



# Norfolk County Council

## Adult Social Care budget proposals 2019-2020

# Equality and rural assessments – findings and recommendations

January 2019

Lead officer – Jo Richardson, Equality & Diversity Manager, in consultation with Susanne Baldwin, Finance Business Partner; Adult Social Services.

This assessment helps you to consider the impact of service changes on people with protected characteristics and in rural areas. You can update this assessment at any time to inform service planning and commissioning.

For more information please contact Equality & Diversity team, email: [equality@norfolk.gov.uk](mailto:equality@norfolk.gov.uk) or tel: 01603 223816.

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## The purpose of equality and rural assessments

1. The purpose of equality and rural assessments is to enable elected members to consider the potential impact of decisions on different people and communities prior to decisions being taken. Mitigating actions can be developed if detrimental impact is identified.
2. It is not always possible to adopt the course of action that will best promote the needs of people with protected characteristics or in rural areas. However, assessments enable informed decisions to be made, that take into account every opportunity to minimise disadvantage.

## The Legal context

3. Public authorities have a duty under the Equality Act 2010 to consider the implications of proposals on people with protected characteristics. The Act states that public bodies must pay due regard to the need to:
  - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act<sup>1</sup>
  - Advance equality of opportunity between people who share a relevant protected characteristic<sup>2</sup> and people who do not share it<sup>3</sup>
  - Foster good relations between people who share a relevant protected characteristic and people who do not share it<sup>4</sup>
4. [The full Act is available to read here.](#)

## The assessment process

5. This assessment comprises three phases:
  - **Phase 1** – evidence is gathered on the proposal, to examine who might be affected and how. This includes reviewing the findings of related assessments and public consultation, contextual information about local populations and other relevant data. Where appropriate, public consultation takes place
  - **Phase 2** – the results are analysed. The assessments are drafted, making sure that any potential impacts are fully assessed. If the evidence indicates that a proposal may have a detrimental impact on people with protected characteristics or in rural communities, mitigating actions are considered
  - **Phase 3** – the findings are reported to service committees, to enable any impacts to be taken into account before a decision is made

## Adult Social Care Services budget proposals 2019-2020

6. Adult Social Care Committee has put forward eleven budget proposals for 2019-2020:

	Title of proposal	Description
1.	Helping people to return home through accommodation based reablement to prevent long-term residential	<p>In line with the Council's Promoting Independence Strategy, there is an aim to maximise the independence of more people and reduce the number of people going into residential care. During the last twelve months the service has piloted two models of accommodation based reablement, which provides an alternative for people who are medically fit to be discharged from hospital but who are not well enough to go straight home and also people who are living at home but at risk of going into residential care.</p> <p>A commissioned service and in-house service has been developed. The service works with people to regain their independence in a safe environment, usually after an illness or injury and return home following the reablement programme. Previously this could have meant a stay in a residential setting and potential permanent loss of independence. The pilots were initially funded through the improved better care fund but have demonstrated a return on the investment through more people being able to return home and a reduction in needs. This proposal would see a continuation of this saving.</p> <p>The proposal is based on creating a permanent service, with a continuation of the mix of in-house and commissioned services, as well as some increase in provision in line with need.</p> <p>There has been a positive response to the accommodation based reablement services, both in relation to positive outcomes for individuals, which have led to increased numbers of people able to return home and service user feedback. The proposal will enable more people to be re-abled and stay in their own homes.</p>
2.	Helping people to stay at home through home based reablement to prevent, reduce and delay long-term home care packages	<p>Following a review of outcomes and identification of the need for increased capacity the service is expanding the in-house home based reablement service to increase capacity by 15%. The joint investment with Clinical Commissioning Groups in addition to staffing has been made in 2018-19 working with people to reduce the ongoing level of care and support required. This extra supply will enable an estimated additional 800 people to be re-abled each year, with existing outcomes suggesting that 61% of people are fully re-abled and do not require long term services or readmission to hospital, providing a saving for both health and social care. Those people who do need on going care need smaller packages.</p> <p>The proposal is for the continuation of the expansion of home based reablement service. Recruitment is ongoing and along with retention is a challenge for the service as for the whole health and social care system.</p> <p>The proposal is an invest to save and will enable more people in Norfolk to be re-abled and supported to remain independent in their home for as long as possible.</p>

