maintain a safe and secure environment;
- is in a situation which means that their support network may shortly break down due to additional strain being placed on those who provide care and support.

Using personal care at home as an example, someone with substantial needs might need one to two periods of care every day.

Moderate: this band includes needs which are not critical or serious and which will have a moderate impact on health, safety or continuing independence. For example, this means someone who:

- needs support with two or three personal care or domestic tasks.

Using personal care at home as an example, someone with moderate needs wouldn't need care every day, but might need up to three periods of care each week.

Low: this band includes needs which are not serious and which have a very limited impact on health, safety or continuing independence. For example, people in this band might need some help to stay active during the day, and would be signposted to other forms of support outside adult social care.

How many people might be affected if the changes to the FACS threshold go ahead?

It is difficult to give an exact number of people who may be affected by the proposed changes at this point. If the proposals are accepted, we will find this out as we carry out assessments and reassessments. We currently provide support to approximately 2,600 people assessed at Moderate and below, out of a total of just over 10,000 people who receive support.

How will I know what FACS level I'm at?

We will identify your level of need at your assessment or reassessment and this will be discussed with you.

Will the FACS proposals affect me if my needs are assessed as Substantial or Critical?

If the proposed changes are made and you are assessed or reassessed at Substantial or Critical, those needs will still be met.

I currently get support; how quickly might things change for me if the proposals go ahead?

If a person already gets some support from adult social care, we will reassess them before we make a change to their support. We propose to begin reassessments in April 2014 but it will take some time to reassess everyone. Changes to an individual's support plan would be implemented over a period of up to 8 weeks (depending on individual need) from their reassessment. New people would be assessed at the new FACS eligibility threshold from 1 April 2014.

If the changes go ahead and I am no longer entitled to support, what can I do?

If, after an assessment, you are no longer entitled to support we will tell you about a range of alternative services that could help to meet your needs. This could include equipment, telecare, and services provided by other organisations such as voluntary groups. We will make a support plan with you to help you prepare for the change.

What will happen if I'm not eligible for services, but then my needs change?

If your needs change, you, your carer or a family member would need to contact the Customer Service Centre to request a reassessment. This is what happens now, and it will be no different if the proposals are implemented. You can request a reassessment by calling the Customer Service Centre on 0845 8 72 73 74.

How will the proposed changes affect me as a carer?

The council will continue to support carers. All unpaid carers who offer substantial help

on a regular basis will continue to have the right to request an assessment of their own needs. The council will continue to provide direct carers services such as the Emergency Carers Card.

Carers will still be able to access community based carer support services such as Carers Centres for advice, information, signposting and emotional support.

The needs of the carer will continue to be taken into account in the assessment of the person being supported. This will include asking the amount of support being provided by the carer and if the carer is willing and/or able to keep providing that support.

Charging and housing-related support Frequently Asked Questions

What does a means tested financial assessment involve?

It will involve a benefits and assessment officer visiting you at a convenient time to look at details of your income, outgoings and savings. These details will be used to work out what you may have to pay. They will take into account any additional expenses that you have as a result of illness or disability. They can also help you to get the benefits you may be entitled to.

How do you work out how much money a person needs to contribute to their social care support?

A means tested financial assessment is carried out. This looks at the person's income and expenses. If people have an income that is below a certain amount, the council will make a contribution towards the support required. The lower an individual's income, the less they are asked to pay. About a third of people pay nothing towards their services, a third pay something, and a third pay all of the costs.

Here are some examples which may help to explain how people could be affected.

Proposal One - changes to the charging calculations by taking 100% rather than 90% of client's disposable weekly income into account

Mrs A currently pays nothing towards her services:

- Weekly income is £191.90 (£72.06 State Retirement Pension, £119.84 Private Pension)

- Less weekly outgoings of £34.24 including housing and other related costs
- Leaving Mrs A no disposable income deemed available to pay towards the cost of her services.
- Mrs A currently receives 19 ¼ hours personal care at a cost of £326.28 per week
- Current charge NIL
- New charge NIL

Mr B pays part of the cost for providing his services:

- Weekly income is £322.31 (£198.40 State Retirement Pension, £79.15 Attendance Allowance High Rate, £38.76 Private Pension, £6.00 Tariff Income)
- Less weekly outgoings of £268.31 including housing and other related costs
- Leaving Mr B £54.00 disposable income deemed to be available to pay towards the cost of his services
- Cost of service £211.93 per week
- Current charge £48.60 per week
- New charge £54.00 per week

Mrs C pays the full cost for providing her services:

- Weekly income is £268.89 (£150.17 State Retirement Pension, £53.00 Disability Living Allowance Middle Rate care component, £65.72 Private Pensions, £25,800 savings)
- Cost of service £78.25 per week
- Current charge £78.25 per week
- New charge £78.25 per week

Proposal 2 - charging for two care workers

Mr D currently pays nothing towards his services:

- Weekly income is £250.94 (State Retirement Pension £77.32, £48.62 Pension Credit, £125.00 DLA and Mobility)
- Less weekly outgoings of £8.04 for disability related costs
- Leaving Mr D no disposable income deemed available to pay towards the cost of his services.

- Current cost of service based on cost of one care worker £227 per week
- Provision of the personal care actually costs £454.12 per week
- Current charge NIL
- New charge NIL

Mrs E pays part of the cost for providing her services:

- Weekly income is £294.85 (£117.62 State Retirement Pension, £86.78 Pension Credit, £77.45 Attendance Allowance High Rate, £13.00 tariff income)
- Less weekly outgoings of £219.52 including housing and other related costs
- Leaving Mrs E £75.33 disposable income to pay towards services
- Provision of the personal care actually costs £531 per week including the cost of hours for the second care worker
- Currently charge £67.80 per week
- New charge of £75.33 per week

Mr F pays the full cost for providing his services:

- Mr F has savings over £23,250
- Provision of the personal care actually costs £528.99 per week
- Currently charge £264.49 per week
- New charge £528.99 per week

Which services are included in ‘housing-related support’?

These services are for people in their own homes who have an emergency alarm, which may have other equipment linked to it and a warden who visits them. They also include some of the services for people in supported living. You will have had a letter from “Supporting People” advising that your support charge is being paid for.

How will I know if I will be expected to pay towards my housing-related support?

If the proposals go ahead we will complete a means tested financial assessment and advise you at that stage how much we will be asking you to pay. Some people will not

have to pay anything and others will pay either part or all of the cost of the service.

Here are some examples:

Proposal 3 - charging for housing-related support services (Supporting People service) in the same way that community-based support services are charged for

Mrs G will pay nothing towards the housing-related support service:

- Weekly income of £144.70 (Income Support £102.70, Disability Living Allowance low rate care £21.00, low rate mobility £21.00).
- Less weekly outgoings including housing and other related costs
- Leaving Mrs G no disposable income deemed available to pay towards the cost of her services.
- Mrs G also receives £63 per week Housing Benefit
- Her telecare service costs £6.18 per week
- Current charge NIL
- New charge NIL

Mr H will pay all of the cost for providing his services:

- Weekly income of £309.90, State Retirement Pension £85.08 Private Pension of £149.82, Disability Living Allowance Middle Rate Care £53.00, Low Rate Mobility £21.00.
- Less weekly outgoings of £222.75 for housing and other related costs
- Mr H also receives Housing Benefit of £40 per week
- His sheltered housing support costs £17.72 per week
- Current charge NIL
- New charge £17.72 per week

Mrs J lives in supported housing and will pay part of the cost for providing her services:

- Weekly income of £277.50 (income support £94.85, Severe Disability Allowance £82.50, Disability Living Allowance high rate care £79.15 and low rate mobility £21)
- Less weekly outgoings including housing and other related costs £193.31

- Mrs J also receives £15 per week Housing Benefit
- Housing-related support service costs £260 per week
- Mrs J also receives social care of 2 hours costing £34.60 per week
- Current charge £34.60 per week
- New charge £84.19 per week

How will I know what my new charge will be and when will I have to pay it?

