

Appendix 1 – Equality and impact analysis – Fairer Contributions Policy

Section 1: Equality analysis details

Proposed policy/decision/business plan to which this equality analysis relates		Fairer Contributions Policy			
Equality analysis author		Dean Thomas			
Strategic Director:		David Quirke-Thornton			
Department		Strategy, Planning and Performance	Division		Children & Adult services
Period analysis undertaken		August – September 2015			
Date of review (if applicable)		Should changes be adopted and implemented, recommended for review one year following the implementation.			
Sign-off	Jay Stickland	Position	Director of Adult Social Care	Date	04 September 2015

Section 2: Brief description of policy/decision/business plan

1.1 Brief description of policy/decision/business plan

The following changes to our fairer contributions policy are proposed –

- We will not charge service users whose needs are being met outside of a care home if their assessed contribution is less than £3 per week.
- Service users whose needs are being met outside of a care home will need to contribute 100% (up from 80% previously) of their available income towards the cost of meeting their care needs.
- We will assess all Adult Social Care service users (barring service users with Creutzfeldt-Jacob disease and adults receiving services under section 117 of the Mental Health Act) with a view to charging them to meet the cost of their care needs. Previously we did not charge mental health for their non-residential care services.
- We will charge an assessed rate for services like respite care (instead of a flat rate).
- We will require that all service users with eligible capital in excess of the upper capital limit pay the full costs of meeting their care needs (not just service users in care homes).
- We will offer service users who pay their contribution by direct debit a discount.

We will use the income these proposals generate to provide sustainable, high quality Adult Social Care services to Southwark residents with eligible needs

Section 3: Overview of service users and key stakeholders consulted

2. Service users and stakeholders		
Key users of the department or service	<p>The service is accessible to all service users who Adult Social Care (ASC) assesses as having eligible needs, and whose needs we agree to meet through the provision of care and support.</p> <p>ASC determine whether an adult with care and support needs is eligible to receive ongoing support against the following criteria:</p> <ol style="list-style-type: none"> 1. their needs arise from or are related to a physical/mental impairment or illness; 2. because of the physical/mental impairment or illness, two or more of the specified outcomes below are: <ul style="list-style-type: none"> ▪ not possible for them to achieve at all without assistance; ▪ are possible for them to achieve, however doing so: <ul style="list-style-type: none"> □ causes significant pain, distress or anxiety; □ endangers/is likely to endanger their health or safety (or that of others, for example members of their household); □ takes significantly longer than would normally be expected. 	
	Specified outcomes	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> a) managing and maintaining nutrition b) maintaining personal hygiene c) managing toilet needs d) being appropriately clothed e) maintaining a habitable home f) being able to make use of their home safely g) developing and maintaining family/ personal relationships </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> h) accessing and engaging in work, training, education or volunteering i) making use of facilities/services in the local community including public transport and recreational services/facilities j) carrying out any caring responsibilities the individual has for a child </td> </tr> </tbody> </table>	<ul style="list-style-type: none"> a) managing and maintaining nutrition b) maintaining personal hygiene c) managing toilet needs d) being appropriately clothed e) maintaining a habitable home f) being able to make use of their home safely g) developing and maintaining family/ personal relationships
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<ol style="list-style-type: none"> 3. there is (or there is likely to be) a significant impact on their wellbeing as a result of the individual not being able to achieve 2 (or more) outcomes. We should consider whether their inability to achieve the outcomes significantly impacts– <ul style="list-style-type: none"> ▪ on at least one area of their wellbeing (see section 6.3); ▪ their wellbeing overall due to its impact on a range of areas effecting their wellbeing (a cumulative effect). <p>There are also service users who currently receive a service who were assessed against Adult Social Care’s Fair Access to Care Services (FACS) criteria under the interim arrangements.</p> <p>The proposals will potentially impact on all ACS service users in receipt of a personal budget, in particular those –</p> <ul style="list-style-type: none"> ▪ with sufficient weekly income to make a contribution following the financial assessment; ▪ Sufficient capital to make a contribution following financial assessment 		

