

# EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

## REVIEW OF ADULT SOCIAL CARE CHARGING POLICY

### SECTION 1 - INTRODUCTION

This EqIAA discusses proposals relating to the review of charges for the **Telecare, Homecare and Deferred Charging** services which are within the umbrella of the Adult Social Care Charging Policy.

#### Background

All local authorities are facing intense financial pressures and are looking at ways to make sure that every pound of funding is spent wisely and effectively. This means that we need to look at how we are organised and how we provide services to continue to ensure that we provide the highest quality of services possible. We need to consider how we can make sure that this is sustainable and will meet the needs of local people, now and in the future.

The budget agreed by council on the 19<sup>th</sup> February 2014 sets out the Council Savings Programme (CSP) with the aim of delivering an additional £36m of savings by 2019/20.

Savings of this scale mean that we must completely re-think our approach and prioritise our actions and activities. We need to work to a new ambition: 'To be recognised as a council determined to create an environment where local people, and the communities they live in, are able to determine their own futures and thrive in difficult economic times.'

The Children, Adults and Health department has a savings target of £18m by 2019/20. This is spread over 6 years with £2,544k to be achieved in 2016/17

The objective of this review has been to consider all the adult social care services provided and find opportunities to increase revenue and hence contribute towards the Council Savings Programme.

The review has looked at 30 services to determine:

- Those services that are already chargeable, to ascertain if it would be reasonable to increase any of the rates.
- Services that are currently not charged for but could be charged for.

Each service has been reviewed for potential income generation giving consideration to:

- The statutory position – if charging is permitted for the given service, any limits imposed and impact of the Care Act 2014.
- The potential income that could be generated. This includes taking into account the charging profile of service user groups to determine projected numbers and level of additional contribution (mainly self-funders).
- The ease, or otherwise, of implementing the change or introduction of new charges.
- The IT system cost & resources required to implement.
- Any specific information that is of significance to the service, other services, and groups of service users.

The review identified 4 services areas where additional income could be raised. The remaining 26 services were disregarded from further consideration because either it is not permitted to charge for them, or the service already charges the maximum permitted level, or the cost of recovery was more than the projected revenue.

Therefore, the 4 service areas under review are:

1. Telecare
2. Deferred Charges
3. Homecare
4. Extra care Housing (subject to a separate consultation so not covered here).

**Telecare:**

This facility provides service users with a personal alarm. This alarm consists of a button, often in the form of a pendant worn around the neck, or on the wrist, and a base unit that works with your telephone system. Your base unit will receive a signal from the pendant and is linked to a monitoring centre. When the pendant is pushed, the call goes via the telephone line to the monitoring centre, which is staffed by trained operators who will answer the alarm call on any day of the year, 24 hours a day.

**Deferred Charges:**

This is a service where service users have the facility to defer payment for services by securing the loan against selling their house in the future. Currently the Council does not charge interest or include a set-up and annual review fee for this service.

**HomeCare:**

Home care is care that allows persons with a range of special needs to stay in their home; examples are: people who are getting older, are chronically ill, recovering from surgery, or disabled. Home care services include personal care, such as help with bathing, washing hair, or getting dressed.

**Extra Care Housing:**

Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. The subject of Extra Care Housing is not covered within this EqIAA as it is subject to a separate consultation and therefore, a separate EqIAA will be carried out in relation to this.

## **SECTION 2 – RESEARCH AND CONSULTATION CONDUCTED**

### **Consultation Methodology**

From 7 September until 31 October 2015, South Gloucestershire Council ran a consultation on changes to adult social care fees and charges as part of the council savings plan. The three services affected were:

- Telecare (sometimes known as “Piper Lifeline” or the “Life Line Service”)
- Deferred Charges of care fees
- Home Care Charges for community based support

Proposals affecting each of these service areas were detailed in the consultation paper and on our dedicated consultation webpage:

<https://consultations.southglos.gov.uk/consult.ti/cahfees2015/consultationHome> Information was also made available via libraries, one stop shops and circulated to the voluntary and community sector and local town and parish councils.

