

**Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form**

Subject / Title	Adult Social Care Non-Residential Charging Policy	
Team	Department	Directorate
Transformation	Adults	Adults
Start Date	Completion Date	
28 October 2021	2 February 2022	
Project Lead Officer	Reyhana Khan – Programme Manager	
Contract / Commissioning Manager	Trevor Tench – Head of Commissioning	
Head of Service	Mark Whitehead – Strategic Operations	
Assistant Director/ Director	Stephanie Butterworth – Director, Adults	
EIA Group (lead contact first)	Job title	Service
Reyhana Khan	Programme Manager	Adults
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Ilys Cookson	Assistant Director	Exchequer
Tom Quayle	Finance Manager	Corporate Finance

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

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<p>1a.</p> <p>What is the project, proposal or service / contract change?</p>	<p>The previous Charging Policy was approved on 25 March 2015, following the implementation of the Care Act 2014.</p> <p>The residential and non-residential arrangements for financial assessment and charging have now been separated out to make it easier for the public to access the information relevant to them. This EIA is in relation to the Non-Residential Charging Policy.</p> <p>The changes to non-residential charges are outlined below:</p> <ol style="list-style-type: none"> 1. The Council <u>continue</u> to provide a Minimum Interest Guarantee MIG over that provided by the statutory MIG, which means it is a more generous amount and supports the most vulnerable. It uses the MIG as set by The Care and Support (Charging and Assessment of Resources) Regulations 2014 with the following <i>increased amounts</i>: <ul style="list-style-type: none"> • The amount for working age people to include the Disability Premium • Higher amounts to be allowed for the following elements <ol style="list-style-type: none"> a) Enhanced Disability Premium b) Carer Premium 2. The way income is disregarded. From April 2022 onwards the following will apply: <ul style="list-style-type: none"> • For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week) • For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week). 3. The introduction of an annual fee of £95 is charged for the management of a self-funder's package of care. This would be applied to new self-funders from this date forward.
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1b.	<p>What are the main aims of the project, proposal or service / contract change?</p>	<p>The aim of this policy is to provide a consistent and fair framework for charging people who receive care and support, following an assessment of their individual needs and financial circumstances.</p> <p>The Care Act 2014 is the national legislation that sets out how councils charge adults for the care and support they receive to meet their needs. These needs are sometimes referred to as 'identified, assessed or eligible needs'.</p> <p>The Adult Social Care Non Residential Charging Policy ensures that Tameside Council is following the charging principles set out in the Care Act:</p> <ul style="list-style-type: none"> • The amount a person pays towards the cost of their care will be determined by looking at the cost of the service, their capital, expenditure and the income they receive. • An individual financial assessment will be undertaken to ensure people are charged what they can reasonably afford to pay. • Contributions towards the cost of care will be transparent and fair. • A person will not be charged more than the amount the service has cost the Council. • A person has sufficient money to meet their housing costs and any other disability related expenditure. • After a person has paid their contribution, they will retain a basic minimum income, this is known as the Minimum Income Guarantee (MIG).
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1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
Age	x			<p>23.5% of the Tameside population is aged over 60, however, 64.6% of the adult social care client base is aged over 60. Therefore, significantly more older people are in receipt of non-residential social care services.</p> <p>Furthermore, 88.8% of over 60's are currently full cost clients (self-funders) for non-residential services. For some of these people, there may be a negative impact through the introduction of a self-funders arrangement and annual fee. However, the impact will only be for those people who choose to ask the Council to set up</p>