	<ul style="list-style-type: none"> ▪ Service users whose needs are being met outside of a care home ▪ mental health Service users in receipt of non-residential care services other than services provided as aftercare under the Mental Health Act. <p>Please see <i>Appendix B</i> for a demographic breakdown of those affected by these proposals.</p>
<p>Key stakeholders were/ are involved in this policy/decision/ business plan</p>	<p>The proposals were promoted using a range of methods, including –</p> <ul style="list-style-type: none"> ▪ Letters ▪ Newsletters ▪ Community Action Southwark and the Community Council's communications <p>Consultation took place over a 12 week period, during which service users were invited to provide feedback regarding the proposals –</p> <ul style="list-style-type: none"> ▪ In an online survey ▪ Postal survey ▪ by telephone ▪ Consultation meetings <p>We also held a consultation meeting with advocacy groups in order to gauge feedback from support groups who engage with service users who will be affected by the changes. The following advocacy organisations were in attendance –</p> <ul style="list-style-type: none"> ▪ Dulwich Helpline ▪ Latin American Women's Group ▪ Age UK - Landsend ▪ Vietnamese Mental Health Services ▪ Terrence Higgins Trust <p>As of 4th September, 2015, we have gathered feedback from 122 stakeholders.</p>

Section 4: Pre-implementation equality analysis

This section considers the potential impacts (positive and negative) on groups with 'protected characteristics', the equality information on which this analysis is based and any mitigating actions to be taken.

Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Potential impacts (positive and negative) of proposed policy/decision/business plan

Group: Young People, and adults past the age of retirement (62% of adults making a contribution are over the age of 75. Over half of this figure are over the age of 85) will be particularly impacted by the proposals

Impact:

Positive -

- As average life expectancy continues to rise, and people live for longer with eligible care needs, the ability to provide a sustainable model of care funding is vital. These proposals ultimately provide a more sustainable model, from which we can reinvest monies generated to allow us to continue to meet the needs of the community in the long term, especially those age groups most likely to access the service.
- The service will promote independence, and help reduce inequality between those with protected characteristics, and those without.

Negative -

- Young adults may pay more over the course of their lifetime than those accessing the service for the first time late on in their life.
- Adults over the age of 75 are more likely to pay increased contributions.
- Older adults are more likely to have eligible capital above the upper capital limit, rendering them responsible for meeting the entire costs of their care needs.

Analysis:

- There are mitigating safeguards inbuilt within the Care Act (for example the MIG + a 25% buffer, nil charges where there is not sufficient income available, free Reablement services, disregards of certain income and capital).
- The proposal incentives help balance some of the increased costs (for example the direct debit discount, the 'no charge' rule, and a shift from flat rate charges to assessed charges for services disproportionately more likely to affect an older cohort. Currently 63% of adults paying for meals on wheels only and 72% of adults paying for Telecare only are over the age of 75. These figures suggest that over 75's will benefit more than over age groups).
- The introduction of care caps by the government (possibly in 2020) will –
 - mitigate the overall impact of increased care costs by ensuring no individual has to contribute more than the care cap figure over the course of their lifetime;
 - introduce a zero cap for life for people who develop eligible care and support needs before they turn 25.

We believe that the safeguards and incentives identified go some way to balancing the impact, and the income we generate will also disproportionately benefit those age groups. We do not believe that the proposals give rise to discrimination, harassment, victimisation and/or fail to advance equality of opportunity between those who share a protected characteristic and those who do not.

Equality information on which above analysis is based
Fairer Contributions. Demographic Analysis (Appendix B) The Care Act 2015 The Equality Act 2010
Mitigating actions to be taken
No mitigating actions are recommended.

Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Possible impacts (positive and negative) of proposed policy/decision/business plan
<p>Group: The impact of these proposals will disproportionately impact upon people with disabilities due to the nature of the service. Mental health service users will be particularly affected by the proposal to charge all groups (barring those under section 117 of the Mental Health Act, and service users with Creutzfeldt-Jacob).</p> <p>Impact:</p> <p>Positive –</p> <ul style="list-style-type: none"> ▪ The new approach provides a more sustainable model, from which we can reinvest monies generated to allow us to continue providing high quality support to individuals whose wellbeing is significantly impacted by a disability/illness. ▪ The service will promote independence, and help reduce inequality between those with protected characteristics, and those without. ▪ Adults with disabilities may be in receipt of additional disability related income, some of which, in accordance with the Care Act, we will disregard for the purposes of the financial assessment (for example the mobility component of Disability Living Allowance; the mobility component of Personal Independence Payments; Disability Living Allowance (Mobility Component) and Mobility Supplement; Personal Independence Payment (Mobility Component) and Mobility Supplement; Personal injury trust, including those administered by a Court) <p>Negative –</p> <ul style="list-style-type: none"> ▪ People with mental health needs, and people with disabilities in general, will be required to pay more towards meeting their care needs than under the current model. ▪ Adults with sensory impairments and/or mental capacity concerns may be disadvantaged by their ability to understand the general information (including literature) provided. <p>Analysis: We believe the proposal to start charging mental health service users is the right thing to do. The current model of charging people with physical disabilities, but not service users with mental health needs is unfair.</p> <p>The MIG plus 25% will leave individuals with (at least) the equivalent of Income Support to spend as they see fit. This approach leaves disabled services users with comparable levels of</p>