We were particularly keen to find out if local people and stakeholders felt that all relevant areas were being considered by the council and whether there were any specific impacts or alternatives that the council should consider. A draft equality impact assessment was also published to support the consultation process.

Service users (and/or their carers) were written to, informing them of the consultation, outlining the proposed changes and informing them how to make their views known. Respondents could make comments in writing via letter/email and over the phone. We also provided the opportunity to visit groups and organisations to provide further information or meet with users. General enquiries and questions about the service they receive were directed to Adult Social care.

### **Consultation Response:**

The consultation mailing generated approximately 50 phone calls from service users concerning the current service they receive. Each were asked if they wanted to comment on the consultation prior to transferring them to the contact centre to deal with their enquiry in the normal manner.

In total we received 17 responses to the consultation. The full details of these comments is set out in the following pages. Names and personal identifying information have been removed to protect the identity of the respondents. Thirteen responses were from service users or carers and four responses were on behalf of organisations.

### **Key issues raised:**

Three quarters of respondents commented on the level of the proposed fees and charges, with many commenting that the increases were too high. A number of respondents expressed concern at the size of the proposed increases for both Adult Care and Telecare and the affordability of these increases when older people are on a fixed income. 30% of respondents commented upon the negative impact increased charges would have on vulnerable people. A couple of respondents commented that funding should be found from elsewhere and that older and vulnerable people should not have to pay more.

A couple of respondents questioned the level of charge for setting up and reviewing deferred charges and whether these amounts would be added into the overall loan amount. There were mixed views on whether charging for the installation of Telecare equipment and charging for lost or damaged equipment should be introduced.

## Proposals

The following tables compare the current charges with other nearby councils for similar services and the proposed new charge rates.

### Telecare Charges (Rental option):-

#### A1 - Current Telecare Charges:-

Service	SGC Current Charges		Average charges of nearby councils for similar service	
	Weekly Rate	Installation Charge	Weekly Rate	Installation Charge
Bronze (Standard service)	£3.15	None	£3.55	£25
Silver (Enhanced service = standard plus 3 sensors)	£4.35	None	Not Available	Not Available
Gold (standard plus 6 sensors)	£5.60	None	Not Available	Not Available

The majority of current users opt for the bronze service with a small proportion choosing the silver. No service users have ever taken the gold option.

#### A2- Proposed New Telecare Charges:-

Service	Current Name	Weekly Rate	Installation Charge
<b>Standard Service</b> (Button and box installation)	Bronze	£3.50	£30
<b>Enhanced Service</b> (Standard service plus additional sensors)	Silver	£4.90	£30
Upgrade from a Standard to Enhanced Service	n/a	£4.90	£30
Lost or mistreated equipment	n/a		£15 + cost of hardware

There is also an option for one-off purchase with a reduced weekly charge but in practice this not taken up by any users and it is proposed this option is no longer offered.

### A3 - Telecare Charges (Outright purchase option):-

Service	Current Charges			Proposal
	One off Purchase Charge	Weekly Rate	Installation Charge	
Bronze (basic service)	£192	£1.75	None	Discontinue these options for new users.
Silver (basic plus 3 sensors)	£354	£2.05	None	
Gold (basic plus 6 sensors)	£517	£2.35	None	

### Deferred Charges:-

Charge	Current Charge	Proposed New Charge
Interest on Loan	None	2.65%*
One off set-up fee	None	£500
Annual review	None	£100 per year

\*The National maximum Interest rate will change every six months on 1<sup>st</sup> January and 1<sup>st</sup> June to track the market gilts rate specified in the most recently published report by the Office of Budget Responsibility

### Home Care Charges:-

Charge	Current Charge	Average charge of nearby councils for similar service	Proposed New Charge
Hourly rate	£17.80	£193 per week vs £178 per week at SGC. A 5% increase would take the SGC average weekly rate to £188.	£18.69 (a 5% increase)

Source: Average weekly rates for nearby councils have been calculated with data taken from the BBC's Charge Rate Calculator

## Current service user data

### Telecare Service:

Group	% in Scope	Number of People
Number of Service Users in scope	100%	1, 600
The detailed information in relation to protected characteristic groups is not available however, due to the nature of the service it is likely to follow a similar pattern for the services shown below.		