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				their care – not all will be impacted by this. For those self-funders who choose to arrange their own care, there will be no impact. People have this choice and the Council signpost to independent financial advice and information about care providers and services to help people arrange their own care if they wish to do so.
Disability	x			20.9% of Tameside’s overall population have a disability, in comparison with 48.8% of people in receipt of non-residential social care services. Therefore, there are more than double the number of disabled people in receipt of non-residential services. Furthermore, there is a positive impact on those disabled people who are assessed by the DWP as receiving the higher rate of DLA care component, and those clients who receive the enhanced rate of PIP daily living component. They will have more income as a result of the proposals. (Numbers are held by the DWP are not available).
Ethnicity			x	90.9% of Tameside’s population are White, compared to 93.9% of people in receipt of non-residential social care services. There are comparable figures for BAME/other and therefore there is no impact on this group.
Sex / gender			x	50.7% of Tameside’s population are female, and 56.2% of people in receipt of non-residential social care services are female, therefore there is not a significant difference and there will be no impact on gender.
Religion or Belief			x	64% of Tameside’s population are Christians, with 69.1% of people in receipt of non-residential care services are Christians. 4.4% of Tameside’s population are Muslim, compared to 5.6% of people in receipt of non-residential care services. 31.5% of Tameside’s population have no religion / religion not stated / other compared to 25.3% of the non-residential services client base. Therefore there is no significant impact on this group.
Sexual Orientation			x	94.7% of Tameside’s population are heterosexual/straight. In contrast, 75.2% of the client base are heterosexual/straight. However, a further 24.1% chose not to disclose their sexual orientation and numbers were very low for the other sexual orientation categories. It is not felt that there will be any impact on the sexual orientation of people.
Gender Reassignment			x	There is no information about Gender Reassignment and Pregnancy and Maternity available for people in receipt of non-residential care services. However, the Non-Residential Charging Policy is applied equally to

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				all people who are assessed as needing services and it is not anticipated that there will be an impact on this group.
Pregnancy & Maternity			x	There is no information about Gender Reassignment and Pregnancy and Maternity available for people in receipt of non-residential care services. However, the Non-Residential Charging Policy is applied equally to all people who are assessed as needing services and it is not anticipated that there will be an impact on this group.
Marriage & Civil Partnership			x	Although there are differences in this cohort, it is not felt that the changes to the Non-Residential Charging Policy would impact this group. 47.2% of the client base of those in receipt of non-residential social care services are single, which is a greater proportion to the Tameside population overall (35.3%). 21.2% of the client base are married, compared to the Tameside population overall (43.5%). 9.5% of the client base are separated or divorced, compares to the Tameside population overall (13.4%) 22.1% of the client base is widowed. This is significantly higher than the Tameside population overall (7.6%)
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (please state)	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
Carers			x	The non-residential charging policy applies to people in receipt of non-residential care services. However, every effort is made to include Carers if people choose to involve them in their assessments as part of the Care Act.
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? (e.g. vulnerable residents, isolated residents, those who are homeless)				
Group (please state)	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
Low or no income groups			x	People in receipt of social care services are means tested and fairer charged; so people will only be charged what they could afford to pay. If people were financially assessed as not being able to afford to pay for their care - but had a Care Act

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				assessed and eligible need - then the council would pay for their care.
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*“Low or no income groups” should be included as a key consideration when assessing the impact of your project, proposal, policy or service/contract change.
Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.*

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		x	
1e.	What are your reasons for the decision made at 1d?	<p>There will be a direct impact on a number of protected characteristics. There are significantly more older people aged over 60 in receipt of non-residential care services than the overall population of over 60s in Tameside. Also, there are significantly more older people who are self-funders and financially assessed as being able to afford the full cost of their care.</p> <p>There are over double the number of people who are disabled and in receipt of non-residential care services than the overall over 60s population of Tameside. In addition, there is a positive impact on those disabled people who are assessed by the DWP as receiving the higher rate of DLA care component, and those people who receive the enhanced rate of PIP daily living component. They will have more income as a result of the proposals. (Numbers are held by the DWP and not available). These are people who are likely to be more severely disabled.</p>	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
<p>This EIA focusses on the Council’s proposals on the new Non-Residential Charging Policy for Adult Social Care as a result of a review on the current policy.</p> <p>The demand for services is set to increase significantly over the coming years due to our ageing population, as is the number of people with complex needs. Therefore we need to ensure that everyone pays the appropriate amount for the care and support that they receive, based on their needs and their ability to pay, to help ensure the long-term sustainability of care and support services provided by the Council</p> <p>Due to this, the Council reviewed its Adult Social Care Charging Policy (2015) to ensure that it is</p>

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still

- relevant,
- fit for purpose
- equitable.
- clear and easy to understand
- and provides all the necessary guidance and processes that have been followed

The recent [Norfolk judgment](#) (Jan 2021) has also provided some key aspects to consider as part of this timely review.

