



North

Yorkshire County Council

## Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

*Supporting People – Older Persons Services –  
withdrawing access to Financial Assessments  
V5 04-10-2017*

*Revised post consultation*

*12<sup>th</sup> February 2018*

*To be updated post decision*

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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۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	
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	Health and Adult Services - Commissioning
Lead Officer and contact details	Avril Hunter – 01609 53689 Avril.hunter@northyorks.gov.uk
Names and roles of other people involved in carrying out the EIA	Gill Llewellyn, Commissioning Officer Rachel Robinson, Senior Performance Support Officer Linda Porritt, Benefits and Charging Manager Shanna Carrell
How will you pay due regard? e.g. working group, individual officer	Through the Project Team
When did the due regard process start?	3.10.16

**Section 1. Please describe briefly what this EIA is about.** (e.g. are you starting a new service, changing how you do something, stopping doing something?)

This EIA is about a proposal to review access to a financial assessment and therefore financial assistance for people with a Telecare support service or in supported housing who do not have an eligible need for social care. This will affect individuals who are currently in receipt of some financial assistance as a result of a previous financial assessment.

Background:

Since 2003 as part of the national implementation of the Supporting People arrangements, a charging policy was put in place for older people in supported housing or receiving a Telecare service which was a passport through Housing Benefit or Council Tax Benefits. In 2014, one of the changes to the HAS Charging Policy was that people would instead be subject to a HAS Financial Assessment. This decision was subject to an EIA at that time.

As a result of this, the number of people in receipt of financial assistance as a result of the financial assessment reduced from over 6,000 to approx. 1,700 in July 2017. As well as a Financial Assessment, people have access to income maximisation exercise which has led to significant numbers of people now being in receipt of Attendance Allowance and other benefits.

A snapshot of the numbers of people on 5th July 2017 in receipt of financial assistance and the range of weekly costs that are being paid show that there are 1,784 people with a potential impact of losing financial assistance of between £3.57 to £27.12 per week.

	No of people	Average weekly cost	Lowest weekly cost	Highest weekly cost
Extra Care	44	£12.07	£3.57	£24.24

Accommodation based support	436	£9.16	£2.65	£27.12
Community Telecare Support	1299	£9.30	£6.00	£11.95
Total	1784	£10.17		

The financial assistance is towards the housing support charge. There is a wide variation in the housing support levels and consequently the charges.

Extra Care: the housing support charge will cover the cost of the emergency “lifeline” system, monitoring, response and housing support worker providing low level support to people living there. In most cases, it is likely to be a condition of the tenancy

Accommodation based services: the housing support charge will cover the cost of the emergency “lifeline” system, monitoring, response and housing support worker providing low level support to people living there.

Community Support: the housing support charge will cover the cost of the emergency “lifeline” system, monitoring, response and housing support worker. This is not linked to a tenancy agreement. People who have the service fall into two groups:

- People who have been referred for Telecare by Health and Adult Services. This group of people will be included in the transitional process for Telecare and people will continue to have the cost of the service taken into account as part of a financial assessment. Data from LLA indicates that there are between 76 and 279 people in this category.
- People who have been assessed by the provider for the preventative service.

**Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it?** (E.g. to save money, meet increased demand, do things in a better way.)

The proposal would release in the region of £980,000.

The intention would be to utilise the resources that are released to develop a robust and sustainable Assistive Technology Service (do things better) and also contribute to the HAS2020 savings (save money).

On 17 March 2015 NYCC Executive approved the Care and Support Where I Live Strategy which sets out the council’s intention to develop and utilise Assistive Technology to reduce or replace more costly methods of care and support and as part of the overall prevention offer which is a statutory duty for Health and Adult Services as part of the Care Act. In June 2016, Health and Adult Services considered the options available to fulfil the intention of the Care and Support Where I Live Strategy. In order to develop a re-commissioned focused Assistive Technology Service to make use of further developments in technology, the current approach of offering financial assistance to people receiving Telecare or living in some sheltered housing without an assessed need for social care would need to cease to release resources. This current approach limits our ability to shape and influence the services provided as it is a subsidy and not a commissioned services. A specification is being developed to create a stand-alone

county wide assistive technology service with capacity for 2,500 users over the life of the contract. This will be an end to end service for the assessment of assistive technology solutions to meet outcomes for people as part of support plan meeting eligible needs for social care. The cost of the service will be subject to a financial assessment as is the case for other social care services.