disposable income when compared to their non-disabled peers on similar benefits/income.

In addition to the safeguards inbuilt in the Care Act, adults with disabilities may benefit from the following –

- We will use the financial assessment to maximise their benefit income to ensure they claim all the monies they are entitled to (some of which we may be required to disregard, allowing the individual to keep it)
- We propose not charging individuals if they have less than £3 available income
- If the individual opts to pay by direct debit, they will benefit from a 5% discount;
- The shift to assessed charges for services such as respite, meals and telecare.

Work is on-going elsewhere within the council (for example the Resilience and Prevention Board, Tobacco Alliance, Healthy Weight Network Children and Young People Board) to address the root causes of illnesses/disabilities to prevent, reduce and delay their onset (and so mitigate/limit the need for adults to access chargeable care and support services).

Equality information on which above analysis is based

Fairer Contributions. Demographic Analysis (Section 7)
The Care Act 2015
The Equality Act 2010

Mitigating actions to be taken

To ensure that these proposals do not give rise to discrimination, harassment, victimisation and/or fail to advance equality of opportunity between those who share a protected characteristic and those who do not, we propose the following actions:

- 1) Literature and information pertaining to the financial assessment and care costs are made available in a range of formats to meet the needs of people with disabilities (for example, people with learning difficulties, visual impairments etc).
- 2) We will consider extending the offer to involve an independent advocate to financial assessments. We will also communicate with the individual's advocate/deputy/ appropriate adult to ensure they are appropriately involved in the process, and supported.

Gender reassignment - The process of transitioning from one gender to another.

Possible impacts (positive and negative) of proposed policy/decision/business plan

Group: None. These measures do not disproportionality effect those who have undergone gender reassignment.

The service will promote independence, and help reduce inequality between those with protected characteristics, and those without. We do not believe that these proposals give rise to discrimination, harassment, victimisation and/or fail to advance equality of opportunity between those who share a protected characteristic and those who do not.

Equality information on which above analysis is based.

Fairer Contributions. Demographic Analysis (Appendix B)
The Care Act 2015
The Equality Act 2010

Mitigating actions to be taken

No mitigating actions are recommended

Marriage and civil partnership - Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters. **(Only to be considered in respect to the need to eliminate discrimination.**

Possible impacts (positive and negative) of proposed policy/decision/business plan

Group: None

Analysis: In conforming with the Care Act, the draft policy requires that during the financial assessment we:

- give due consideration to the impact of charging on the adult and their partner;
- do not assess couples or civil partners according to their joint incomes;
- consider the joint ownership of capital, and value the adult's share accordingly;
- apply appropriate disregards with regards income/capital and a spouse/partner (for example disregarding the value of the primary home if the adult with care needs no longer lives there, but their partner does).

The above steps ensure that we do not require a contribution based on the joint income of the couple, and we do not leave the adult with less money than we would have if they were not married/in a civil partnership.