Following the review and comparison of policies from other councils, it was deemed the clearest way to achieve the above was to separate out the current charging policy, into:

- non-residential charging policy
- residential charging policy

It is the proposed non-residential charging policy where a series of proposals have been recommended to make changes to the way in which people are financially assessed. The proposed changes to non-residential charges are outlined below:

1. Continue to apply Tameside’s rates to calculate the Minimum Income Guarantee (which is in excess of the DHSC Statutory limits and a more generous amount for individuals)
2. The way income is disregarded. From April 2022 onwards the following will apply:
 - For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week)
 - For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week).
3. The introduction of an annual fee of £95 is charged for the management of a self-funder’s package of care. This would be applied to new self-funders from this 1 April 2022 forward where the Council is asked to set up the care.

A consultation exercise in respect of the proposals on the non-residential charging policy took place between 28th October and 23rd December 2021. The response to the consultation survey was disappointing in that only 52 people responded, the breakdown of which was as follows (for those who responded to this question):

I am currently in receipt of non-residential care and support services	19.6%	10
I am a carer of someone who is in receipt of non-residential care and support services	23.5%	12
I am a relative or friend of someone who is in receipt of non-residential care and support services	35.3%	18
I am a member of the public	11.8%	6
I am a Tameside Council or Tameside & Glossop CCG employee	9.8%%	5
TOTAL		51

However, building in the two focus groups which were undertaken following strict Covid-19 Guidelines meant that more views were captured:

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Response Method	Completions
Big Conversation online survey	48
Postal paper survey	4
Total Focus Group Participants	~30
Total number of consultees	~82

2b. Issues to Consider

Consultation considerations

The consultation approach included an online questionnaire by means of the Council's Big Conversation as it was appropriate to engage with service users and residents in this way – at the time of undertaking this consultation, the nation is in the midst of a global Covid-19 pandemic. This also meant that consultees could access the exercise in their own time and at their own leisure.

Despite potential barriers to engagement due to the online questionnaire and the fact that many service users do not use the internet, as well as the depth and complexity of the information presented, significant efforts were made to ensure that barriers were removed or alleviated where possible. Over 2,000 letters were sent to people who are currently in receipt of non-residential social care services and are already subject to the Council's current Charging Policy letting them know about the consultation and signposting them to the Big Conversation. The letter sent to people also offered help and support for people wanting to respond but who didn't feel able to use the internet, by means of a phone number and email address. The Council responded to a number of requests for paper copies of the policies to send out, paper copies of the consultation questions - including in easy read format - and offered to complete the questions over the phone with individuals if they wished to do so.

The TMBC social media handles on twitter and facebook scheduled in reminders twice a week for the duration of the consultation.

In addition, targeted focus groups were undertaken with People First Tameside and a 'user-led' group of learning disabled adults in a supported accommodation scheme. Full safety measures adhering to guidance were put in place to meet with people, however, due to the covid-19 pandemic and the emergence of the omicron variant, face-to-face focus groups had to be limited.