If the proposals go ahead and there are changes to the amount that you pay, we will write to you to advise you of the new weekly charge. You would start paying the new amount 4 weeks from the date that we advise you of the amount.

What if I cannot afford the new charge?

If you cannot pay the charge we will give you a contact number to discuss other options which may be available to you.

I get housing-related support. Who will I pay?

You will pay the organisation which provides your support. We will let them know how much you should pay and they will contact you directly.

What if I don't want a financial assessment?

You can let us know that you do not want an assessment. This will mean that you will have to pay the full cost of the service directly to the organisation which provides your support.

What if I have housing related support and social care services? Will I have two financial assessments?

No. You should only have one financial assessment and this will take account of your income and expenditure, including the costs of your housing-related support and your social care support.

Contact us

North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

Our Customer Service Centre is open Monday to Friday 8.00am - 5.30pm (closed weekends and bank holidays). Tel: **0845 8727374** email: **customer.services@northyorks.gov.uk**

Or visit our website at: **www.northyorks.gov.uk**

If you would like this information in another language or format such as Braille, large print or audio, please ask us.

Tel: 01609 532917 Email: communications@northyorks.gov.uk





North

Yorkshire County Council

Equality Impact Assessment Template

Fair access to care services: reviewing the eligibility threshold
Draft for consultation @ 8.8.13

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



Undertaking an Equality Impact Assessment

Equality Impact Assessments (EIA) should be undertaken at the business case stage when:-

- You are developing a new service or policy
- You are reviewing an existing service or policy
- You are proposing a change to an existing service or policy
- You are reviewing a service or policy carried out on behalf of the council or another organisation
- Your service is re-organised.

They should be referenced in your final recommendations on the service changes so that decision makers can reach an informed decision on the service/policy.

An EIA should cover all the social identity characteristics protected by equality legislation – referred to as ‘**protected characteristics**’ or equality strands. These are;

- Sex
- Sexual orientation
- Religion or belief
- Race – this include ethnic or national origins, colour and nationality
- Disability – including carers
- Pregnancy and maternity
- Gender reassignment
- Age
- Marital/civil partnership status

There is a lot of information available to support you in completing this assessment on the EIA pages on the NYCC intranet

Equality Impact Assessments are public documents. Full EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and available in hard copy for people attending the relevant meeting. To make it easier for people to find equality impact assessments the Council will publish also publish full equality impact assessments on the NYCC website in line with statutory requirements.

Name of the Directorate and Service Area	Health and Adult Services		
Name of the service/policy being assessed	Fair Access to Care Services: reviewing the eligibility threshold		
Is this the area being impact assessed a	Policy & its implementation?	X	Service?
	Function		Initiative?
	Project?		Procedure & its implementation?
Is this an Equality Impact Assessment for a (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	Existing service or a policy and its implementation?		
	Proposed service or a policy and its implementation?		
	Change to an existing service or a policy and its implementation?		X
	Service or Policy carried out by an organisation on behalf of NYCC?		
How will you undertake the EIA? Eg team meetings, working party, project team, individual Officer	Project Board		
Names and roles of people carrying out the Impact Assessment	Shanna Carrell, Equality & Community Engagement Officer; Tim Smith, Programme Manager		
Lead Officer and contact details	Shanna Carrell shanna.carrell@northyorks.gov.uk		
Date EIA started	23.5.13		
Date EIA Completed	DRAFT @ 8.8.13		
Sign off by Assistant Director (or equivalent)	Anne Marie Lubanski, Assistant Director Adult Social Care Operations		
Date of Publication of EIA			
Monitoring and review process for EIA			

1. Operating Context

Please consider issues around impacts (positive or negative) raised for all [protected characteristics](#) and show your evidence

1.1 Describe the service/policy

What does the service/policy do and how? How would you describe the policy to someone who knows very little about Council Services?

If there is a proposal to change the service or policy, describe what it looks like now and what it is intended to look like in the future. What are the drivers for this proposed change?

Who does it benefit? What are its intended outcomes? Who is affected by the policy? Who is intended to benefit from it and how? Who are the stakeholders? identify those protected characteristics for which this service is likely to have an impact (positive or negative)

Are there any other policies or services which might be linked to this one? Have you reviewed the EIA for these policies/services? What do

Following a community care assessment, a person's eligibility for a state-funded social care service is determined by the application of the Fair Access to Care Services (FACS) criteria. FACS has 4 levels; Low, Moderate, Substantial and Critical which describe the extent to which a person's independence is put at risk by their current social circumstances. Each local authority with responsibility for adult social care services determines at which level it chooses to provide services following an assessment of need.

At the end of March 2013 there were just over 10,000 people recorded as receiving support either commissioned by, or provided directly by the County.

At present NYCC provides services to people assessed as being at FACS Moderate and above. Of those 10,000 approximately 2,600 were last assessed at Moderate or below and approximately 400 do not have their FACS level recorded in AIS (adult social care client database).

The council is consulting on the proposal to raise the eligibility threshold from Moderate and above to Substantial and above, from April 2014. This means that the council would provide services to those assessed as being at FACS Substantial and Critical.

Over recent years the number of councils providing services at FACS Moderate has reduced and now only around 13% of local authorities operate at FACS Moderate or below (ADASS survey 2013).

The council is considering this course of action due to budgetary pressures. It is intended that the savings generated from this proposal, should it be approved, will allow the authority to mitigate the necessity to reduce social care services to the most vulnerable people within the constraints of a reducing budget resulting from central government funding allocations to local authorities.

It is estimated that the current potential net saving of raising the FACS criteria is £1.4m per annum. £800k would be realised in 2014-15, £600k in 2015-16, then £1.4m pa on-going. It should be noted that these savings amounts will be affected by movement in and out of service and may be higher or lower at the point of realisation.