Equality information on which above analysis is based

Fairer Contributions. Demographic Analysis (Appendix B)
The Care Act 2015
The Equality Act 2010

Mitigating actions to be taken

We do not believe that this approach disadvantages individuals who are married or in a civil partnership. However we do not hold marital status data on a significant percentage of service users (for example, we only hold this data for 6% of service users currently making a contribution). The following is recommended –

3. A plan of action is agreed and implemented to increase the % of demographic data we hold on service users (in particular for areas where we hold a low % of data)

Pregnancy and maternity - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Possible impacts (positive and negative) of proposed policy/decision/business plan

Group: Adults with infants (new borns)

Impact:

Positive - In accordance with the Care Act, the following income will be disregarded during the financial assessment –

- Child Support Maintenance Payments and Child Benefit
- Child Tax Credit
- Act 1968 to a person to meet childcare costs where he or she is undertaking instruction connected with the health service by virtue of arrangements made under that section;
- Any payment made in accordance with regulations under Section 14F of the Children Act 1989 to a resident who is a prospective special guardian or special guardian, whether income or capital.
- Any payment made by a local authority under the Adoption and Children Act 2002 (under section 2(b)(b) or 3 of the Care Act);

Analysis: The above disregards ensure that an adult with an infant is left with sufficient funds (in addition to the MIG) to safeguard the wellbeing of their infant, and are left no worse off than their peers who are not pregnant/looking after a young infant.

We do not believe that these proposals give rise to discrimination, harassment, victimisation and/or fail to advance equality of opportunity between those who share a protected characteristic and those who do not.

Equality information on which above analysis is based

Fairer Contributions. Demographic Analysis (Appendix B)
The Care Act 2015
The Equality Act 2010

Mitigating actions to be taken

No mitigating actions are recommended

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Possible impacts (positive and negative) of proposed policy/decision/business plan

Group: Analysis of adults currently in receipt of a personal budget reveals that over half (54%) are White British (in the 2011 Census, White British made up 40% of Southwark's population). Proposals could also have a significant effect on service users whose grasp of the English language is limited.

Impact

Positive – White British service users comprise 66% of service users in receipt of meals on Wheels only, and 65% of service users in receipt of Telecare only. As the largest group of service users, White British service users will benefit disproportionately from proposals to move to an assessed rate for these services.

Negative –

- White British service users will be disproportionately impacted by increased charges. Service users.
- Service users whose grasp of English is limited may suffer as a result of their ability to understand the process, and support and advice on offer.

Analysis:

Though the majority of those affected by these proposals are likely to speak English as a first language, we must give due regard to the needs of those from other ethnic groups/cultures, with a limited grasp of the English language. Our Translation and Interpretation policy requires that we arrange for an interpretation/ translation to assist service users during important/significant communications.

Increased contributions by White British service users are partially mitigated by the proposal to move away from flat rate services which are likely to have a positive impact on service users.

The Minimum Income Guarantee (MIG) will leave individuals with (at least) the equivalent of Income Support plus 25% to spend as they see fit. Such an approach leaves White British service users no more disadvantaged than their peers on similar benefits/income.

Regardless of race, adults with care needs may benefit from the following –

- We will use the financial assessment to maximise their benefit income to ensure they claim all the monies they are entitled to (some of which may we may be required to disregard, allowing the individual to keep it)
- We propose not charging individuals if they have less than £3 available income
- If the individual opts to pay by direct debit, they will benefit from a 5% discount

Equality information on which above analysis is based

Fairer Contributions. Demographic Analysis (Appendix B)
The Care Act 2015
The Equality Act 2010

Mitigating actions to be taken

To ensure that these proposals do not give rise to discrimination, harassment, victimisation and/or fail to advance equality of opportunity between those who share a protected characteristic and those who do not, we propose the following actions:

- 4) Literature and information pertaining to the financial assessment and care costs are made available in a range of common community languages to mitigate risks posed to those from other ethnicities/cultures with a limited grasp of the English language.

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Possible impacts (positive and negative) of proposed policy/decision/business plan

Group: Analysis of adults currently in receipt of a personal budget reveals that -

- the majority of service users (82%) currently making a contribution identify themselves

- as belonging to a Christian denomination (based on a reduced sample of 51%)
- the majority of service users paying for meals on wheels only (74%), and Telecare only (89%) identify themselves as belonging to a Christian denomination (based on a reduced sample of 34% and 37% respectively)

Impact: The data illustrates that while service users who identify themselves as belonging to a Christian denomination are more likely to be impacted by higher charges, they are also more likely to benefit from the phasing out of flat charge services such as Meals on Wheels and Telecare.

We do not believe that these proposals give rise to discrimination, harassment, victimisation and/or fail to advance equality of opportunity between those who share a protected characteristic and those who do not.