There is no statutory duty to provide a financial assessment to people who do not have an assessed need for social care. It is an historic non-statutory and discretionary measure that in North Yorkshire, the access to a financial assessment was extended to all people in these services.

There is no other example of services in North Yorkshire where people have access to a financial assessment for services that are not determined by an assessment of their eligible need for social care. The majority of local authorities have taken this measure already as a result of challenging financial positions in order to mitigate reductions in services for the most vulnerable. Through discussions with regional providers, there has been no evidence of evictions as a result of this measure.

### **Section 3. What will change? What will be different for customers and/or staff?**

The proposal would mean that people moving into accommodation based services or community Telecare service, would not be able to apply to NYCC for a Financial Assessment through Health And Adult Services for the housing support element of their charge.

(For people who are receiving the Telecare service as part of an assessed package of care, then this service will continue to be taken into account as part of the Financial Assessment.)

### **Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)**

Consultation is planned between 1<sup>st</sup> December and 12<sup>th</sup> January. The EIA will be included as part of it.

#### **Post Consultation**

*The consultation took place between 4<sup>th</sup> January to 2<sup>nd</sup> February. The Communications Unit assisted in reviewing the material going out for ease of understanding.*

*Consultation packs were posted directly to 1,748 people either directly affected as currently in receipt of financial assistance or may be affected in future as awaiting a financial assessment to determine if eligible for financial assistance.*

*The consultation webpage was live on the NYCC website and a link to survey was circulated by email to Housing Support Providers, District and Borough Councils, CCG's and relevant voluntary/community organisations on 4th Jan and reminders were sent out subsequently regarding deadline for completing. The Draft EIA was posted on the website.*

*A presentation was made to the Older Peoples Partnership Board in January 2018.*

**Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?**

Please explain briefly why this will be the result.

This will result in a reduction in the council budget through fewer people in receipt of financial assistance for sheltered housing and the Telecare service.

However, in the longer term, there is a risk that this could also increase the need for assistance through social care due to impact on people's ability to maintain their independence if they cannot afford to pay for this low level support

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age			Y	The profile of current recipients of financial assistance shows that 79% are over 65, 51% over 75 and 20% (400) over 85. <b>Respondents to the consultation were 84.9% over 65, 58.8% over 75 -84 and 24.1% over 85</b>
Disability			Y	We do not have data on the people affected with respect to disability. However, as older people are more likely to be affected by age related impairments and long term conditions, it is safe to assume that the majority of people will have a disability. <b>Respondents to the consultation indicated 78.9% reported that they were affected by disability or a long-term limiting illness.</b>
Sex (Gender)			Y	Over 60% of the people directly affected are female and 50% are women over 65. Women are likely to have lower incomes than men in older life due to working patterns when they were younger and are therefore more likely to be impacted by increased costs. 63% of the respondents to the consultation were female.
Race	N			We know that approximately 2 % of the North Yorkshire population belong to BME groups. We also know that Harrogate, Skipton,

				<p>Scarborough and Richmondshire are centres for the County's BME communities.</p> <p>The age profile of BME people in North Yorkshire shows that relatively fewer of them as a proportion are over the age of 60. This is reflected in the profile of people affected by this proposal where of the two thirds where we have the information, less than 0.5% are non-white. There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic.</p> <p><b>99.8% of respondents to the consultation reported that they were white.</b></p>
Gender reassignment	N			<p>We currently do not collect data in relation to residents' gender reassignment status.</p> <p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic</p>
Sexual orientation	N			<p>We currently do not collect data in relation to residents' sexual orientation.</p> <p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic</p>
Religion or belief	N			<p>We know that approximately 1.3 % of the North Yorkshire population belong to religious groups other than Christian and atheist.</p> <p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic</p>
Pregnancy or maternity	N			<p>People directly affected by this proposal are in services for older people.</p> <p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic</p>
Marriage or civil partnership	N			<p>We do not collect this data for people affected by this proposal. It is likely due to the age profile that more people will be married than in civil partnerships.</p> <p>There is no evidence to suggest that people would be adversely impacted as a result of this protected characteristic</p>

<b>Section 7. How will this proposal affect people who...</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
..live in a rural area?			Y	<p>Most of the provision in sheltered housing is located in the market towns or larger villages in North Yorkshire. Some of the people who have lifeline services will be living in more rural areas.</p>