The proposal, if implemented, would mean that some people who currently receive support from Adult Social

<p>they tell you about the potential impact?</p> <p>How will the policy be put into practice? Who is responsible for it?</p>	<p>Care would no longer be eligible for that level of support. The sort of support that people are likely to be in receipt of includes home care and home help services. They may still, however, be eligible for a prevention offer which could include telecare, equipment and other prevention options (a new prevention strategy is in development). People will also continue to receive information, advice and signposting.</p> <p>The implementation would be phased with new people assessed against the new threshold, and existing people reassessed over a period of time, April 2014 to March 2015. Where an individual is reassessed and no longer meets the eligibility threshold, a transition period of up to eight weeks is being proposed. From experience, this timescale gives people sufficient time to adjust to changes to their support, for information and signposting, and for any preventative offer.</p>
<p>1.2 How do people use the policy / service?</p> <p>How is the policy/service delivered? How do people find out about the policy/service? Do they need specialist equipment or information in different formats? How do you meet customer needs through opening times/locations/facilities? Can customers contact your service in different ways? How do you demonstrate that your service/policy is welcoming to all groups within the community?</p> <p>Does the policy/service support customers to access other services? Do you charge for your services? Do these changes affect everyone equally? Do some customers incur greater costs or get 'less</p>	<p>Eligibility is assessed via the community care assessment, conducted by social care coordinators and social care assessors.</p> <p>If a person's needs are assessed at FACS moderate or low, it means that risks to independence have been assessed as meeting one or more of the following criteria:</p> <p>Moderate – when:</p> <ul style="list-style-type: none"> • there is, or will be, an inability to carry out several personal care or domestic routines; and/or • involvement in several aspects of work, education or learning cannot or will not be sustained; and/or • several social support systems and relationships cannot or will not be sustained; and/or • several family and other social roles and responsibilities cannot or will not be undertaken <p>Low – when:</p> <ul style="list-style-type: none"> • there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or • involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or • one or two social support systems and relationships cannot or will not be sustained; and/or • one or two family and other social roles and responsibilities cannot or will not be undertaken. <p>A community care assessment is followed by a financial assessment in order to determine a person's ability to pay towards the cost of their social care.</p>

<p>for their money'? Are there eligibility criteria for the service/policy?</p> <p>How do you ensure that staff/volunteers delivering the service follow the Council's equality policies? Does the Council deliver this policy in partnership or through contracts with other organisations? How do you monitor that external bodies comply with the Council's equality requirements?</p>	
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2. Understanding the Impact (using both qualitative and quantitative data)

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

<p>2.1 What information do you use to make sure the service meets the needs of all customers?</p> <p>What data do we use now? Is it broken down across protected characteristics (and are these categories consistent across all data sets)? How current is the data? Where is it from? Is it relevant?</p> <p>What engagement work have you already done that can</p>	<p>We collect client information on a database in order to manage their care needs. This information includes client 'type', FACS level, and equality profile. The data used in this assessment is taken from our client database as at 31 March 2013 but may need some readjustment to ensure maximum consistency with other analyses. However, the differences should be minimal and it is not anticipated that this will impact on the conclusions drawn so far. In addition, people come in and out of services and therefore the figures will vary.</p> <p>In our Joint Strategic Needs Analysis, last reviewed in 2012, we have data on needs as defined by a number of different groupings. This includes demographic projections.</p>
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inform this impact assessment?
 Who did you talk to and how?
 What are the main findings?
 Can you analyse the results of this consultation across the protected characteristics? Are there differences in response between different groups? How has this changed the plans for the policy/service?

2.2 What does the information tell you?

Are there any differences in outcome for different groups e.g. differences in take up rates or satisfaction levels across groups? Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services will be tracked over time, and the process for service change?

Please include data and analysis as an appendix

From our client database, we had 10,273 people in service at 31 March 2013.

Of those, 2608 are recorded at Moderate or Low. This includes 71 people in residential or nursing care who are likely to be at Substantial now. There are also 408 people who have no FACS level recorded. Client records in AIS show that people assessed at Moderate or below receive the following types of service:

No	Service type	Number
1	Direct Payments	87
2	Home Care	612
3	START	150
4	Day occupation	140
5	Short term Res or respite	50
6	Telecare only	647*
7	Equipment only	326*
8	Professional support only	303*
9	Home help	144
10	Mixture of Services	59
11	Total	2518

* It is proposed that these services form part of the prevention strategy (in development) and would therefore be retained. This represents about 50% of the total. Based on that proposal, this leaves a group of just over 1,000 people who may be affected.

Current evidence suggests that where a reassessment takes place, in 83% of cases the FACS level remains unchanged, it goes down in 8% of cases and goes up in 9%. For the purposes of this paper it has been

assumed that this 9% of people would continue to be eligible for on-going services after reassessment.

Applying this percentage calculation to the total group recorded at Moderate and Low (including those whose FACS criteria has not been recorded), using the figures available, this equates to approximately 270 people eligible for on-going services, and approximately 2730 not. Applying it to the group most likely to be affected, this equates to around 100 people eligible for on-going services and 1000 not.

People recorded at Low will generally be people who are in receipt of equipment or telecare, and who have had an assessment. They may continue to receive such services under these proposals.

Disability:

From a breakdown by main client category, the highest proportion of those in FACS Low and Moderate have a physical or sensory impairment. This would correlate with the age profile of adult social care clients. There is a notably lower proportion of people with a learning disability in Low and Moderate compared with Substantial and Critical. There are a lower proportion of people with mental health issues in Low and Moderate, although a notably larger proportion with FACS unassigned.

Overall, the highest impact would therefore be on people with a physical or sensory impairment. However, the impact of changes to social care will be on disabled people as a group, as it is by reason of support needs arising from disability or condition that people will require social care.

Main Category	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Learning Dis	2.3%	6.8%	7.8%	16.9%	19.6%	14.9%
Mental health	51.0%	4.8%	5.1%	7.5%	14.3%	10.9%
Phys Dis	45.7%	87.2%	86.5%	75.0%	65.1%	73.5%
Subs Misuse	0.5%	0.0%	0.0%	0.1%	0.2%	0.1%
Vulnerable	0.5%	1.3%	0.5%	0.5%	0.8%	0.6%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Ethnicity:

Overall, there are low numbers of minority ethnic people accessing social care support. The proportions at Low, Moderate and Substantial are roughly the same, with a slightly higher proportion at Critical. The same is true for White Irish, with roughly the same proportions of White Other across all three levels. The numbers of

people self-identifying as Gypsy, Roma, Traveller are too small for useful analysis, but it may be that some of this group are in the 'White Other' or 'White Irish' categories. According to this data, raising eligibility criteria should not have a disproportionate impact in terms of ethnicity.

Ethnic Origin	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Any other White background	1.02%	0.50%	1.13%	1.12%	0.99%	1.05%
BME	0.51%	0.50%	0.52%	0.56%	0.85%	0.65%
Gypsy/Roma	0.25%	0.00%	0.09%	0.00%	0.03%	0.04%
Other	7.11%	0.50%	0.57%	0.78%	1.02%	1.04%
White British	90.61%	98.50%	97.30%	97.19%	96.46%	96.76%
White Irish	0.51%	0.00%	0.39%	0.35%	0.65%	0.45%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Gender:

The gender breakdown for Low, Moderate, Substantial and Critical is of very similar proportions. In that sense, raising the criteria would not have a disproportionate impact in terms of gender. However, the proportion of females accessing social care is roughly twice that of males and therefore any proposal to change access to social care will have a higher impact on females than males.

Gender	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Male	51.8%	35.1%	33.7%	37.6%	36.2%	36.7%
Female	48.2%	64.9%	66.3%	62.4%	63.8%	63.3%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Age:

People aged 65 and over make up the highest proportion of people who access social care. Therefore any proposal to change access will have a higher impact on older people than younger. In terms of proportions at each level, there is a slightly higher proportion of older people accessing social care at Low and Moderate than Substantial, and a similar proportion at Critical when compared to Moderate. At all levels, there is a higher proportion of people aged 75 and over, and the highest proportion in Moderate, Substantial and Critical are 85 and over.

Demographic projections indicate a growth in the proportion and overall number of older people in North Yorkshire. This will lead to increasing demand and therefore increasing pressure on social care budgets. By 2025, the percentage of people in North Yorkshire aged 65 and over is estimated to reach 26.4%, compared to the all-England figure of 20%. This is a 20% (approx.) increase from 2011.