Equality information on which above analysis is based

Fairer Contributions. Demographic Analysis (Appendix B)
The Care Act 2015
The Equality Act 2010

Mitigating actions to be taken

No mitigating actions are recommended

Sex - A man or a woman.

Possible impacts (positive and negative) of proposed policy/decision/business plan

- Group:** Analysis of adults currently in receipt of a personal budget reveals that -
- 60% of current service users making a contribution are female
 - The majority of service users paying for meals on wheels only (54%), and Telecare only (79%) are women

Impact:
The data illustrates that while women are more likely to be impacted by higher charges, they are also more likely to benefit from the phasing out of flat charge services such as Meals on Wheels and Telecare.

The service will promote independence, and help reduce inequality between those with protected characteristics, and those without. We do not believe that these proposals give rise to discrimination, harassment, victimisation and/or fail to advance equality of opportunity between those who share a protected characteristic and those who do not.

Equality information on which above analysis is based

Fairer Contributions. Demographic Analysis (Appendix B)
The Care Act 2015
The Equality Act 2010

Mitigating actions to be taken

No mitigating actions are recommended.

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Possible impacts (positive and negative) of proposed policy/decision/business plan

There is no sexuality based eligibility criteria. The proposals ensure a transparent approach with limited variation, to be applied to all adults whom we are considering charging for their care and support services, regardless of their sexuality.

Based on information we hold on individual's sexual orientation (there are significant gaps in the data), the majority of service users are heterosexual.

We do not believe that these proposals give rise to discrimination, harassment, victimisation and/or fail to advance equality of opportunity between those who share a protected characteristic and those who do not.

Equality information on which above analysis is based

Fairer Contributions. Demographic Analysis (Appendix B)
The Care Act 2015
The Equality Act 2010

Mitigating actions to be taken

This approach does not disadvantage individuals because of their sexuality. No mitigating actions are recommended

Human Rights

There are 16 rights in the Human Rights Act. Each one is called an Article. They are all taken from the European Convention on Human Rights. The Articles are The right to life, Freedom from torture, inhuman and degrading treatment, Freedom from forced labour, Right to Liberty, Fair trial, Retrospective penalties, Privacy, Freedom of conscience, Freedom of expression, Freedom of assembly, Marriage and family, Freedom from discrimination and the First Protocol

Possible impacts (positive and negative) of proposed policy/decision/business plan

There are no adverse consequences that are incompatible with the articles set out in the Human Rights Act.

Our approach to charging adults for their care services is compatible with UK law, and demonstrably provides positive outcomes for those in need of adult social care brokered services, by for example –

- Improving/maintaining the quality of life of the individual;

- Supporting individual choice;
- Fostering independence;
- Safeguarding adults from abuse;
- Supporting individuals to carry out every-day-tasks

In moving to a system of charging all service users not prohibited by law, we have created a non-discriminatory approach. While well intentioned, our previous approach of not charging service users in receipt of non-residential care services if they had mental health issues unfairly safeguarded the income of people with mental health issues, while people with physical disabilities were required to contribute up to 80% of their protected income.

Information on which above analysis is based

The Human Rights Act 1998
 The Care Act 2015
 The Equalities Act 2010

Mitigating actions to be taken

None

Section 5: Further actions and objectives

5. Further actions			
Based on the initial analysis above, please detail the key mitigating actions or the areas identified as requiring more detailed analysis.			
Number	Description of issue	Action	Timeframe
1	The adult's disability impacts on their ability to understand the financial assessment process, be involved in the process, and to make informed decisions.	Literature and information pertaining to the financial assessment and care costs are made available in a range of formats to meet the needs of people with disabilities (for example, people with learning difficulties, visual impairments).	At implementation of any changes.
2	The adult's disability impacts on their ability to understand the financial assessment process, be involved in the process, and to make informed decisions.	We consider extending the offer to involve an independent advocate to financial assessments. This could allay concerns about significant difficulty involving the adult in the assessment, and to enable them to make informed decisions. We will also communicate with the individual's advocate/deputy/appropriate adult to ensure they are appropriately involved in the process, and supported.	At implementation of any changes.
3	Analysis revealed that we do not hold data certain demographic data (for example marital status, sexuality, religion) on a significant % of service users. This may inhibit our ability to understand and map the needs of service users.	A plan of action is agreed and implemented to increase the % of demographic data we hold on service users (in particular for areas where we hold a low % of data.	6 months to action plan, to implement within 1 year.
4	The adult's grasp of English impacts on their ability to understand the financial assessment process, be involved in the process, and to make informed decisions	Literature and information pertaining to the financial assessment and care costs are made available in a range of common community languages.	At implementation of any changes.