	Title of proposal	Description
3.	Start of a ten-year housing development programme to develop Extra Care Housing across Norfolk to prevent need for long-term residential care	<p>The Council's priorities include a focus on housing. To help people to remain independent, the service has developed a new housing strategy for older people. This identified that there will be a shortage of extra care housing with care in Norfolk over the next ten years, with the need for an additional 2,842 units.</p> <p>Extra Care Housing is the term used nationally to describe housing for people that supplies some care provision and offers self-contained accommodation with staff available 24 hours a day. Schemes include apartments that are rented or owned by individuals who require a level of care. Individuals renting a flat may be able to claim housing benefit if eligible. Having the right type of housing options available for older people is key for helping people to remain in their own home and prevent crisis and can prevent or delay the need for residential care. Savings are generated from the prevention of spend.</p> <p>A full business case has been developed setting out the aims of the programme. The programme will work with a range of developers in the market to build schemes and has developed a business model, which will allow some financial support to enable the development of affordable homes in some areas. This is a ten-year programme and due to the lead in times for build and implementation, revenue savings will not be deliverable until 2021-22, but will increase after that with the potential for an annual £2m revenue savings by the completion of the programme.</p> <p>The proposal is to increase the number of extra care housing with care units in Norfolk. This would increase the availability of alternative housing for people who are experiencing increasing care needs or reduction in mobility and provide an earlier preventative alternative to residential care.</p>
4.	Making changes to our Adult Social Care charging policy to come in line with the national guidance	<p>In Norfolk, we have not reviewed some parts of our policy since the introduction of the Care Act in 2014 and although the Government allows there to be separate rates for different age groups, we have been using a higher rate for all groups rather than different rates based on people's age. We now need to be in line with our neighbouring councils and set the rate according to people's age.</p> <p>We have consulted on moving to the national guidance for the minimum income guarantee – this is the minimum amount that people are guaranteed to be left with each week before any charge for care can be made.</p> <p>In Norfolk we are already in line with the minimum income guarantee level for older people, but we do not follow the guidance for younger adults which sets a lower rate. We therefore propose to move to the nationally set lower rates for people aged 18-24 and 25 to pension age, but not change the rate for older people.</p> <p>We would use around £1m of the additional income to support this change, including to build up new services for working age adults.</p>

	Title of proposal	Description
		<p>This would include better support and advice. We would also invest in employment support, since we are out of step with other areas on the number of people with learning disabilities in work. As part of this charging review, we would also seek to align with Government guidance about people in receipt of Personal Independence Payments (PIP) daily living component. A change in legislation means that the Council is now able to take into account a higher level of this component – known as enhanced PIP – when calculating someone’s income. Previously, this has been excluded. The Mobility component will not be impacted by this change.</p> <p>Subject to the outcome of the consultation and final proposals, the Council would develop new services to improve financial advice and access to employment for working age adults, to enable enhanced services to be up and running prior to any changes. Some people will see no change to their charges or would continue to not contribute towards the care costs, due to their particular circumstances. However, others would see an increase in the amount that they are asked to contribute towards their care costs.</p> <p>The proposal will bring Norfolk’s charging policy more in line with other councils in the region, but would increase the amount that some service users pay towards their care costs. The proposal would enable some of the additional income to be reinvested to improve services to support working age adults into employment opportunities and to improve financial advice for individuals.</p>
5.	Full year effect of invest to save increasing support for people to claim welfare benefits and reduce the number of people who do not make a contribution towards their care	<p>As part of service improvement, adult social care has invested resources within the welfare benefits and income teams to increase capacity to ensure that our charging policy is consistently applied and to provide support for people to claim welfare benefits. This is increasing the number of people who are able to contribute towards their care costs, in line with the current charging policy.</p> <p>The invest to save is increasing the capacity of the team to provide support to individuals and ensure that assessments are completed at least annually and individuals are supported when circumstances change. The saving reflects the full year effect from this investment. The proposal supports the consistent application of the current charging policy and does not make any changes to the process or assessment.</p> <p>Initial work identified that reviewing financial assessments annually benefits service users by making sure that their circumstances are kept up to date, meaning that any contributions are fair and affordable and that service users are supported to claim any benefits to which they are entitled.</p>
6.	Review of budgets, risks, and inflation assumptions to deliver a saving	There are a number of budgets where requirements and needs have changed for the next financial year. The budget review has identified opportunities to reduce budgets and release previously allocated resources where spend is no longer needed or where