Age Group	No FACS	Low	Moderate	Substantial	Critical	Grand Total
18 - 64	59.6%	23.1%	22.5%	31.3%	27.3%	28.7%
65 - 74	11.7%	16.5%	11.6%	11.6%	10.4%	11.4%
75 - 84	20.6%	31.3%	27.4%	24.8%	24.3%	25.3%
85 and over	8.1%	29.1%	38.4%	32.3%	38.0%	34.6%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Sexual orientation:

Data not available. If we use the Stonewall estimates, we can anticipate that 5-7% of the people accessing social care will identify as Lesbian, Gay or Bisexual (LGB). From national research, we can also anticipate that LGB people may be more likely to access social care as they age due to lack of family support.

Faith:

Of those declaring, the highest proportion is Christian, at around 77%. The proportion in each level is very similar. The next highest proportion is Atheist, followed by Other. Proportions of the other main faiths are very low. There does not appear to be a disproportionate impact in terms of Faith.

Religion	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Christian	45.94%	78.95%	76.94%	74.91%	77.75%	75.38%
Atheist	7.36%	5.76%	7.59%	7.98%	7.03%	7.46%
Other	1.02%	2.26%	1.74%	2.81%	2.75%	2.46%
Jewish	0.00%	0.00%	0.13%	0.08%	0.09%	0.09%
Hindu	0.00%	0.00%	0.00%	0.00%	0.06%	0.02%
Buddhist	0.25%	0.00%	0.04%	0.05%	0.11%	0.08%
Muslim	0.00%	0.00%	0.00%	0.05%	0.06%	0.04%
Not Stated	45.43%	13.03%	13.51%	14.11%	12.16%	14.47%

Details no longer available	0.00%	0.00%	0.04%	0.00%	0.00%	0.01%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Marital Status:

Marital status is included as a protected characteristic in the Public Sector Equality Duty. From the data, whilst there are some variations (eg fewer single people at Low and Moderate), there does not appear to be any notable disproportionate impact in terms of marital status.

It may be worth noting, however, that there is a considerably higher proportion overall who are without a spouse or partner. This may have some bearing on the amount of informal or family care available to them.

Marital Status	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Civil Partnership	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Co-Habiting	0.3%	0.0%	0.1%	0.1%	0.1%	0.1%
Divorced	3.0%	5.0%	4.6%	4.0%	3.5%	4.0%
Married	33.0%	37.6%	29.0%	28.5%	24.7%	27.8%
Partnered	2.0%	1.3%	1.2%	1.7%	1.2%	1.4%
Separated	1.3%	1.3%	0.8%	1.1%	1.0%	1.0%
Single	30.2%	16.3%	16.7%	23.7%	26.6%	23.1%
Widowed	5.1%	27.8%	35.8%	29.4%	31.9%	30.7%
Not Recorded	25.1%	10.8%	11.8%	11.6%	11.1%	12.0%
Details no longer available	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

2.3 Are there areas where we need more information? How could we get this information?

What data is available? Do other directorates, partners or other organisations hold relevant information? Is there

The County Council agreed on 24th July 2013 that this proposal should go forward to public consultation. The findings of the public consultation will be used to inform the final equality impact assessment and action plan, which will then contribute to the information used to reach decisions on the proposal.

Mental health: AIS will not have complete figures as some people are recorded in AIS, some in Health systems, and a small number in both. Information from Community Mental Health teams required.

Data quality initiatives continue to ascertain FACS levels for those where it has not been recorded. Most seem to come under the Mental Health and Physical Disability client categories.

<p>relevant information held corporately e.g. compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this?</p> <p>Do you need to do more engagement work to inform this impact assessment? Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people? What do you want to find out? Which existing mechanisms can you use to get this information?</p> <p>Please refer to the Community Engagement toolkit on the NYCC intranet</p>	<p>Some further work is required to assess the impact on people accessing supported employment type activities.</p> <p>Some further work is required to estimate the numbers of new people who may be affected in the future as they would no longer meet the proposed eligibility threshold.</p> <p>Consideration will also have to be given to cumulative impact on people affected by a number of the proposals re FACS and the Fairer Contributions Policy should any changes be made.</p>
<p>2.4 How will you monitor progress on your policy/service, or take-up of your service?</p> <p>What monitoring techniques would be most effective? What performance indicators or targets would be used to monitor the effectiveness of the policy/service? How often does the policy/service need to be</p>	<p>Depending on the outcome of the public consultation and subsequent decision making, if the proposals are implemented monitoring will be via the following:</p> <ul style="list-style-type: none"> a) Number of people moving out of eligibility due to the new threshold b) Number of reviews and reassessments c) Number of complaints d) Take up of prevention services e) Number of people moving up the eligibility criteria f) Number of people not assessed as eligible at first contact who subsequently make further contact and are assessed as being substantial or critical at that point g) Carers assessments h) Safeguarding alerts

reviewed? Who would be responsible for this?	
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3. Assessing the Impact

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence.

3.1 Has an adverse impact been identified for one or more groups?

Has this assessment shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups?

Do some needs/ priorities 'miss out' because they are a minority not the majority? Is there a better way to provide the service to all sections of the community?

Adverse impacts arising from this proposal would affect disabled people, particularly those with physical or sensory impairment, more older people than younger, and more women than men. From the above analysis (section 2.2), around 1000 people currently accessing social care support will be most affected. There will also be an impact on new people coming through for assessment who will no longer meet the eligibility threshold.

Within the group most likely to be affected, looking at type of service it is likely that reducing access to supported employment would most affect people with learning disability and reducing access to home care and home help would most affect older people.

There would also be an impact on family and unpaid carers who may have to take up more of the caring responsibilities.

Adverse impacts could include:

1. An impact on ability to maintain independent living and subsequent deterioration in condition, which might then require a more costly social care intervention;
2. An impact on ability to maintain daily routines, including those that reduce loneliness and isolation;
3. An impact on personal income due to the need to purchase support in lieu of state funded support;
4. An impact on family and other unpaid carers, who may have to take more of a support role. There is potential for carers to not be able to do so or to reduce their care input, which would then impact on the person's independence (see point 1 above);
5. A risk that an individual does not engage with the prevention offer, thus affecting ability to maintain independence (see point 1 above);
6. A risk of causing distress and confusion, particularly for those with cognitive impairment such as dementias (see point 1 above);
7. A risk that older people in particular, especially those without family support, will feel unable to complain if they feel that the decision is incorrect;
8. Where a couple are both in receipt of care, are assessed at different levels and one has services withdrawn (see point 1 above).

3.2 How could the policy be changed to remove the impact?

Which options have been considered? What option has been chosen?

The FACS threshold could remain at Moderate. However, the savings requirement would then have to be found from other sources and given that all adult social care services are aimed at vulnerable people it is likely that alternative savings would also impact on vulnerable people. A number of savings measures have already been put into place including 'back office' savings in previous budget rounds and efficiencies continue to be made.

If the decision is made post-consultation to raise the FACS threshold, the following factors would be put into place to mitigate against any adverse impact:

People will be assessed to ascertain their FACS level and hence eligibility for support from Adult Social Care. This means that support planning would take place and transition support would be available for those no longer eligible. If people's needs change, they can request a re-assessment or review at any time.