The below table details the demographic profile of the overall population of the borough in comparison to the current client base of those in receipt of chargeable non-residential adult social care services, that of respondents to the Big Conversation and those clients who are finally assessed and charged for paying the full cost of their care;

Demographic Group	Tameside Population (%)	Client Base (%)	Respondents to Big Conversation (%)	Full cost clients (%)
Gender / sex				
Male	49.3	43.8	19	37.8
Female	50.7	56.2	81	62.2
Age				
Under 30	36.5	11.6	0	4.6
30 – 44	19.4	10	11.1	2.9

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45 – 59	20.9	13.7	22.2	3.7
60 – 79	19.2	29.7	44.4	27.1
80+	4.3	34.9	22.2	61.7
Ethnicity				
White	90.9	93.9	95	97.3
BAME / other	9.1	6.0	5	2.7
Disability				
Yes	20.9	48.8	(see below section)	39
No	79.1	51.2		60.9
Marriage and Civil Partnership				
Single	35.3	47.2	26.7	42.3
Married	43.5	21.2	40	23.7
In a registered same-sex civil partnership	0.2	-	0	-
Separated	3.0	2.2	-	
Divorced	10.4	7.3	20	6.8
Widowed	7.6	22.1	13.3	27.1
Religion and Belief				
Christian	64.0	69.1	68.4	72.2
Muslim	4.4	5.6	0	
Other	2.0	10.7	10.6	12.2
No religion	23.6	7.6	21	7.8
Religion not stated	5.9	7.0	0	7.8
Sexual Orientation				
Heterosexual or straight	94.7	75.2	88.9	60.6
Gay or lesbian	1.1	*	0	
Bisexual	0.7	*	0	
Other	0.2	*	0	
Don't know or refuse to say	3.3	24.1	11.1	39.4

*Numbers too small to report

- Numbers not available

For the adult social care clients, data is provided for those where the information has been collected and recorded. No information about Gender Reassignment and Pregnancy and Maternity.

The Ageing Population

Tameside's population is currently estimated at 227,100 residents. There has been a growth particularly in the number of people over 65 years by 4% since 2015 and this is projected to continue to increase by another 16.7% by 2030. Older people often have an increasing need for health and social care as they grow older.

It is estimated that in 2020 there were 2,637 people over the age of 65 with dementia in Tameside. By the year 2030 this total is expected to rise by 21.4% to reach 3,200 people.

Disabilities

The consultation did not explicitly ask for people to disclose their disabilities, but did enquire about limitations on day to day activities due to a health problem or disability. 50% of respondents said they were limited a lot in their day to day activities, 16.7% said they were limited a little, and 33.3% said they were not limited in their day to day activities.

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Caring

The consultation also asked whether people look after, or give any help or support to family members, friends, neighbours or others because of either long term physical or mental ill-health /disability or problems related to old age?

50% of respondents said they did not, 16.7% said they provided between 1-19 hours of support per week, 16.7% said they provided between 10-49 hours of support per week, and 16.7% said they provided in excess of 50 hours of support per week.

The conclusions drawn from the evidence and analysis of the effects on equality on the protected characteristic groups are detailed in the below table:

Protected Characteristic	Demographic Analysis
Gender	43.8% of the client base are male and 56.2% female. The gender profile of the client base shows a slightly greater proportion of females compared to the Tameside population overall.
Age	<p>Over 60s: Tameside has a caseload of 1,340 adults in receipt of non-residential social care services who have been financially assessed. Furthermore, 88.8% of over 60's are currently full cost clients (self-funders)</p> <p>Under 60s: 732 service users (35% of the total) are under the age of 60.</p>
Ethnicity	94% of the client base of those in receipt of non-residential chargeable social care services for adults are white and 6% BAME. This is largely in line with the ethnicity profile of Tameside overall (91% white and 9% BAME).
Disability	The disability profile of the client base of those in receipt of chargeable care services shows that 1005 service users (48.5 % of the total) are disabled. There is a greater proportion of disabled people who are service users compared to the Tameside population overall (21%).
Marriage and Civil Partnership	<p>47.2% of the client base of those in receipt of non-residential social care services are single, which is a greater proportion to the Tameside population overall (35.3%).</p> <p>21.2% of the client base are married, compared to the Tameside population overall (43.5%).</p> <p>9.5% of the client base are separated or divorced, compares to the Tameside population overall (13.4%)</p> <p>22.1% of the client base is widowed. This is significantly higher than the Tameside population overall (7.6%)</p>
Religion and Belief	<p>69.1% of the client base is Christian which is in line with the Tameside overall of 64%.</p> <p>There is a greater difference where people identify as having 'other' religion; for the client base this is 10.7% and for the Tameside population overall, this is only 2%.</p> <p>Furthermore, 7.6% of the client base have 'no religion' which is significantly lower than the Tameside overall population (23.6%)</p>
Sexual Orientation	75.2% of the client base are heterosexual or straight compared to 94.7% of the overall Tameside population. However, 24.1% of the client base has chosen not to disclose their sexual orientation, in comparison to 3.3% of the overall Tameside population.