	<b>Title of proposal</b>	<b>Description</b>
	without a direct impact on services	<p>assumptions, including inflation assumptions, have been revised.</p> <p>The budget review has been completed and the adjustments can be made as part of the budget setting process. The review will not lead to a reduction in services, however, this will reduce overall flexibility to mitigate financial risks.</p>
7.	Reducing staff travel costs	The service has delivered underspend within staff travel budgets. New ways of working, use of Skype rather than travelling and use of pool cars will enable this reduction to be sustained.
8.	Shift to prevention within the health and social care system	<p>The health and social care system in Norfolk and Waveney has a clear vision for transformation. This is based around supporting people to enjoy good health for as long as possible and stay independent and in control of their lives. Key to this is strengthening primary and community services so that people can stay in their own homes and return to their usual place of residence after a stay in hospital.</p> <p>The Norfolk and Waveney Sustainable Transformation Programme (STP) is currently reviewing patterns of demand and care across the whole health and social care system. It is recognised that the balance of spend in health and social care needs to 'shift left' to reallocate funding to provide the right level of investment in communities, through social care, primary care and community health and reduce demands on hospital, which is both the most costly environment in which to support people, and also most in demand.</p> <p>There is a compelling case for investment in prevention because of the savings it can achieve across the whole system. Our work has shown that for every £1 spent on prevention there is a return of around £3.50 elsewhere in the system. This proposal therefore seeks a transfer from health spending within the Norfolk and Waveney system to social care. The proposal is a cautious view of the invest to save potential in social care to deliver savings elsewhere in the system.</p> <p>The investment could be through a number of preventative measures including building capacity, focussed work to target the people most at risk – including frailty and falls prevention and continuing to develop the preventative offer across Norfolk.</p> <p>The shift in the system is placing more pressure on social care. The proposal is seeking health investment to both protect and enhance services, with ambition to work with health partners to, in particular, focus on prevention and frailty management to reduce risk of admissions to hospital.</p>
9.	Saving resulting from impact of social prescribing, where new social	The saving represents the financial benefit being targeted from implementation of social prescribing. Social prescribing and the use of social, as well as purely medical interventions, to address the causes of ill health are increasingly recognised as part of an