There would be continuing investment in the preventative service offer. This would be likely to include the current offer of information, advice and signposting, telecare and equipment to help people maintain their independence.

The new FACS threshold would not apply to reablement. This means that the reablement service will also still be available to people who are assessed as having a need for, and could benefit from, this sort of support. Reablement is a short period of intensive support to help people maintain or regain their independence, for example after a hospital stay. Two thirds of people who have a period of reablement do not need on-going support or need less support than they would have otherwise.

A prevention framework is being developed, led by the Public Health team.

The aim of the preventative offer will be to reduce the 'cliff edge' effect of raising the eligibility threshold, so that there is still a support offer for people who do not meet the threshold.

To mitigate against adverse impacts for unpaid family and friends carers, carers assessments will continue to be provided. In addition, the joint North Yorkshire Carers Strategy includes a number of actions in its implementation plan to support carers, such as development of better information and advice, a GP carers pathway to improve early identification of carers and signposting to support, redesigning the carers assessment process and paperwork. The current carers community-based support services are also being reviewed to tailor provision to need.

The current complaints system would remain the route for people who felt that that their assessment was

	incorrect. Complaints advocacy support is available.
<p>3.3 Can any adverse impact be justified?</p> <p>If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group?</p> <p>Please seek legal advice on whether this can be justified.</p>	<p>Although the mitigating factors outlined above should reduce the adverse impact, it is likely that some adverse impact will remain. However, the proposal is being made in the light of severely reduced budgets, in order to safeguard services for the most vulnerable people.</p> <p>Legal advice has been sought. The Department of Health issued guidance on eligibility criteria for adult social care in England in 2010. The guidance says that in setting their eligibility criteria, councils should take account of their own resources, local expectations, and local costs.</p> <p>It says that although final decisions remain with councils, to promote greater clarity and transparency, they should consult service users, carers and appropriate local agencies and organisations about their eligibility criteria.</p> <p>Councils should review their eligibility criteria in line with their usual budget cycles. Such reviews may be brought forward if there are major or unexpected changes, including those with significant resource consequences. However, councils should be mindful of evidence which suggests that raising eligibility thresholds without a parallel investment in preventative strategies may lead to increasing demand for services in the longer term.</p> <p>Councils have a statutory duty to have due regard to the need to eliminate discrimination and to promote equality. In the event of a consultation, careful consideration will need to be given to responses in order to understand further any adverse impact and balance this against identified mitigating factors.</p>
<p>3.4 Are you planning to consult people on the outcome of this impact assessment?</p> <p>When and how will you do this? How will you incorporate your findings into the policy?</p>	<p>Yes. The draft equality impact assessment will be made available as part of the information to support the public consultation (September to November 2013). Feedback on the assessment, plus data gathered from the consultation itself, will be used to develop the final assessment. This will then be used to support the final decision on whether or not to adopt this proposal.</p>
<p>3.5 How does the service/policy promote equality of opportunity and outcome?</p> <p>Does the new/revised</p>	

policy/service improve access to services? Are resources focused on addressing differences in outcomes?

Don't forget to transfer any issues you have identified in this section to the [Equality Action Plan](#)

Action Plan					
What are you trying to change (outcome)?	Action	Officer responsible	Deadline	Other plans this action is referenced in (e.g. Service Performance Plan, work plan)	Performance monitoring
The equality impact assessment and this action plan will be completed following analysis of feedback from the public consultation.					



North

Yorkshire County Council

Equality Impact Assessment Template

Charging for community based services: proposals for budget decisions 2013/14

Draft for consultation @ 8.8.13

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



Charging EIA draft for consultation @ 8.8.13

Undertaking an Equality Impact Assessment

Equality Impact Assessments (EIA) should be undertaken at the business case stage when:-

- You are developing a new service or policy
- You are reviewing an existing service or policy
- You are proposing a change to an existing service or policy
- You are reviewing a service or policy carried out on behalf of the council or another organisation
- Your service is re-organised.

They should be referenced in your final recommendations on the service changes so that decision makers can reach an informed decision on the service/policy.

An EIA should cover all the social identity characteristics protected by equality legislation – referred to as ‘**protected characteristics**’ or equality strands. These are;

- Sex
- Sexual orientation
- Religion or belief
- Race – this include ethnic or national origins, colour and nationality
- Disability – including carers
- Pregnancy and maternity
- Gender reassignment
- Age
- Marital/civil partnership status

There is a lot of information available to support you in completing this assessment on the EIA pages on the NYCC intranet

Equality Impact Assessments are public documents. Full EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and available in hard copy for people attending the relevant meeting. To make it easier for people to find equality impact assessments the Council will also publish full equality impact assessments on the NYCC website.

Name of the Directorate and Service Area	Health and Adult Services		
Name of the service/policy being assessed	Charging for community-based services: to review a number of areas relating to charging for adult social care services provided in the community		
Is this the area being impact assessed a	Policy & its implementation?	X	Service?
	Function		Initiative?
	Project?		Procedure & its implementation?
Is this an Equality Impact Assessment for a (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	Existing service or a policy and its implementation?		
	Proposed service or a policy and its implementation?		
	Change to an existing service or a policy and its implementation?		X
	Service or Policy carried out by an organisation on behalf of NYCC?		
How will you undertake the EIA? Eg team meetings, working party, project team, individual Officer	Project Board		
Names and roles of people carrying out the Impact Assessment	Linda Porritt, Benefits, Assessments and Charging Manager; Avril Hunter, Strategic Commissioning Manager; Shanna Carrell, Equality and Community Engagement Officer		
Lead Officer and contact details	Linda Porritt linda.porritt@northyorks.gov.uk		
Date EIA started	EIA process started 15.5.13		
Date EIA Completed	DRAFT @ 8.8.13		
Sign off by Assistant Director (or equivalent)	Debbie Hogg, Assistant Director Resources		
Date of Publication of EIA			

Monitoring and review process for EIA	
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1. Operating Context

Please consider issues around impacts (positive or negative) raised for all [protected characteristics](#) and show your evidence

1.1 Describe the service/policy

What does the service/policy do and how? How would you describe the policy to someone who knows very little about Council Services?

If there is a proposal to change the service or policy, describe what it looks like now and what it is intended to look like in the future. What are the drivers for this proposed change?

Who does it benefit? What are its intended outcomes? Who is affected by the policy? Who is intended to benefit from it and how? Who are the stakeholders? identify those protected characteristics for which this service is likely to have an impact (positive or negative)

Are there any other policies or services which might be linked to this one? Have you reviewed the EIA for these policies/services? What do they tell you about the potential impact?

How will the policy be put into practice? Who is responsible for it?

The proposals relate to changes to the way the County Council charges for community-based social care. The way we charge for support in the community follows the Department of Health Fairer Charging Policies for Home Care and Non-Residential Social Services (Local Authority Social Services Act 1970) and Department of Health Fairer Contributions Guidance (November 2010) which advises local authorities to charge clients against the actual cost of providing services.

The proposals are being considered with a view to reducing the subsidy to people assessed as being able to contribute towards the cost of their services, in order to generate additional income to the local authority without causing undue financial detriment to our clients. It is intended that the income generated from these proposals will allow the authority to mitigate the necessity to reduce social care services to the most vulnerable people within the constraints of a reducing budget resulting from central government funding allocations to local authorities.

