

Name of the activity being assessed	Increase to client contributions, fees and charges				
Directorate / Department	Adult Social Care	Service	Adults & older people care services	Assessment lead	Mike Banks
Is this a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	Responsible manager / director for the assessment		Stephen Tingle	
Date EIA started	01/04/2016	Implementation date of the activity		01/11/2016	

SECTION 1 - ABOUT YOUR ACTIVITY

How was the need for this activity identified?	<p>Under the Care Act 2014 Local Authorities have a duty to provide Adult Social Care, which are personally defined to the demographics of the area. Typically, these include:</p> <ul style="list-style-type: none"> • Care in peoples own homes (domestic and personal) • Day care • Meal provision <p>The provider costs of care in the community are increasing significantly. From 1st April 2016, the National Living Wage (NLW) was introduced for people aged over 25 at a rate of £7.20 per hour; this is an increase of 7.46% from the National Minimum Wage (NMW) of £6.70. It is further intended that the NLW will increase to around £9.00 per hour from April 2020. This increase will have an impact on the Health and Social Care workforce as a large part of this population is currently paid at NMW levels.</p> <p>No additional money has been received from government for local authorities to fund this. Any increases to providers to cover staff pay increases and any other costs has to be met from the allocated budgeted inflation amount of 2.49%.</p> <p>For the past few years, Blackburn with Darwen Social Care providers have only been awarded a minimum or no percentage increase to their standard fees. The domiciliary care sector is therefore requiring an uplift in their fees in order for them to remain sustainable.</p> <p>A 'Fair Price for Care' exercise has been completed for residential care homes across the Borough. There has also been a benchmarking exercise across the North West, which indicates the rates being paid by other authorities for domiciliary care are significantly higher than our own, which places a pressure on the Authority to increase its rates, to attract and retain care workers.</p> <p>The Council considers an increase to all client contribution to care costs as part of its budget process each year. Since 2011/12 the scope of increases to be applied has been delegated to the Executive Member within each portfolio in view of other market forces and fee setting in neighbouring authorities.</p> <p>From April 2016 the Government has applied an uplift of 2.5% to pensions and pension credit.</p>
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SECTION 2 - UNDERSTANDING YOUR CUSTOMER**Who else will be involved in undertaking the equality analysis and impact assessment?**

Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

Colleagues from corporate legal, procurement and finance teams have been involved, as have other relevant service team managers. Strategic commissioning has led the activity. Other sources of information have been:-

- Residential Care home & domiciliary care providers around increased costs
- Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- Better Care Fund Plan (available on request)
- Transforming Lives reporting
- Census 2011 profile: <http://www.blackburn.gov.uk/Pages/Census.aspx>
- Integrated Strategic Needs Assessments and Locality Profiles: <http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>
- Adults corporate plan <https://www.blackburn.gov.uk/Lists/DownloadableDocuments/corporate-plan.pdf>

Who are you consulting with? How are you consulting with them? (Please insert any information around surveys and consultations undertaken)

The impact of the NLW increase and proposals for increases in Residential and Domiciliary care costs for Blackburn with Darwen has been discussed at provider forums and at the North West Commissioners group.

The increases in charging are in line with the vast majority of other local authorities whose models we have identified to base this decision.

Who does the activity impact upon?*	Service users	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Members of staff	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	General public	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Carers or families	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Partner organisations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Indirectly			
Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?*	Positive impact	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
	Negative impact	<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input checked="" type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Deprived communities	<input checked="" type="checkbox"/> Carers
	Don't know	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers

The groups in blue are not protected characteristics (please refer to p. 3 of the guidance notes)

*If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty? *Refer to p.3 of the guidance for more information*
A public authority must have 'due regard' (i.e. consciously consider) to the following:

DUTY	DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act <i>(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)</i>	<p>Due to the increase in NLW costs of these services will be increasing, in order to cover these costs it has been necessary to increase client contributions, by doing so we can ensure that clients still receive the same level of service and minimises the disadvantages they may face if this service was to stop.</p> <p>In some cases this activity will advance opportunity of access to other services and benefits.</p>
Advance equality of opportunity between those who share a protected characteristic and those who do not <i>(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)</i>	
Foster good relations between people who share a protected characteristic and those who do not <i>(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i>	

ASSESSMENT	Is a full EIA required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain how you have reached your conclusion <i>(A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts)</i>			
<p>The above has shown that in order to continue with the services currently provided we must charge an increase fee, this is likely to affect those groups in receipt of these services financially.</p> <p>These extra contributions make it possible for the council to maintain a sustainable level of service to older and disabled people.</p> <p>Older and disabled people using services will benefit from an impact of increased client contributions and fees by:</p> <ul style="list-style-type: none"> • Providers being able to maintain a stable workforce by paying the National Living Wage. • Current levels of support and service being maintained • Domiciliary care charges will continue to be applied to only those who have net disposable income (however this will rise to 100% of disposable income) 			

SECTION 3 – ANALYSIS OF IMPACT

Does the activity have the **potential** to:

- **positively** impact (benefit) any of the groups?
- **negatively** impact/exclude/discriminate against any group?
- **disproportionately** impact any of the groups?

Explain how this was identified – through evidence/consultation.

Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 4**

N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

Characteristic	Positive	Negative	Don't know	Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis	Action No.
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Older people are more likely to be in receipt of the services for which the increased charges apply. According to POPPI (Projecting Older People Population information system), there were 21,200 older adults in Blackburn with Darwen in 2015. The proposed increase in charges might reduce the number of older adults accessing the care that they need. People may choose to cancel or reduce their services.	1,2,3
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disabled people are more likely to be in receipt of the services for which the increased charges apply. According to PANSI (Projecting Adult Needs and Service Information system) there were 8901 disabled adults in Blackburn with Darwen under the age of 65 in 2015. The proposed increase in charges might reduce the number of older adults accessing the care that they need. People may choose to cancel or reduce their services. Service users continue to be entitled to ask that disability related expenses be taken into account in calculating net disposable income. These cover, but are not limited to, special diets, additional heating, community equipment and necessary repairs.	1,2,3
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people protected under the gender reassignment characteristic.	
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people who are married or in a civil partnership.	
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people who are pregnant – as they are unlikely to be in receipt of the services which are affected.	
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people on the basis of race.	

Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people on the basis of religion or belief.	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on the basis of sex/ gender	
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on the basis of sexual orientation.	
Vulnerable Groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is no evidence that vulnerable groups, are more likely to be in receipt of services affected by this activity. The RCGP (Royal College of General Practitioners) Social Inclusion Commissioning Guide 2013 suggests that many people from socially excluded groups have had previous negative experiences with health professionals complex needs and chaotic lifestyles makes it difficult for them to access services and navigate the system. Whilst this report is referring to health services, it also applies to social care.	1, 2, 3
Deprived Communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Due to the social and economic determinants of health and wellbeing, it is likely that people who are from deprived communities, are more likely to be in need of health and social care services, as they are known to experience much poorer health outcomes. (Marmot, "Healthy Lives, Healthy People, 2010). The increase in charges will therefore affect those who are more deprived rather than those who are not. It is likely that such individuals, if made fully aware of the availability of services (by the Council, NHS, and Information, Advice and Guidance services commissioned by statutory services) will continue to access services to the extent that they need them.	1, 2, 3
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carers of people who are in receipt of services which are affected by these financial increases will also be indirectly affected if they are financially connected, they might have to make greater financial contributions on behalf of the individual in receipt of the service. In addition to this if the person that they care for deems that the costs are unaffordable, they might not access services, which would therefore place an increased burden of care on the carer.	1, 2, 3, 4
Other [please state]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	

Does the activity raise any issues for community cohesion?	no
Does the activity contribute positively towards community cohesion?	
Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998?	no
Does the activity support / aggravate existing	<i>Is the activity on the departmental risk register? If it is not, should it be?</i>

departmental and/or corporate risk?	no
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CONCLUSIONS OF THE ANALYSIS**Action following completion of the impact assessment**

It is important that the correct option is chosen depending on the findings of the analysis.

The action plan must be completed as required.

 No major change in the activity

 Adjust activity

 Continue with activity

 Stop and reconsider activity
Please explain how you have reached your conclusion

The Increase to NMW and introduction of NLW is a statutory requirement.

This action is in line with what other councils are doing. The alternative choice, given the financial pressures on Blackburn with Darwen Borough Council, who are statutorily bound to balance their budgets, is to decrease the services that we provide which will have an even greater negative impact on older adults, disabled adults and carers in particular.

ACTION PLAN

Action No.	What is the negative / adverse impact identified?	Actions required to reduce / mitigate / eliminate the negative impact	Resources required	Responsible officer(s)	Target completion date
1	Lack of information/ misunderstanding regarding charging policy might lead to people who are eligible from not accessing services	Information will be provided via Your Support Your Choice (YSYC), Council Website and Public facing service, Commissioned services for Information Advice and Guidance, as commissioned from Families Health and Wellbeing Consortium.	Website to be updated, Information to be passed on to commissioned services and YSYC regarding changes	Gemma McMullan Andy McHugh	ongoing
2	People who are eligible for services might not access them for fear that they might have to pay for services	Ongoing commission of universal information, advice and guidance services, carers support services and services to promote social inclusion of all vulnerable adults. Voluntary, Community and Faith Sector (VCFS) organisations and your support, your choice will be asked to ensure that eligible people do get the relevant support they need.	Contractual management of commissioned services	Louise Whalley Aysha Mulla Debra O Donnell	ongoing
3	People who are eligible for services might not access them due to increase in charges	Provision of assistive technology and Reablement, as well as prevention and early intervention services via statutory and universal services provides a level of support to any vulnerable adult who avails of them.	Resources already committed. Adult social care commissioning.	Andy McHugh	ongoing
4	People cancel services leading to greater burden on carers	Navigation system to carers services e.g. carers network	Cancellation screening process, followed with appropriate advice	Andy McHugh	ongoing

The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.

Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.

<p>If applicable, where will the EIA Action Plan be monitored?</p>	<p><i>e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings</i> Via Senior Leadership team of People directorate.</p>
<p>How often will the EIA Action Plan be reviewed?</p>	<p><i>e.g. quarterly as part of the MAF process</i> Twice yearly as part of the MAF process</p>
<p>When will the EIA be reviewed?</p>	<p><i>It should be reviewed at least every 3 years to meet legislative requirements</i> Annually.</p>
<p>Who is responsible for carrying out this review?</p>	<p>Commissioning of Adult social care.</p>

SIGNATURE OF EIA LEAD OFFICER	Signature redacted for online version
DATE COMPLETED	22/09/2016

SIGNATURE OF DEPARTMENTAL E&D LEAD	Signature redacted for online version
DATE SIGNED	22 September 2016
<i>This signature signifies the acceptance of the responsibility to publish the completed EIA as per the requirements of the Equality Act 2010</i>	

SIGNATURE OF HEAD OF SERVICE / DIRECTOR	Signature redacted for online version
DATE SIGNED	21/09/2016
<i>This signature signifies the acceptance of the responsibility and ownership of the EIA and the associated Action Plan (if applicable)</i>	