	Title of proposal	Description
	<p>prescribers work with GPs to direct people to alternative preventative solutions before they require social care, helping to prevent and delay formal social care needs.</p>	<p>integrated and preventative approach to improving and transforming health provision. Social prescribing is part of the Norfolk and Waveney STP. Its aim is to build on existing community networks, working with GPs, district councils, social care and the voluntary community sector to identify resources available in a community and act as a referral pathway to housing and welfare advice, mental health support, healthy lifestyles, alcohol services, falls prevention, financial and benefits advice, befriending and community activities to support outcomes for people. The model is transferable and flexible for local needs, providing a co-ordinated range of options for health and care services to refer to, to support patients.</p> <p>The programme is being rolled out for people aged 18 years or over, registered with a GP practice and living in the Norfolk and Waveney who have specific needs – i.e. a chronic disease or long term condition, including sensory impairments, mental ill health, mild or moderate depression or anxiety; needs that challenge their independence; loneliness or social isolation or who frequently attend the GP surgery and have advice and support needs that cannot be adequately addressed by primary care, for example housing needs. Locality schemes are now in place and the pilots will be evaluated in 2019/20 after they have been up and running for a year. In addition, the Council has been successful in gaining a social impact bond through the Life Chances Fund, which will provide further financial support during implementation and evaluation of the invest to save benefits.</p> <p>The savings to the system will be derived by the reduction in demand for medical care and formal long term social care services. The expectation is that eventually 1,600 people will be seen within locality focused social prescribing services, reducing, delaying or preventing need to 300 people. The saving is forecast from 2020-21. This is because it is expected that there will be a lead in time due to the early preventative nature of the service.</p>
10.	<p>Financial adjustment to payment timescales for people in receipt of direct payments to align the income with their outgoings, following an audit recommendation</p>	<p>Where people choose to take their personal budget as a direct payment, payment is made into a direct payment account for the individual, who is then able to manage the use of the funds in line with their care and support plan – i.e. the service user may choose to pay a personal assistant to provide care services. Direct payment accounts remain County Council funds but are not available for other purposes. Currently these payments are transferred into the service user's direct payment account six weeks in advance. So, a payment to support services during the month of August would be made into the account in the middle of June. A previous audit review of direct payments highlighted that balances held within service user's direct payment accounts are higher than the level needed, based on evidence of payments and cashflow. This represented a small financial risk to the Council and did not demonstrate the best use of resources. The proposal will see funds being transferred to direct payment accounts four weeks in advance instead of the current six weeks. This provides a one-</p>



	<b>Title of proposal</b>	<b>Description</b>
		<p>off cash flow benefit to the Council, but also ensures that balances held in direct payment accounts are not unnecessarily high.</p> <p>The proposal does not change the resources available to service users to meet care needs and represents a cashflow adjustment only. The change will result in a reduction in the balances held in direct payment accounts, which will reduce financial risk and enable better use of resources. Balances that are more than what is needed can be released to spend on other cost pressures for social care.</p>
11.	One-off saving through the use of repairs and renewals reserve, which is no longer required for the original purpose.	<p>Adult Social Care has had a small amount within reserves for repairs and renewals for a number of years. The original requirement for the fund was to meet the cost of purchasing and repairing specific equipment. The need for the reserve has changed over time as equipment is procured differently via leases and larger equipment needs are capitalised. The proposal is therefore to release this funding for general revenue spend during 2019-20.</p> <p>If approved the reserve would be used towards the cost pressures for the service and reduce the need for additional savings in 2019-20.</p> <p>As a use of reserves, the benefit will be for 2019-20 only and will result in a cost pressure in the following financial year.</p>

## Who is affected?

7. These proposals will affect disabled and older people and their carers, including disabled and older people with other protected characteristics and in rural areas. Staff will also be affected:

<b>People of all ages (particularly older people)</b>	<b>YES</b>
<b>Disability</b> (all disabilities and long-term health conditions, including but not limited to people with, for example, reduced mobility; Blind and visually impaired people; Deaf and hearing impaired people; people with mental health issues; people who are neurodiverse (e.g. on the Autism spectrum); people with learning difficulties and people with dementia)	<b>YES</b>
<b>Gender reassignment</b> (e.g. people who identify as transgender)	<b>YES</b>
<b>Marriage/civil partnerships</b>	<b>YES</b>
<b>Pregnancy &amp; Maternity</b>	<b>YES</b>
<b>Race</b> (different ethnic groups, including Gypsies, Roma and Travellers)	<b>YES</b>
<b>Religion/belief</b> (different faiths, including people with no religion or belief)	<b>YES</b>
<b>Sex</b> (i.e. men/women/people who identify as intersex)	<b>YES</b>
<b>Sexual orientation</b> (e.g. lesbian, gay and bisexual people)	<b>YES</b>