The rationale behind Proposal 3 (see below) also relates to the impact of legislative change concerning the national Welfare Benefits reform, where the current “passporting” routes through Housing Benefit and uniform Council Tax Benefit will no longer be available.

Proposal one: to increase the weekly disposable income the Council deems that a client has available to contribute towards the cost of providing community based services from 90% to 100% of that disposable income value. The figure will continue to be calculated by completing the current means tested financial assessment.

Proposal two: to charge clients for both carers (resource workers) if two are required to attend and provide their community based support. Currently we only charge the client for one carer and do not take account of the additional cost involved if two carers attend. Two carers may attend due to the specific support requirements of the client but we may also make the decision to provide two carers if the need is identified as part of an assessment which demonstrates a wider health and safety implication for both the client and the members of staff who are providing the care.

Proposal three: to further extend the application of the Fairer Contributions and Fairer charging guidance to housing-related support services provided through 'Supporting People'. Currently if a person is in receipt of council tax and/or housing benefit they are 'passported' and do not make a financial contribution towards the cost of providing that service, in effect receiving a subsidy from Supporting People. People not in receipt of these benefits may apply for a means-tested financial assessment, the same as applied to people accessing community-based social care support. The proposal is therefore to remove the 'passport' and to apply the same method of calculating charges for all those in receipt of housing-related support as is used to calculate community based social care support. This would mean that following means-tested financial assessment, some people may continue to receive full subsidy, some may receive partial subsidy. A number of people are not currently 'passported' and receive no subsidy, paying the full cost of their housing-related support.

The services that will be affected are primarily older people's community support or sheltered housing and supported housing for people with learning disabilities, including warden support and telecare alarm systems. Weekly charges range from £3 per week to £384 in some learning disability services.

Proposal four: to begin collecting the financial contribution from clients where the assessed amount equates to £5 or less per week. This is not a formal policy change.

Currently, this amount is not collected due to the administrative costs; however new payment systems mean that collecting such contributions is becoming financially viable. In addition, if proposal 3 is approved and small housing-related charges are collected whereas those for social care are not, there will be a lack of equity.

1.2 How do people use the policy/service?

How is the policy/service delivered? How do people find out about the policy/service? Do they need specialist equipment or information in different formats? How do you meet customer needs through opening times/locations/facilities? Can customers contact your service in different ways? How do

For proposals 1 and 2, people are first assessed for their eligible social care support needs, via a Community Care assessment and application of Fair Access to Care Services (FACS) eligibility criteria and threshold. They will then have a financial assessment to determine the amount of money that they will need to contribute towards the cost of their social care support.

Proposal 1 – the amount we deem that a client has available to contribute towards the cost of the provision of community based service will increase. It is anticipate that circa £390k p.a. in additional income will be generated if this proposal is agreed and implemented.

you demonstrate that your service/policy is welcoming to all groups within the community?

Does the policy/service support customers to access other services? Do you charge for your services? Do these changes affect everyone equally? Do some customers incur greater costs or get 'less for their money'? Are there eligibility criteria for the service/policy?

How do you ensure that staff/volunteers delivering the service follow the Council's equality policies? Does the Council deliver this policy in partnership or through contracts with other organisations? How do you monitor that external bodies comply with the Council's equality requirements?

See appendix 2 for examples of calculations.

Proposal 2 - the amount that a client has to contribute towards the cost of the provision of their care will increase. Currently the client pays no additional amount towards the extra cost for providing a second carer. From a sample taken in just one of the three geographical areas in NYCC, it was identified that a further £150k p.a. in additional income would be generated

See appendix 2 for examples of calculations.

Proposal 3 – clients are currently assessed using housing-related support provider assessment processes. The financial contribution is based on either application of the 'passport' (in which cases the services are fully subsidised), or a means-tested financial assessment can be requested if the passport does not apply. Under the proposals, the 'passporting' rule will be removed and all clients will be subject to a means tested financial assessment using Fairer Contributions guidelines (unless they decline). As a result a number of people may have to contribute towards the cost of providing their Supporting People service where they have not done so previously. Using the data we have available it is estimated that circa £200k - £400k per annum of additional income would be generated.

Cost of service Per person per week	No of people in total "passportd"	No of new applications per annum 2011/12		
		Social care involvement	Non social care involvemen	Total
£5 or under	401	78	58	136
£5.01-£7.00	3,539	513	408	921
£7 to £20	1,994	112	172	284
More than £20	483	46	25	71
Total	6,417	749	663	1,412

See appendix 2 for examples of calculations.

Proposal 4 - we have previously not collected contributions from clients if their assessed contribution was £5 or less per week as this was felt to attract an unrealistic administration cost. Information is not available to identify the cost saving for this proposal but we are aware

that this change will generate additional income to the local authority.

2. Understanding the Impact (using both qualitative and quantitative data)

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

2.1 What information do you use to make sure the service meets the needs of all customers?

What data do we use now? Is it broken down across protected characteristics (and are these categories consistent across all data sets)? How current is the data? Where is it from? Is it relevant?

What engagement work have you already done that can inform this impact assessment? Who did you talk to and how? What are the main findings? Can you analyse the results of this consultation across the protected characteristics? Are there differences in response between different groups? How has this changed the plans for the policy/service?

We collect client information on a database in order to manage their care needs. Financial information is stored on a separate database, including the financial history of each client.

Approximately 50% of clients accessing housing related support also access some form of adult social care and therefore their information is held on our client database. However, for the other 50% who receive only the housing-related support service, we have no individual information except that they have been awarded certain benefits. See 2.3 below.

2.2 What does the information tell you?

Are there any differences in outcome for different groups e.g. differences in take up rates or satisfaction levels across groups? Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services

By nature of the services provided by Adult Social Care, all recipients will be disabled, frail or with long term health conditions. The majority of service recipients are elderly and tend to be those with age-related frailty, dementia and other long-term health conditions. There are also a number of recipients of working age, who would generally be those with physical and sensory impairment, and / or a learning disability.

Overall, the impact of these proposals will therefore be on disabled people and more on older people than younger. The proposals will also impact more women than men, as women make

will be tracked over time, and the process for service change?

Please include data and analysis as an appendix

up the greatest proportion of those accessing adult social care.

Proposal 1: There are approximately 2000 people who will be affected as they currently only pay part of the cost towards services. From the sample of 58 clients, 9% were under the age of 65 and 91% were over 65; this is a higher proportion of older people than the profile of those accessing adult social care overall. 42 (72.4%) were female and 16 (27.6%) were male; 57 (98%) White British.

Approximately 2000 will not be affected as they are already full cost payers, and a further 2000 will not be affected as they currently do not contribute to the cost of their services following means-tested financial assessment. However, some of the 2000 who do not currently contribute may be affected by proposal 4.

Proposal 2: There are approximately 250 people who will be affected by this proposal because they do not currently pay for the second carer and potentially could afford to contribute based on means-tested financial assessment. From a sample of 85 people potentially affected, 22% were under the age of 65 and 78% were over 65. 47 (55.3%) were female and 38 (44.7%) were male; this is a higher proportion of males compared to the profile of those accessing adult social care overall. 100% were White British.