### Deferred Charges Service:

Group	% in Scope
Total number of Service Users in scope = 48	
No. of female service users	77.1%
No. of male service users	22.9%
No. of service users aged 65 and above	97.9%
No. of service users with a declared disability	
- Mental Health Support	12.5%
- Physical Support: Access and Mobility	4.2%
- Physical Support: Personal Care	66.7%
- Support with Memory and Cognition	16.7%
No. of service users (White British)	95.8%
No. of service users (White Other)	0.0%
No. of service users (BAME)	2.1%
No. of service users (Ethnicity not disclosed)	2.1%

*NB. Figures do not sum because of rounding.*

### Homecare Service:

Group	% in Scope
Number of service users in scope = 316	
No. of female service users	65.8%
No. of male service users	34.2%
No. of service users aged 65 and above	93.7%
No. of service users with a declared disability = 296	94%
Sub category of declared disability (296 = 100%).	
- Mental Health Support	5.7%
- Physical Support: Access and Mobility	4.1%
- Physical Support: Personal Care	70.9%
- Learning Disability Support	2.8%
- Sensory Support	1.6%
- Social Support	4.7%
- Other	0.3%
- Support with Memory and Cognition	9.8%
No. of service users (White British)	98.1%
No. of service users (White Other)	0.9%
No. of service users (BAME)	0.9%
No. of service users (Ethnicity not disclosed)	0.0%

*NB. Figures do not sum because of rounding.*

## SECTION 3 - IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

The following table provides an overall indication of impact and further explanation is also discussed in an 'analysis of impacts' section shown below.

Equality Group	Negative Impact	Positive Impact	No Impact	Unsure of Impact	Reason(s)
Women/Girls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This group would be proportionately more impacted – this is because there are more female service users than males. In addition, evidence shows that females have a proportionately lower income when compared to males resulting in a greater impact due to a lower ability to pay increased charges.
Men/Boys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It is not anticipated that there would be a likelihood of Males being proportionately more impacted as fewer Males are service users. However, impact has been assessed as negative as 100% of users would experience impact due to increased charges.
Lesbians, gay men & bisexuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It is not anticipated that there would be a likelihood of a disproportionate impact as a result of sexual orientation or gender identity. However, impact has been assessed as negative as 100% of users would experience impact due to increased charges.
Transgender people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
White people (including Irish people)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It is not anticipated that there would be a likelihood of people from BAME backgrounds being proportionately more impacted as fewer service users are from BAME backgrounds. However, impact has been assessed as negative as 100% of users would experience impact due to increased charges. Additionally, evidence shows that people from BAME groups are proportionately more likely to have lower incomes, resulting in a greater impact for service users from BAME backgrounds due to a lower ability to pay increased charges.
Asian or Asian British people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Black or Black British people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
People of mixed heritage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chinese people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travellers (gypsy/Roma/Irish heritage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
People from other ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Equality Group	Negative Impact	Positive Impact	No Impact	Unsure of Impact	Reason(s)
Disabled People:					
Physical impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disabled People would be proportionately more impacted – this is because all service users have a disability/frailty. In addition, evidence shows that disabled people are proportionately more likely to have lower incomes, resulting in a greater impact due to a lower ability to pay increased charges.
Sensory impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health condition,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning disability/difficulty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long-standing illness or health condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other health problems or impairments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Older People	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Older people would be proportionately more impacted – this is because the vast majority of service users are older people. In addition, evidence shows that older people are proportionately more likely to have lower incomes, resulting in a greater impact due to a lower ability to pay increased charges.
Children and Young People	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	It is not anticipated that there would be any impact for young people as no service users are children or young people.
Faith Groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It is not anticipated that there would be a likelihood of a disproportionate impact as a result of religion or belief. However, impact has been assessed as negative as 100% of users would experience impact due to increased charges.
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	It is not anticipated that there would be a likelihood of a disproportionate impact in relation to this protected characteristic group.
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	It is not anticipated that there would be a likelihood of a disproportionate impact in relation to this protected characteristic group.