## Potential impact

8. Adults budget proposals for 2019-20 will impact primarily on disabled and older people and their carers – which is inevitable, because disabled and older people constitute the majority of adult social care users.
9. However, only one of the proposals (the proposal to make changes to the Adult Social Care charging policy), is likely to have a significant detrimental impact. The reasons for this are set out on page 15.
10. The other 10 proposals are unlikely to have any significant detrimental impact on people with protected characteristics or in rural areas. Five of the 11 proposals will enable the Council to better promote independence for disabled and older people and increase the accessibility of housing, to enable disabled and older people to stay at home for longer. This prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being.
11. The reasons for this are provided below:

	<b>Title of proposal</b>	<b>Impact</b>
1.	Helping people to return home through accommodation based reablement to prevent long-term residential	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting independence strategy will guide the design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</li> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
2.	Helping people to stay at home through home based reablement to prevent, reduce and delay long-term home care packages	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting independence strategy will guide the design and delivery of this proposal. Promoting independence</li> </ul>

	Title of proposal	Impact
		<p>strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</p> <ul style="list-style-type: none"> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
3.	<p>Start of a ten-year housing development programme to develop Extra Care Housing across Norfolk to prevent need for long-term residential care</p>	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting Independence strategy will guide the design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</li> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
4.	<p>Making changes to our Adult Social Care charging policy to come in line with the national guidance</p>	<p>See page 15.</p>
5.	<p>Full year effect of invest to save increasing support for people to claim welfare benefits and reduce the number of people that do not make a contribution towards their care</p>	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting independence strategy will guide the design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are</li> </ul>

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		<p>critical factors in supporting well-being</p> <ul style="list-style-type: none"> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
6.	Review of budgets, risks, and inflation assumptions to deliver a saving without a direct impact on services	There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery.
7.	Reducing staff travel costs	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery.</p> <p>However, it will be important to ensure that technology to facilitate more agile working is fully accessible for disabled staff or staff with long term health conditions.</p>
8.	Shift to prevention within the health and social care system	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting Independence strategy will guide the design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</li> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
9.	Saving resulting from impact of social prescribing, where new social prescribers work with GPs to direct people to alternative preventative	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• The principles of promoting Independence strategy will guide the</li> </ul>

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	solutions before they require social care, helping to prevent and delay formal social care needs.	<p>design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being</p> <ul style="list-style-type: none"> <li>• People in rural and urban areas will receive the same standards and quality of services</li> <li>• Opportunities for building greater levels of accessibility and inclusion for disabled and older people into the design of services will be considered as part of the commissioning process</li> </ul>
10.	Financial adjustment to payment timescales for people in receipt of direct payments to align the income with their outgoings, following an audit recommendation	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> <li>• The change would not reduce any personal budgets to service users. All direct payment holders would still have the same amount available to spend monthly. The proposal will require a review of each direct payment account and for one month only, there would be a reduction in the transfer to bring in line with the new timing for payments</li> <li>• All service users would be notified in advance, with clear information and dedicated staff available to discuss any concerns and to enable any alternatives arrangements to be made in exceptional circumstances</li> <li>• No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users</li> <li>• People in rural and urban areas will receive the same standards and quality of services</li> </ul>
11.	One-off saving through the use of repairs and renewals reserve, which is no longer required for the original purpose.	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery.</p>

<b>Title of proposal:</b>	Making changes to our Adult Social Care charging policy to come in line with the national guidance
<b>Lead Officer:</b>	Jo Richardson, Equality & Diversity Manager