Proposal 3: There are circa 6,500 people in receipt of assistance at the moment; 61% are over 65 and future service users are likely to have a similar age profile. The change from 'passporting' to application of community based charging and means-tested financial assessment to all clients will impact on both existing and future recipients. A sample of 96 people who receive social care and Supporting People (SP) services indicated that 93.6% would not be affected as their maximum contribution is less than the existing care package and 6.4% would be affected as they are either full cost payers or their existing care package is less than their assessed maximum contribution. If this sample is extrapolated to the whole population of people receiving SP funded services and a social care service, this would mean potentially between 2,736 and 3,015 would not be affected and between 185 and 464 would.

There are however a number of people (approximately half) who receive an SP funded service only, and we do not currently have information on their individual financial circumstances other than that they receive housing benefit or council tax benefit. It is difficult to assess the impact on this group at this point (see 2.3 below).

	<p>For proposal 3 there are 320 people with a learning disability who are passported through the Supporting People Charge. A sample of 90 showed that potentially 32% would have to pay more. This could be up to £50 per week.</p> <p>Of the current people in receipt of assistance at the moment, 63% are female and therefore women will be disproportionately affected.</p> <p>Ethnicity data not currently available.</p> <p>Proposal 4: We do not currently have this data available.</p> <p>Sexual orientation / Faith / marriage & civil partnership: no information currently available.</p>
<p>2.3 Are there areas where we need more information? How could we get this information?</p> <p>What data is available? Do other directorates, partners or other organisations hold relevant information? Is there relevant information held corporately e.g. compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this?</p> <p>Do you need to do more engagement work to inform this impact assessment? Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people? What do you want to find out? Which existing mechanisms can you use to get this information?</p>	<p>Proposal 3: there are a number of people (approximately half) who receive an SP funded service only, and we do not currently have information on their individual financial circumstances other than that they receive housing benefit or council tax benefit. More information is required in order to assess the impact of the proposal on this group. However, this information is not available to us as it is held by other agencies and by the individual themselves, as it relates to their personal financial circumstances. We will therefore have to rely on the financial assessment process should this proposal be approved.</p> <p>Of those who are included on our client database, further analysis including on protected characteristic is required.</p> <p>Proposal 4: we do not currently have information on these clients as we cannot currently distinguish between those who pay nothing due to financial assessment or who pay nothing because their assessed contribution is £5 or less.</p> <p>The County Council agreed on 24th July 2013 that these proposals should go forward to public consultation. The findings of the public consultation will be used to inform the final equality impact assessment and action plan, which will then contribute to the information used to reach decisions on the proposals.</p> <p>Consideration should also be given to cumulative impact on people affected by a number of the proposals should any changes be made.</p>

<p>Please refer to the Community Engagement toolkit on the NYCC intranet</p>	
<p>2.4 How will you monitor progress on your policy/service, or take-up of your service?</p> <p>What monitoring techniques would be most effective? What performance indicators or targets would be used to monitor the effectiveness of the policy/service? How often does the policy/service need to be reviewed? Who would be responsible for this?</p>	<p>We will carry out monitoring by continuing to record reasons why services are declined by clients specifically due to financial reasons. We will support those clients who make the decision to decline services by ensuring that they are made fully aware of any other services that they may wish to access.</p> <p>If an individual feels that their circumstances have changed or that they cannot financially manage, they may request a reassessment at any time.</p> <p>The review date is still to be determined.</p>

3. Assessing the Impact

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence.

3.1 Has an adverse impact been identified for one or more groups?

Has this assessment shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups?

Do some needs/ priorities 'miss out' because they are a minority not the majority? Is there a better way to provide the service to all sections of the community?

The proposals, and therefore any adverse impact arising from the proposals, will affect disabled people, more older people than younger, and more women than men. The vast majority of those affected are White British. This is in line with the overall profile of those accessing adult social care. The total number of those potentially affected is up to 9,000, not including those affected by proposal 4 (as numbers not yet available). However, not all of that 9,000 would in fact be directly affected; we will not know the exact numbers until financial assessments have been completed. Note that this equality impact assessment is in draft and these numbers will be kept under review. The equality impact assessment will be finalised following the public consultation (subject to approval to go forward to public consultation).

Proposal 1 will impact on a disproportionality higher proportion of older people when compared to the overall profile of those accessing adult social care.

Proposal 2 will impact on a slightly higher proportion of men when compared to the overall profile of those accessing adult social care; however the greater number of those impacted will be female.

Proposal 3 will have a slightly disproportionate effect on younger people when compared to the overall profile of those accessing adult social care.

Proposal 4: not yet known.

The potential adverse impact will be a reduction in an individual's available income, as more of an individual's income will be taken into account when considering the amount of subsidy that they receive towards the cost of social care support. In addition, some currently fully subsidised services (for some people) will no longer attract that subsidy. This will mean that some people will pay more, or start to pay whereas previously they may not have done so, towards the cost of services, and will therefore have less personal income to spend on other items of expenditure. However, the amount that a person pays will continue to be calculated by a means-tested financial assessment.

	<p>We will continue to ensure that clients are left with the recommended weekly income according to their circumstances. These figures are predetermined by central Government.</p> <p>People may choose not to undertake a financial assessment and may decline services once they have been made aware that they will have to start making a financial contribution towards services which had previously been free of charge, particularly those provided through Supporting People. They may also cancel services if their weekly contribution increases. If clients do not receive such services their wellbeing may deteriorate and they could potentially require longer term more intensive support.</p> <p>It should be noted though that the fundamental principle of Fairer Contributions will not change so the means tested financial assessment will still be completed; hence those clients that cannot afford to pay will still not pay towards their services.</p>
<p>3.2 How could the policy be changed to remove the impact?</p> <p>Which options have been considered? What option has been chosen?</p>	<p>Other options considered for proposals 1, 2 and 4: to continue with the current arrangements. However, this would mean that opportunities to increase income by reduction or removal of current subsidies for those who are assessed as being able to afford to pay more towards their care are not taken, and due to the overall reduction in budget for adult social care will result in there being less money available to support the most vulnerable people with the highest needs.</p> <p>A number of savings measures have already been put into place including 'back office' savings in previous budget rounds and efficiencies continue to be made.</p> <p>Other options considered for proposal 3 included:</p> <ul style="list-style-type: none"> • Fully subsidising housing-related support. However, this would result in a loss of income to the council which could then impact on the council's ability to continue to provide services to the most vulnerable. • Alternative passports. This would be complex to administer and would incur additional administrative costs. It could also build in inequity and possible discrimination due to the different benefit eligibility and review rules for working age and older adults, and/or the different 'council tax support' amounts and rules across the county, depending on passport

	<p>used.</p> <ul style="list-style-type: none"> • No financial assistance: whilst this option would generate income and reduce administrative charges, it would have a considerable adverse impact on people who may not be able to afford the cost of the service and who may therefore opt to no longer receive it, or to no longer receive other charged-for services. This could result in an increase in dependency. <p>In order to mitigate against adverse impact, the means-tested financial assessment will be applied to calculate income and outgoings thus determining the amount that a person can reasonably be asked to contribute towards their care and support services. The financial assessment includes a welfare benefits check, so builds in the opportunity to check and maximise the client's income. If an individual's circumstances change, they can request a review at any time. The usual adult social care complaints process would apply should a person feel that decisions reached are incorrect. Advocacy support is available to people who require support.</p>
<p>3.3 Can any adverse impact be justified?</p> <p>If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group?</p> <p>Please seek legal advice on whether this can be justified.</p>	<p>It is intended that the income generated from these proposals will allow the authority to mitigate the necessity to reduce services to the most vulnerable people within the constraints of a reducing budget from central government funding allocations to local authorities.</p> <p>By making the changes to charging for non-residential services we are utilising some of the discretionary elements of the Fairer Charging guidance issued by the Department of Health.</p> <p>Advice was sought from NYCC Legal Services on the proposals.</p> <p>The proposals are within the remit of the Department of Health Fairer Charging guidance, which says that local authorities have discretion to charge for non-residential services and may recover such charges as it considers reasonable. The Fairer Charging guidance advised that local authorities were required to complete an assessment of a client's financial circumstances (the means tested financial assessment) to determine how much a client could reasonably be expected to pay towards their community based service. Fairer Contributions guidance then further advised that if there is a cost to the local authority for providing community based services then the charge to the client can be assessed against that cost. Guidance also reminds councils that the ability to pay for a service should not be assessed</p>