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	This pattern follows for full cost clients; 60.6% were heterosexual or straight, but 39.4% has chosen not to disclose their sexual orientation.
Gender Re-Assignment, Pregnancy and Maternity	Specific data is not available on these protected characteristics for those in receipt of chargeable social care services for adults. However no evidence of any disproportionate impact was discovered.

For the adult social care clients for non-residential services, data is provided for those where the information has been collected and recorded.

Further considerations

The Charging Policy was in need of a full review since the Care Act was implemented in 2015. In terms of the elements of the Care Act that are to do with charging for services, the Department of Health published regulations that embody the statutory requirements of the Act as well as indicating the discretionary elements that are open to local interpretation and decisions.

The key regulation is:

- The Care and Support (Charging and Assessment of Resources) Regulations 2014

Furthermore, in December 2020, there was a high court ruling where the judge, Mr Justice Griffiths, ruled against Norfolk County Council that its Charging Policy discriminated, albeit inadvertently, against ‘severely disabled’ people contrary to Article 14 of the European Convention on Human Rights.

Mr Justice Griffiths noted that Norfolk had “exercised its discretion to charge the claimant the maximum permissible (disregarding only those elements it is required to disregard by law), and, at the same time, has lowered the overall cap on her charges by reducing the council's minimum income guarantee”. The way the Charging Policy was constructed means that, because her needs as a severely disabled person are higher than the needs of a less severely disabled person, the assessable proportion of her income is higher than theirs. The court found that the new policy discriminated against “severely disabled” people under the European Convention on Human Rights because the council would be charging those with the highest support needs proportionately more than those with lower support needs.

Adult Services, Exchequer, Finance and Legal teams have worked together to review the current Charging Policy and to develop a stand-alone Non-Residential Charging Policy that reflects the local position and is compliant with the Care Act and relevant Regulations.

While ensuring that the Policy is equitable, the Council must also take into account the long term financial sustainability of the Council, so must consider to charge, what it can afford while acting in a lawful and equitable way.

2c. Impact/Relevance

Proposal 1: Minimum Income Guarantee

Impact/Relevance: **No impact, remains the same** and continue to apply Tameside’s discretionary rates.

The Government acknowledges the minimum amount of money a person or couple require to pay for the cost of essential living. When carrying out an assessment of what someone can pay towards their care cost it is crucial that the person is left with this minimum amount and it is also

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acknowledged that due to their disability or condition that they may require a little more than the minimum, hence Tameside Council's rates are more generous, and will continue in this manner.

To continue to maintain this current policy will also mean that those with the lowest level of income will still be able to have more income left over once their charges have been taken into account.

Proposal 2: Level of income disregarded

Impact/Relevance: **Positive Impact** for some disabled people

There is a positive impact on those disabled people who are assessed by the DWP as receiving the higher rate of DLA care component, and those clients who receive the enhanced rate of PIP daily living component. They will have more income as a result of the proposals. (Numbers are held by the DWP and not available).

The reason for the positive impact is a change in the way some of their income is to be disregarded as part of their financial assessment.

- For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week)
- For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week).

This proposal recognises that more severely disabled people may have a higher level of spend to meet their enhanced needs, therefore it is proposed that the additional benefit they receive (higher and enhanced rates) is disregarded in recognition of this.