## Analysis of proposal & potential impact

### Summary of the proposal

1. This proposal is to make changes to the County Council's Adult Social Care charging policy to move from a single rate based on people over 65 to be in line with national guidance.
2. The technical detail of the proposal is set out in the consultation pack and the report to Adult Social Care Committee, and therefore is not replicated again here. However, a summary is provided on page 5 of this assessment.
3. In essence, we are proposing to make two changes to the charging policy:
  - (1) Proposal to use different rates of MIG
    4. Until now, the Council has used a higher rate for people aged 18 – 64. Other councils have already changed to the Government's rates. However, because Adult Social Services needs to save money it is now being proposed to change Norfolk's rates too.
    5. At the moment, the Council has only one rate for the MIG which it uses for everyone. This is £189 a week. However, the Government says that there can be different rates for people of different ages. In simple terms, it is being proposed to use the following rates:
      - 16 - 24 years old - £132.45 a week
      - 25 - 64 years old - £151.45 a week
      - 65 years old - £189 a week
    6. This rate is made up of basic MiG, PiP disability premium and PiP Enhanced Premium.
    7. The Council is **not** proposing to change the MIG for people who have reached pension credit age. This would remain at £189 a week.
    8. Rates also vary depending on whether people are single, in a couple or have children.
  - (2) Proposal to take the enhanced rate of the daily living component of Personal Independence Payment (PIP) into account
    9. The Government sets out what the Council can count as 'income' when working out how much people can afford to pay. Currently the County Council always treats the enhanced rate of daily living component of people's **PIP** as income but the Government says that this is possible.

### What would happen if the proposal goes ahead?

10. If the proposal went ahead the Council would have to work out how much to ask people to pay towards their care costs.

11. When the Council writes to people about any changes it would offer to carry out a full financial assessment for them. It would look at all the money they have coming in, how much they spend and if there are any benefits they might be entitled to that they are not already claiming.
12. If, in the future, people's financial circumstances change they can contact the Council and ask us to review the amount they will have to pay for their care.

## **Support the Council would give people if the proposal went ahead**

### **Helping people find work**

13. Disabled people who are working can keep some of their earned income whilst still receiving some benefits. Having a job and gaining some extra income can change people's lives. A major part of the Department for Work and Pensions approach is to make sure that disabled people can work wherever possible. This is consistent with the Council's status as a 'Disability Confident Leader' and our commitment to supporting disabled people into employment opportunities.
14. At the moment we provide help and support to help people find work. This is through our MATCH Service which supports employment and training across Norfolk.
15. We also offer employment opportunities through our Libraries Employment Scheme and Apprenticeship Schemes. We work very closely with Department Work and Pensions Disability Advisors to explore every private sector training and employment option available for those who would like to find work or training.
16. If our proposals went ahead, we would invest some of the savings we would make in setting up better services to help people into employment. We would increase the support we give people to find work as we expand our employment services to help all of those using our services, where possible, to look for employment or training. We would work closely with our voluntary sector providers to support more employment and training schemes.

### **Help with managing money**

17. Depending on the outcome of the consultation we could offer people a range of options to help them manage their money. For example, we could offer more help and support to people who are in debt.
18. We could also encourage more people aged 18-64 who receive Employment Support Allowance, Universal Credit, Income Support and Jobseekers Allowance to pay their care charges through a direct deduction from their benefits. This helps many people better manage their finances as they receive their benefits minus the amount that they pay for their care. This means that they do not have to worry about making arrangements to pay for their care bill.

## Help and advice with claiming benefits

19. We would offer all working age people a full benefit check to make sure that they are claiming all that they are entitled to. This would involve looking at disability benefits and seeing if they could be claimed at a higher rate. Some people may be able to receive the mobility component of PIP but are not currently claiming for this.
20. If any of the changes we propose go ahead we would not expect to make any changes to the amount people would need to pay for the care they receive until after 1 July 2019. That means we would plan to write to everyone in April 2019 to tell them what any changes mean for them. This means that people would not receive a bill in relation to the new charging policy until September 2019.

## Who is affected?

21. The proposal affects people who receive non-residential adult social care services<sup>1</sup> where Norfolk County Council pays the care providers directly. It will also affect people who receive direct payments to buy their own services. The Council currently provide chargeable non-residential adult social care services to around 7,900 people.
22. It will therefore primarily affect people with a care need, including disabled people, people with learning disabilities, people with mental health problems and those affected by substance misuse. This includes people with other protected characteristics and who live in rural areas.
23. The proposal will affect people who live in their own home and in the community including housing with care and supported living. It does not affect people who live in residential or nursing care.
24. The proposal only affects people over the age of 65 if they claimed PIP before they became 65 and still receive it.
25. Many people who receive non-residential care would not be affected by our proposal as their income would still be below the minimum amount for living expenses that we have to consider.
26. People with savings over £23,250 would still need to pay the full cost of their care.
27. If people receive a direct payment to purchase their own non-residential care they might have to change the amount they contribute to their personal direct payments account.