5. Equality objectives (for business plans)				
Based on the initial analysis above, please detail any equality objectives that you will set for your division/department/service. Under the objective and measure column please state whether this objective is an existing objective or a suggested addition to the Council Plan.				
Objective and measure	Lead officer	Current performance (baseline)	Targets	
			2015/16	2016/17
None				

Section 6: Impact analysis of the Fairer Contributions Policy proposals – financial analysis

This section will set out the financial impact implications of each of the specific proposals.

Proposal 1

We will not charge service users whose needs are being met outside of a care home if their assessed contribution is less than £3 per week.

Impacts

The intention of this proposal is to provide a further safeguard to people on the lowest levels of income. This proposal offers clear benefits to those on the lowest income, with potential savings of up to £155 over a 52 week period.

An unintended consequence of this approach is that people who have available income in excess of £3 available above the Minimum Income Guarantee per week become worse off than their peers with less than £3 available above the Minimum Income Guarantee per week. The below table illustrates that over the course of a year - of adults in the same age group - an adult with £2.99 available income ends up saving £155 in charges, compared to someone with available income that exceeds £3:

	Age group	Gov recommended income	Available income post financial assessment	Saving per 4 week period	saving per 52 week period
Person A	18-24	£133.00	£1.00	£4.00	£52.00
Person B	18-24	£133.00	£1.50	£6.00	£78.00
Person C	18-24	£133.00	£2.99	£11.96	£155.48
Person D	18-24	£133.00	£6.00 Nil		Nil

The potential risks of this approach are that it –

- disadvantages services users with available income in excess of £3 per week relative to service users under the £3 limit; and,
- could provide additional incentive to people undergoing an assessment to not fully disclose their levels of income and capital.

Assessment:

While acknowledging the above concerns, it is assessed that the proposed approach will allow the Council to better focus its resources by freeing time that otherwise would have been spent pursuing and collecting relatively insignificant debts. The Council can use these time savings and resources to provide a better service to all service users subject to financial assessment and charging for care services.

This approach extends the Council's current approach (the threshold is currently £2), and was favoured by a majority of consultation respondents. (See Appendix 2: Fairer Contributions Policy Consultation Responses Summary.)

Under the new proposals, adults who make a contribution and pay by direct debit will benefit from a 5% discount, which will offset some of the relative difference between contributions.

The proposed increase in the flat rate from £2 of £3 would not result in any service users' assessed contributions being greater under the proposed approach than they are under the

current charging policy.

Proposal 2

Service users whose needs are being met outside of a care home will need to contribute 100% (up from 80% previously) of their available income towards the cost of meeting their care needs.

Impact:

There are approximately 1000 service users who receive non-residential services, but do not contribute towards costs because they have insufficient funds. This proposal would not affect this cohort.

The table below demonstrates the impact of this proposal on current service users who are eligible to contribute towards their care.

Weekly charge	Number of people based on 80% contribution	Number of people based on 100% contribution
£2.00 - £3.00	13	0
£3.01 - £5.00	20	9
£5.01 - £10.00	73	40
£10.01 - £30.00	174	181
£30.01 - £50.00	137	109
£50.01 - £70.00	84	99
£70.01 - £90.00	22	63
£90.01 +	31	42

11 service users whose assessed available income would be affected, and imply a higher charge, would not pay anything additional under this proposal as they would benefit from the '£3 rule' set out in proposal 1.

The approximately 530 remaining service users would face an increase to their weekly contribution.

Assessment:

This proposal is consistent with Care Act charging regulations, and ensures that -

- we only ask service users to contribute what they can afford (as set by the government);
- all service users still have the protection of the government's minimum income guarantee; and,
- those on the lowest income do not have to contribute towards the costs of meeting their eligible needs.

Proposal 3

We will assess all Adult Social Care service users with a view to charging them to meet the cost of their care needs.