Proposal 3: Introduction of self-funders arrangement and annual fee

Impact/Relevance: Could negatively Impact some future/new non-residential social care service clients, and only those who are financially assessed as being able to afford the full cost of their care (self-funders), and then only those who choose to ask the Council to support them in setting up their care. Also, 88.8% of over 60's are currently full cost clients (self-funders) for non-residential services.

Although there are currently 410 non-residential clients who are assessed as being able to afford the full cost of their care, the proposal is to implement the arrangement and annual fee from 1 April 2022 for **new clients**.


The Care Act does give the Council the power to charge an administration fee for arranging care for self-funders. The proposed charges reflects the time and resource taken by the Council to support an individual to establish the care they require to meet their identified needs and will only cover the cost of the administration of arranging care for self-funders. Many other local authorities do charge for this service and the proposed fees are comparable/lower than the charges in other authorities.

It is proposed that an annual fee of £95 is charged for the management of a self-funder's package of care. This would be applied to new self-funders for non-residential services from 1st April 2022, and would be intended to cover the cost of setting up the original care arrangements and managing the package on an ongoing basis.

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2d. Mitigations (Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)	
<p><i>Impact/Relevance 1 –</i></p> <p><i>The way income is disregarded</i></p>	<p>Update the guidance about the Financial Assessment process and information pack that goes out to individuals will contain information about the new calculation and what benefits are disregarded as part of the financial assessment process fully explaining the calculation.</p>
<p><i>Impact/Relevance 2 –</i></p> <p><i>Introduction of arrangement fee and annual fee for self-funders</i></p>	<p>Update the guidance about the Financial Assessment process and information pack that goes out to individuals will contain information about the new arrangement and annual fee to engage with people at the start of the assessment process.</p> <p>People have this choice and the Council signpost to independent financial advice and information about care providers and services to help people arrange their own care if they wish to do so.</p> <p>Some of the key benefits of requesting that the Council contracts on behalf of a person (who would normally contract directly with the provider) is the additional oversight and protection from the Council's contractual relationship, i.e.:</p> <ul style="list-style-type: none"> • The Council has regular oversight of the providers (over and above the Care Quality Commission) to endeavour to ensure the service is of a good standard. Where improvements are required the Council will support the provider to make those improvements. • Should the person have an issue, which cannot be resolved by the provider, the person can access the Council's complaints process • The Council will facilitate payment of the fees to the provider and check they are invoicing for the correct amount (albeit the full fees will be recoverable from the service user) <p>Furthermore, there is no change to the rates used to calculate the Minimum Income Guarantee. The Council has recommended to maintain the same rates, which allow people to have more income on a weekly basis than if the Government rates would be used. The Government rates are lower and although the Council is able to use these rates, have chosen to be more generous and maintain this.</p>
<p><i>Impact/Relevance 3 (Describe)</i></p> <p><i>Accessible materials</i></p>	<p>The Non-Residential Charging Policy is a lengthy and technical document (by nature of the content).</p> <p>More accessible version can be developed and reviewed to make it easier for people in different ways focusing on an easy read version to support those with disabilities.</p>
2e. Evidence Sources	
<p>LAS – Case Management system for Adult Social Care 'Big Conversation' analytics – online questionnaire medium Mid-year Population Estimates 2013 (ONS) Census 2011 (ONS) Abacus system reports – financial system Norfolk Judgment - Letter from the Centre for Adults' Social Care, Advice, Information and Dispute resolution Local Government Association</p>	

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2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
Updated information pack on financial assessment process – to include self-arrangement and annual fee, as well as new calculation on income disregarded	Karen Milner	End of March 2022
Development of Easy Read version of policy	Reyhana Khan	End of March 2022
Signature of Contract / Commissioning Manager		Date
TBC		
Signature of Assistant Director / Director		Date
TBC		
Signature of Head of Service		Date
		27/01/22