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<sup>1</sup> Non-residential services help meet people's social care needs in the community. These services include things like:

- help at home,
- getting meals,
- support with activities such as going on trips,
- help with education, and
- going to a day centre.



## Potential impact

28. If this proposal goes ahead, it may have a detrimental impact on some (though not all) disabled service users who receive non-residential adult social care services.
29. This is because some people might have to start paying between £1.45 and £87.01 per week more for their care. The amount that people would have to pay towards their care would depend on their income, expenses and the amount of disability related expenses they have. Some people could be affected by the proposed change to MIG, the proposed change of approach to PIP or to both.
30. Based on the current information the Council has about existing services users it is estimated that:
  - Around 4,100 people would not be affected by the proposal
  - Around 1,000 people would continue to pay nothing towards their care because their income would remain below the amount of income we would take into account
  - Around 400 people would continue to pay the same amount
  - Around 1,400 people might have to start paying for their care for the first time
  - Around 1,000 people might have to pay more for their care
31. The amount that the Council would ask people to pay would depend on whether all the changes were made at once, or whether the Council decided to phase the changes so that they came in gradually.
32. If the changes were all made at once, this could have a very significant detrimental impact on some people. The more people would have to pay towards their care, the greater the impact – such as:
  - Increased financial hardship
  - A reduction in standard of living, quality of life, physical wellbeing and independence because people have less money available to pay for day-to-day living because they have to pay more towards their care
  - Anxiety and stress (with an impact on people's emotional and mental health) due to having to live on a lower income, and deal with new expenses and tighter budgeting, alongside the need to evidence spending, fill in forms and undergo review to determine need. Many service users may be unprepared for the change in their costs, both practically and emotionally
  - Reducing people's access to services – because they have less money to spend on transport or the services themselves
  - Making people more socially isolated – because they have less money to spend on social or leisure activities
  - Increasing pressure on carers who may have to provide additional support
33. These impacts may be exacerbated for disabled people living in rural areas, where there may be a higher cost of living, less transport options (or very costly transport options, that may not be affordable) or less access to services and carer support.
34. These impacts would need to be balanced against the fact that service users will only be asked to pay based on what the Government says they can afford.

## Cumulative Impacts

35. When considering the impact of its budget proposals, the Council is required to take into account other social factors which may be impacting on residents – for example, Norfolk’s rural geography; the rising cost of living; changes to welfare reform and social issues, such as the priority of disabled residents to remain independent for as long as possible.
36. In view of this, it is pertinent to consider the challenges that many disabled service users face when seeking to maintain their independence.
37. For example:
- Over the last eight years there have been a range of changes to welfare provision. Some people will have already seen a reduction in their benefits or ability to access services, and may be finding it challenging to keep pace with this
  - A person with restricted mobility may find their ability to afford to travel independently may be very limited, due to restricted income. Even in an urban area it may be necessary to travel to access services, especially ones that can accommodate their needs. This may lead to social isolation
  - Services are increasingly moving online. A disabled person on a restricted income may be unable to afford the hardware, software and broadband needed to be able to access the internet. They may require a certain type of software to enable them to access information. This will increase the cost and there is a risk that it may not be compatible with the site they wish to access. They may also fear that any equipment you do purchase will be rapidly out of date, adding to the cost and requiring the skills and knowledge to purchase the right thing and update it when necessary
  - A service user’s health condition means they may be limited as to what time they can spend managing their finances. Certain types of health issues can make someone very tired or anxious due to the additional strain required to carry out daily routines
  - An individual may suffer from peaks and lows in their health, particularly in relation to a mental health issue. Sometimes they may find it easy to cope, at other times they may not, and they may need extra support at these times
38. As part of any re-assessment regarding changes to charging, external factors relating to benefit changes and debt should be taken into consideration and referral made for relevant guidance and support.