## Analysis of Impacts

Increased charges will have a negative impact on service users, since they will need to pay more for the services affected.

- 100% of service users fall under the definition of 'Disability'.
- The vast majority of service users are older people.
- In respect of gender, proportionately more service users are Female, however, Males would be impacted by the increased costs.
- People from BAME backgrounds are less likely, (when compared to the population as a whole) to be service users, however, would be impacted by the increased costs.

It is noted that there is clear evidence to show that disabled people<sup>1</sup>, older people<sup>2 3</sup> and people from minority ethnic backgrounds<sup>4</sup> have proportionately lower levels of income and would therefore be impacted due to having a lower ability to pay for services.

## Mitigating Actions

There is a choice to make between maintaining a high quality service by charging more in order to ensure on-going funding for the service, or reducing costs with the result of reduced service

As shown above, the increases in charges do impact vulnerable groups.

However, service users are means tested and only those considered to have the financial means will be expected to pay the increased charge.

Equality is not about 'treating everyone the same'; it is about treating people differently and in accordance with their needs. The definition of 'need' cannot be applied in a 'sweeping' or 'broad brush' manner to all people by virtue of their sharing of a particular protected characteristic (e.g. disability, age etc.). Not all people would be unable to meet an increased charge solely because they have certain protected characteristic(s).

Service users who already receive the service without a charge, or who are charged a contribution, would NOT be affected by the proposed increases because they would have already reached their contribution threshold. Only those self-funders on higher incomes or who have significant savings will be affected.

This EqIAA has clearly identified that an increase in charge would result in the maintenance of a high quality service.

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<sup>1</sup> Source: Guy Parckar, Leonard Cheshire Disability, 2008. Figures based on the 'relative poverty line' in the UK, which equates to living in a household with income of less than 60% of median national income. Recent estimates suggest that around 30% of disabled people live below this income line, compared to around 16% of non-disabled people.

<sup>2</sup> One in six pensioners (1.8 million or 16% of pensioners in the UK) live in poverty, defined as 60% of median income after housing costs. Pensioners are also the biggest group of people on the brink of poverty with 1.2 million on the edge. Women, those age 80 to 84, single people living alone, private tenants, and Pakistani and Bangladeshi people are at greater risk of pensioner poverty. *Source: Age UK*

<sup>3</sup> Source: Office for Disability issues

In Britain over 10 million people have a limiting long term illness, impairment or disability - this is over 18 per cent of the population. The most common types of impairment for adults in Britain are those associated with a difficulty in mobility, lifting and carrying. The occurrence of disability increases with age - around 1 in 20 children are disabled, compared to around 1 in 7 working age adults and almost 1 in 2 people over state pension age. The likelihood of multiple impairments increases with age.

<sup>4</sup> Source: Joseph Rowntree Foundation programme paper: *Poverty and ethnicity. Inequality within ethnic groups.* Lucinda Platt, May 2011. ISBN 978 1 85935 813 9

## SECTION 4 - EqIAA OUTCOME

Outcome	Response
<b>Outcome 1:</b> No major change required.	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Adjustments to remove barriers or to better promote equality have been identified.	<input type="checkbox"/>
<b>Outcome 3:</b> Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>
<b>Outcome 4:</b> Stop and rethink.	<input type="checkbox"/>

## SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

- Continue to monitor the protected characteristics of service users.
- Continue to monitor service user feedback.

## SECTION 6 – SOURCES OF INFORMATION

- Service user data held by South Gloucestershire Council
- Leonard Cheshire Disability
- *Age UK*
- Office for Disability issues
- Joseph Rowntree Foundation