Impact:

Under the current approach the Council does not charge mental health service users for their non-residential care services. Currently people with physical disabilities do have to pay towards the costs of meeting their care needs. This proposal addresses concerns that we may be

discriminating against those with physical disabilities.

This proposal will lead to increased costs for people with mental health needs. Initial estimates suggest that this could result in approximately 100 existing mental health service users making contributions towards their care provision.

Assessment:

This approach is consistent with charging regulations.

We will only ask service users to contribute what they can afford (as set in government guidance), and we will not require contributions from those on prohibitively low incomes.

We cannot, and will not, charge service users;

- with Creutzfeldt-Jacob disease, or
- receiving services under section 117 of the Mental Health Act.

Proposal 4

We will introduce an assessed rate for services like respite care (instead of a flat rate).

Impact:

Currently, where a service user receives both home care and a meals service, we financially assess them for their ability to contribute towards the provision of the home care, and charge a flat-rate charge for meals delivered.

This proposal represents an improvement for most services users. By financially assessing service users and charging an assessed rate for all services, we ensure that they are not asked to pay more than they can contribute. As detailed in the Equality Analysis, there are clear benefits for service users who benefit from services like respite, meals on wheels and telecare.

Individuals who only receive a flat-rate meals service will be required to submit financial details to enable an assessment.

This proposal simplifies the financial assessment and charging process overall, which is clearly beneficial to service users.

Assessment:

This proposal is consistent with Care Act charging regulations, and ensures that -

- we only ask service users to contribute what they can afford (as set by the government);
- all service users still have the protection of the government's minimum income guarantee; and,
- those on the lowest income do not have to contribute towards the costs of meeting their eligible needs.

Proposal 5

We will require that all service users with eligible capital in excess of the upper capital limit £23,250 pay the full costs of meeting their care needs

Under the current charging regime service users receiving residential care cover the entire costs of their care needs if they have capital in excess of the upper capital limit (£23,250) as dictated by law. Service users pay a £1 income tariff for every £250 held between the lower (£14,250) and upper (£23,250) capital limits.

Under the current charging regime service users receiving non-residential care services pay a £1 income tariff for every £250 held above the lower capital limit (£14,250). No upper limit is applied.

Under this proposal we will ask both residential and non-residential care service users to cover the entire costs of their care needs if they own capital in excess of the upper capital limit (until the value of their capital reduces to a sum worth less than the upper capital threshold).

This approach offers a number of benefits:

- it simplifies our processes, making it easier for service users to understand;
- it fosters better relationships between groups by treating them the same;
- it generates income which we can use towards the provision of care and support across Southwark.

While this proposal may lead to significant costs for people receiving non residential care, insofar that it introduces a threshold at which the individual must cover their entire costs, it is not dissimilar from other services that people who do not require care access (for example housing and other mean tested benefits).

£23,250 represents a significant capital holding, and is sufficient for the holder to plan for and respond to significant life events and contribute to education, training and development, so we do not foresee that extending the upper capital limit to non-residential social care users will unfairly disadvantage or discriminate against services users who require non-residential care.

Assessment:

This proposal is consistent with Care Act charging regulations, and ensures that -

- we only ask service users to contribute what they can afford (as set by the government);
- all service users still have the protection of the government's minimum income guarantee; and,
- those on the lowest income do not have to contribute towards the costs of meeting their eligible needs.

Proposal 6

We will offer service users who pay their contribution by direct debit a 5% discount.

Impact:

All service users who make care contributions will be able to access this discount. This proposal will be a net benefit to service users opting to pay by direct debit, available to these service users because of the lower costs associated with direct debit payments.

Assessment:

This proposal is consistent with Care Act charging regulations.

This proposal allows the Council to pass onto service users the lower costs to the Council of processing social care payments by direct debit.

Section 7: Impact analysis of the Fairer Contributions Policy proposals – demographic analysis

This section will set out the demographic analysis for the Fairer Contributions Policy.