## Conclusions

39. There is no legal impediment to going ahead with the proposal. It would be implemented in full accordance with due process, national guidance and policy. Similar proposals have been implemented elsewhere in the UK.
40. Everyone will still receive a guaranteed income to live on. The Council would continue to encourage and support people to provide information about their disability related expenses, so that the Council can reduce the amount it asks people to pay for the care by capturing the full amount of disability related expenses they have.
41. However, it is possible to conclude that the proposal may have a detrimental impact on some groups of people, for the reasons set out in this assessment. Ultimately, the task for Adult Social Care Committee is to balance these impacts alongside the need to manage reduced resources and continue to provide essential adult social care services to those who need them most.

42. Adult Social Care Committee is therefore advised to take these impacts into account when deciding about whether the proposal should go ahead, in addition to the mitigating actions recommended below.

## Human rights implications

43. Public authorities in the UK are required to act compatibly with the Human Rights Act 1998. There are no human rights issues arising from the proposals.

## Mitigating actions

	Action/s	Lead	Date
1.	Consider phasing in the amount that the Council asks people to pay so that the changes are not made all at once and come in gradually.	Executive Director of Adult Social Care	From 1 April 2019
2.	Continue to review whether individual service users (for example people with learning difficulties) face barriers to managing their spending. If so, develop actions for addressing any barriers.	Executive Director of Adult Social Care	From 1 April 2019
3.	If a service user expresses concern about financial austerity, offer appropriate budget planning or other relevant support to make sure people are spending as effectively as possible, and ensure transition plans are established.	Executive Director of Adult Social Care	From 1 April 2019
4.	If the proposal goes ahead, contact all service users affected, to offer guidance and advice on any steps they need to take – taking into account the particular needs of different groups of service users, such as people with learning difficulties. This will include how to complete forms and the evidence that is required, to enable their needs to be taken into account. It will also include how to ask for help and who to talk to if they are worried about how they will manage the financial impact.	Executive Director of Adult Social Care	From 1 April 2019
5.	Work with relevant stakeholders to ensure that the guidance provided is simple, clear and accessible, particularly for people with learning difficulties and people with mental health issues.	Executive Director of Adult Social Care	From 1 April 2019
6	Ensure any new build homes meet M4(2) accessible and adaptable dwellings and/or M4(3) (wheelchair user dwellings). This will ensure build is compliant with current accessible build standards.	Executive Director of Adult Social Care	From 1 April 2019
7	Ensure reasonable adjustments are put in place for disabled staff to enable them to use new technology or travel solutions.	Executive Director of Adult Social Care	From 1 April 2019

## Evidence used to inform this assessment

- Norfolk budget proposals 2019/20 – consultation documents and background papers

- Business intelligence and management data, as quoted in this report
- Equality Act 2010 and Public Sector Equality Duty codes of practice

## Further information

For further information about this equality impact assessment please contact Jo Richardson, Equality & Diversity Manager, Email: [jo.richardson@norfolk.gov.uk](mailto:jo.richardson@norfolk.gov.uk)



If you need this document in large print, audio, Braille, alternative format or in a different language please contact Jo Richardson on 0344 800 8020.

### <sup>1</sup> Prohibited conduct:

Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have, or because they associate with someone who has a protected characteristic.

Indirect discrimination occurs when a condition, rule, policy or practice in your organisation that applies to everyone disadvantages people who share a protected characteristic.

Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”.

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

2 The protected characteristics are:

**Age** – e.g. a person belonging to a particular age or a range of ages (for example 18 to 30 year olds).

**Disability** - a person has a disability if she or 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.

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

**Marriage and civil partnership**

**Pregnancy and maternity**

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

**Religion and belief** - has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism).

**Sex** - a man or a woman.

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

3 The Act specifies that having due regard to the need to advance equality of opportunity might mean:

- Removing or minimizing disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;

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- Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of others;
  - Encouraging people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.

4 Having due regard to the need to foster good relations between people and communities involves having due regard, in particular, to the need to (a) tackle prejudice, and (b) promote understanding.