...have a low income?			Y	<p>We know that people currently in receipt of financial assistance have a low income as they have undergone a financial assessment. As financial assistance is being withdrawn, this will have a direct impact on people's income. If living in Extra Care or an accommodation based service, it could result in some people building up debt if not able to pay the charge. They may decide to cancel the community Telecare service and therefore be at risk of isolation, reduction of peace of mind and increased risk of falls.</p> <p>If they continue to pay the charge, it may mean that they have to make difficult decisions about other expenditure which could impact on their health and wellbeing.</p>
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**Section 8. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

Yes – people will be resident in extra care or accommodation based serviced due to long term disability combination of age/disability/sex/low income

<b>Section 9. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)</b>	<b>Tick option chosen</b>
1. <b>No adverse impact - no major change needed to the proposal.</b> There is no potential for discrimination or adverse impact identified.	
2. <b>Adverse impact - adjust the proposal</b> - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. <b>Adverse impact - continue the proposal</b> - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	<b>X</b>
4. <b>Actual or potential unlawful discrimination - stop and remove the proposal</b> – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
<b>Explanation of why option has been chosen.</b> (Include any advice given by Legal Services.)	

The option has been chosen although there are a number of mitigations, there will be adverse impacts on some people. There are some current inequities about who gets access to the subsidies, depending on what provider and which scheme someone lives in

Adverse impacts have been identified on people who are directly affected as current recipients of financial assistance and potential recipients who are likely to be older, have a disability and more likely to be female. This will have a direct impact on people's income. If living in Extra Care or an accommodation based service, it could result in some people building up debt if not able to pay the charge. They may decide to cancel the community Telecare service and therefore be at risk of isolation, reduction of peace of mind and increased risk of falls. If they continue to pay the charge, it may mean that they have to make difficult decisions about other expenditure which could impact on their health and wellbeing.

The following mitigations:

- People who have an eligible need for social care will continue to have the cost of the service taken into account as part of a financial assessment. This is estimated to be between 76 and 279 people.
- People will have a period of notice to consider their options.
- People can access other lower cost options already available to provide the emergency alarm and monitoring service.
- Providers, where possible, will deploy their own income maximisation resources to support people affected.
- Subject to resources, the Council's income maximisation team will target people who are most affected.
- People can be referred to Living Well or to social care.

### **Post implementation**

Summary of the consultation

- The significant majority of respondents were aged over 65 at 84.9%. Of those over 65, 41% were 75-84 and just over 28% over 85. The next age category was 12.4% being 50-64. 63% of respondents were female.
- 79% were people directly affected by disability or long-term limiting condition.
- The analysis of responses by District/Borough area shows response rates of between 52.8% (Ryedale) and 63.1% (Selby).
- Of those that gave a response, the highest response rate was from those living in sheltered housing at 69%, followed by those with a community alarm service at 54%. Just under one third of those living in Extra care responded.

- 53% responded that they completely or mostly **understood** the proposal. 33.5% that they somewhat or partly understood and 13.7% that they did not understand.
- 56% strongly **disagreed** or disagreed with the proposal. 15.6% agreed or strongly agreed. One third neither agreed nor disagreed.
- Managing money was seen as making things worse for the highest percentage of respondents at 61.4%, followed by the ability to live independently at 51.6%. Just over half said it would make mental wellbeing worse.
- An average of 1 in 4 respondents said that the proposal wouldn't make any difference to any aspects of their well-being. A small number of respondents said that the proposal would make things better – between 2.4% and 5%.
- Most respondents, at 44.7%, ranked having 6 months' notice the most important mitigation to the proposal, followed by an Income Maximisation check at 40.4%. Looking at the 1<sup>st</sup> and 2<sup>nd</sup> most important together, having 6 month notice was the most mentioned at 65.5% followed by an income maximisation check at 55.5%. Giving three months' notice was seen as most important for 13.3% and second most important for 25.7%
- Unpaid carers were asked how the proposal would affect them in their caring role across four aspects of their well-being. The highest number of respondents (5) felt their ability to live independently would be made worse, followed by managing money (4) and mental well-being (4) also being worse

**Section 10. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)**

Impact will be monitored through the Care and Support Where I Live Project Board which will receive regular reports of the impact of the proposal.