1. Breakdown by protected characteristics: Adults paying a contribution

As of 26th July, 2015, 615 adults were making a contribution towards the cost of their care and support

Sex (98% of sample available for analysis)	
Male	40%
Female	60%
Age group (98% of sample available for analysis)	
Under 65	27%
65 - 75	11%
75 - 85	28%
85+	34%
Marital status (6% of sample available for analysis)	
Divorced/dissolved	3%
Married/civil partnership	27%
Separated	5%
Single	22%
Widowed/surviving civil partner	43%
Religion (51% of sample available for analysis)	
Baptist	4%
Jehovah's Witness	3%
Christian	20%
Church of England	37%
Greek Orthodox	43%
Methodist	1%
Muslim	8%
None	5%

Other	1%
Pentecostal	2%
Protestant	1%
Roman Catholic	15%
Seventh Day Adventist	1%
Sikh	1%
Ethnicity (94% of sample available for analysis)	
Any other Asian background	1%
Any other Black / African / Caribbean background	7%
Any other ethnic group	2%
Any other White background	5%
Asian - Bangladeshi	1%
Asian - Chinese	1%
Black African	10%
Black Caribbean	15%
White & Black Caribbean	1%
White British	54%
White Irish	3%
Primary support reason (92% of sample available for analysis)	
Access and Mobility Only	2%
Learning Disability Support	16%
Mental Health Support	2%
No Relevant Long Term Support Reason	1%
Personal Care Support	45%
Physical Support: Access & mobility only	2%
Physical Support: Personal care support	23%
Support for Social Isolation or Other Support	3%
Support with Memory and Cognition	5%

2. Breakdown by protected characteristics: Adults paying for Meals on Wheels only

As of 26th July, 2015, 158 adults were paying for Meals on Wheels only.

Sex (89% of sample available for analysis)	
Male	46%
Female	54%
Age group (89% of sample available for analysis)	
Under 65	19%
65 - 75	19%
75 - 85	31%
85+	32%
Marital status (3% of sample available for analysis)	
Divorced/dissolved	0%
Married/civil partnership	60%
Separated	20%
Single	0%
Widowed/surviving civil partner	20%
Religion (34% of sample available for analysis)	
Baptist	2%
Hindu	2%
Christian	19%
Church of England	30%
Muslim	8%
None	9%
Other	6%
Pentecostal	0
Protestant	2%
Roman Catholic	21%
Seventh Day Adventist	2%

Sikh	0
Ethnicity (77% of sample available for analysis)	
Any other Asian background	2%
Any other Black / African / Caribbean background	2%
Any other ethnic group	3%
Any other White background	6%
Asian - Indian	2%
Asian - Chinese	1%
Black African	2%
Black Caribbean	10%
White & Black Caribbean	0
White British	66%
White Irish	6%
Primary support reason (34% of sample available for analysis)	
Access and Mobility Only	2%
Mental Health Support	6%
No Relevant Long Term Support Reason	27%
No Relevant Short Term Support Reason	2%
Personal Care Support	42%
Physical Support: Access & mobility only	8%
Physical Support: Personal care support	13%
Support for Social Isolation or Other Support	9%

3. Breakdown by protected characteristics: Adults paying for Telecare only

As of 26th July, 2015, 368 adults were paying for telecare only

Sex (99% of sample available for analysis)	
Male	21%
Female	79%
Age group (99% of sample available for analysis)	
Under 65	14%
65 - 75	14%
75 - 85	26%
85+	46%
Marital status (2% of sample available for analysis)	
Divorced/dissolved	0%
Married/civil partnership	33%
Separated	0%
Single	33%
Widowed/surviving civil partner	33%
Religion (37% of sample available for analysis)	
Baptist	2%
Jewish	1%
Christian	16%
Buddhist	1%
Hindu	1%
Presbyterian	1%
Church of England	44%
Greek Orthodox	1%
Methodist	1%
Muslim	2%
None	5%

Other	1%
Pentecostal	1%
Protestant	1%
Roman Catholic	21%
Ethnicity (89% of sample available for analysis)	
Any other Asian background	1%
Any other Black / African / Caribbean background	3%
Any other ethnic group	2%
Any other White background	2%
Asian - Indian	1%
Asian - Chinese	1%
Black African	6%
Black Caribbean	13%
White & Black Caribbean	1%
White British	65%
White Irish	6%
White English	1%
Primary support reason (% of sample available for analysis)	
Access and Mobility Only	5%
Mental Health Support	6%
No Relevant Long Term Support Reason	27%
No Relevant Short Term Support Reason	3%
Personal Care Support	46%
Physical Support: Access & mobility only	3%
Physical Support: Personal care support	2%
Support with Memory and Cognition	8%