	<p>and levied for any one service in isolation. The means-tested financial assessment does provide for the client's income to be considered against the cost of all social care services.</p> <p>Legal advice on proposal 3 indicates that whilst the removal of passporting and proposed application of Fairer Contributions is a significant change, the rationale for the proposal is a reasonable one given the facts of the changes to welfare benefits (see below). However, the proposal, as the 'preferred option', is subject to consultation. See 3.2 above for a summary of the alternative options considered.</p> <p>Due to the changes in welfare benefits arising from the Welfare Reform Act, the current benefit passporting arrangements will no longer apply. Housing benefit will be replaced by Universal Credit and council-tax benefit will be replaced by local support for council tax, subject to local implementation and thus there are different eligibility and subsidy arrangements in each of the seven district council areas in North Yorkshire. In addition, the government regulations for council tax support require greater protection and therefore subsidy for older people than younger. Both of these issues could lead to inequity and potential age-related discrimination if council tax benefit were to continue to be applied as a passport.</p> <p>The authority must pay due regard to the Public Sector Equality Duty in considering the impact of its proposals. This is being undertaken through the equality impact assessment process. The equality impact assessment will be completed following the public consultation so that the findings may be taken into account.</p> <p>Proposal 4 relates to an administrative decision previously taken by HAS and is therefore not a formal policy change.</p>
<p>3.4 Are you planning to consult people on the outcome of this impact assessment?</p> <p>When and how will you do this? How will you incorporate your findings into the policy?</p>	<p>The County Council agreed on 24th July 2013 that these proposals should go forward to public consultation. The findings of the public consultation will be used to inform the final equality impact assessment and action plan, which will then contribute to the information used to reach decisions on the proposals.</p>
<p>3.5 How does the service/policy promote equality of opportunity and outcome?</p>	<p>The proposals promote equality of outcome for all individuals receiving services via application of the same equitable means-tested financial assessment process.</p>

Does the new/revised policy/service improve access to services? Are resources focused on addressing differences in outcomes?

Don't forget to transfer any issues you have identified in this section to the [Equality Action Plan](#)

Action Plan					
What are you trying to change (outcome)?	Action	Officer responsible	Deadline	Other plans this action is referenced in (e.g. Service Performance Plan, work plan)	Performance monitoring
The action plan will be populated when the EIA is completed, following the public consultation.					

Summary of Protected Characteristics

(Appendix 1)

Analysis by age and (%)

Analysis by gender and ethnicity (%)

age	18-64	65-74	75-84	85+	totals		Male	Female	Ethnicity
P1	5(9)	7(12)	15(26)	31(53)	58		16(28)	42(62)	57(98) white British 1(2) white other

P2	19(22)	9(11)	26(31)	31(36)	85		38(45)	47(55)	85(100) white British
P3	1,189 (18.5)	1,274 (19.9)	2,084 (32.5)	1,865 (30)	6,412		2,353 (37)	4,062 (63)	Not Available

Case Studies to illustrate impact of proposed change in relation to the charging regime within Health and Adult Services

Proposal One - Changes to the charging calculations by taking 100% rather than 90% of clients disposable weekly income into account

Client currently pays nothing towards their services

- Weekly income is £191.90 (£72.06 State Retirement Pension, £119.84 Private Pension)
- Individual currently received 19 ¼ Hours personal care at a cost of £326.28 per week
- Current charge NIL
- New Charge NIL

Client pays part of the cost for providing their services

- Weekly income is £322.31 (£198.40 State Retirement Pension, £79.15 Attendance Allowance High Rate, £38.76 Private Pension, £6.00 Tariff Income)
- Less weekly outgoings of £268.31 including housing and other related costs
- Leaving them £54.00 disposable income deemed to be available to pay towards the cost of their services to pay towards services
- Cost of service £211.93 per week
- Current charge £48.60 per week
- New Charge £54.00 per week

Client pays the full cost for providing their services

- Weekly income is £268.89 (£150.17 State Retirement Pension, £53.00 Disability Living Allowance Middle Rate care component, £65.72 Private Pensions, £25,800 savings)
- Current charge £78.25 per week
- New charge £78.25 per week

Proposal 2 - Charging for a second carer (double carers)

Client currently pays nothing towards their services

- Weekly income is £250.94 (State Retirement Pension £77.32, £48.62 Pension Credit, £125.00 DLA and Mobility)
- Current cost of service £227 per week
- Provision of the personal care actually costs £454.12 per week
- Current charge NIL
- New Charge NIL

Client pays part of the cost for providing their services

- Weekly income is £294.85 (£117.62 State Retirement Pension, £86.78 Pension Credit, £77.45 Attendance Allowance High Rate, £13.00 tariff income)
- Less weekly outgoings of £219.52 including housing and other related costs
- Leaving them £75.33 disposable income to pay towards services
- Provision of the personal care actually costs £531 per week including the cost for hours including a second carer
- Currently charge £67.80 per week
- New charge of £75.33 per week

Client pays the full cost for providing their services

- Individual has savings over £23,250
- Provision of the personal care actually costs £528.99 per week
- Currently Charge £264.49 per week
- New Charge £528.99 per week

Proposal 3 - Charging for Supporting People services in line with Fairer Contributions

Client pays nothing towards the Supporting People service

- Weekly income of £144.70 (Income Support £102.70, Disability Living Allowance low rate care £21.00, low rate mobility £21.00).
- Less weekly outgoings including housing and other related costs
- Leaving them no disposable income deemed available to pay towards the cost of their services.

- The client also receives £63 per week Housing Benefit
- Supporting People service costs £6.18 per week
- Current charge NIL
- New Charge NIL

Client pays part of the cost for providing their services

- Weekly income of £309.90, State Retirement Pension £85.08 Private Pension of £149.82, Disability Living Allowance Middle Rate Care £53.00, Low Rate Mobility £21.00.
- Less weekly outgoings of £222.75 for housing and other related costs
- They also receive Housing Benefit of £40 per week
- Supporting People service costs £53.00 per week
- Current charge NIL
- New Charge £53.00 per week

Client pays part of the cost for providing their services

- Weekly income of £277.50 (income support £94.85, Severe Disability Allowance £82.50, Disability Living Allowance high rate care £79.15 and low rate mobility £21)
- Less weekly outgoings including housing and other related costs £193.31
- They also receive £15 per week Housing Benefit
- Supporting People services costs £43 per week
- Client currently receives personal care of 2 hours costing £34.60 per week
- Current Charge £34.60 per week
- New Charge £77.60 per week