**Section 11. Action plan.** List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics. Updated post consultation 12<sup>th</sup> Feb 2018

Action	Lead	By when	Progress	Monitoring arrangements
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Consultation Process	AH	2 <sup>nd</sup> February		Project Group
Analyse responses	AH	12 <sup>th</sup> February		Project Group
Final Decision to HASEX	KC	2 <sup>nd</sup> March 2018		Project Group/AD
Communicate outcome of decision	AH	End of March 2018		Project Group
Subject to outcome of consultation, implement project plan.	AH	End of March 2018		Project Group

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**Section 12. Summary** Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

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. Mitigating actions have been identified:

- Existing recipients of financial assistance will be given a long period of notice to consider options.
- People will be offered Welfare Benefits Maximisation before the end of March 2018 to ensure that their income is maximised.
- People will be advised of other lower cost options available to provide the emergency alarm and monitoring service.
- People moving into services who may have applied for a Financial Assessment will be offered Welfare Benefits Maximisation.

The adverse impacts can be mitigated as the proposal will allow the authority to mitigate the necessity to reduce services to the most vulnerable people within the constraints of a reducing budget.

It will also allow the authority to release the resources to develop a sustainable assistive technology service which will consider affordable options for people on a low income.

**Updated post consultation**

**Please see full report on consultation for further details.**

**There were over 1,000 responses from people directly affected by the proposal, which was a 59% response rate. The profile of respondents in relation to age, gender and ethnicity broadly mirrored the characteristics of all people affected. When asked, if they agreed with the proposal, 56.4% of people directly affected reported that they disagreed or strongly disagreed. Just over 28% neither agreed nor disagreed and 15.6% agreed or strongly agreed.**

**Section 13. Sign off section**

This full EIA was completed by:

**Name:**

**Job title:**

**Directorate:**

**Signature:**

**Completion date:**

**Authorised by relevant Assistant Director (signature): Kathy Clark**

**Date: 24/10/17**

Updated post consultation

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	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby	Total	
<b>18-20</b>		1				3		<b>4</b>	0.2%
<b>21-54</b>	2	18	9	13	12	105	12	<b>171</b>	8.8%
<b>55-64</b>	14	32	22	22	10	114	11	<b>225</b>	11.6%
<b>65-74</b>	38	73	77	66	46	187	41	<b>528</b>	27.1%
<b>75-84</b>	48	123	124	56	50	169	47	<b>617</b>	31.7%
<b>Over 85</b>	33	94	73	39	35	84	42	<b>400</b>	20.6%
	<b>135</b>	<b>341</b>	<b>305</b>	<b>196</b>	<b>153</b>	<b>662</b>	<b>153</b>	<b>1945</b>	

6.9%      17.5%      15.7%      10.1%      7.9%      34.0%      7.9%      79.4%  
over 65

	Female		Male		Total
<b>18-20</b>	3	75.0%	1	25.0%	4
<b>21-54</b>	87	50.9%	84	49.1%	171
<b>55-64</b>	105	46.7%	120	53.3%	225
<b>65-74</b>	277	52.5%	251	47.5%	528
<b>75-84</b>	407	66.0%	210	34.0%	617
<b>Over 85</b>	291	72.8%	109	27.3%	400
	<b>1170</b>	<b>60.2%</b>	<b>775</b>	<b>39.8%</b>	<b>1945</b>

	Female	Male
<b>Craven</b>	71.9%	28.1%

<b>Hambleton</b>	63.6%	36.4%
<b>Harrogate</b>	68.9%	31.1%
<b>Richmondshire</b>	60.2%	39.8%
<b>Ryedale</b>	64.1%	35.9%
<b>Scarborough</b>	50.3%	49.7%
<b>Selby</b>	63.4%	36.6%
	<b>60.2%</b>	<b>39.8%</b>

### Ethnic Origin

A1 - White - British	1355	69.7%
A2 - White - Irish	4	0.2%
A5 - Any Other White Background	14	0.7%
B2 - Mixed - White And Black African	1	0.1%
C1 - Asian/Asian British - Indian	1	0.1%
E1 - Chinese	3	0.2%
E2 - Any Other Ethnic Group	2	0.1%
F3 - Refused	2	0.1%
F4 - Information Not Yet Obtained	563	28.9%
	<b>1945</b>	

	Active Social Care involvement		No active involvement	
	No	%	No	%
Craven	29	21.5%	106	78.5%
Hambleton	159	46.6%	182	53.4%

Harrogate	69	22.6%	236	77.4%
Richmondshire	51	26.0%	145	74.0%
Ryedale	32	20.9%	121	79.1%
Scarborough	115	17.4%	547	82.6%
Selby	44	28.8%	109	71.2%
	<b>499</b>	<b>25.7%</b>	<b>1446</b>	<b>74.3%</b>

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