

APPENDIX 3

EQUALITIES IMPACT ASSESSMENT

| | | |
|--|---|--------------------|
| Subject / Title | Transforming Adult Social Care in Tameside – People at the Heart of Care: Phase 2 | |
| Team | Department | Directorate |
| Adults Transformation | Adults | Adults |
| Start Date | Completion Date | |
| 1 August 2022 | 31 March 2023 (subject to change – please see 1E) | |
| Project Lead Officer | Tracey Harrison | |
| Contract / Commissioning Manager | Trev Tench | |
| Assistant Director/ Director | Stephanie Butterworth | |
| EIA Group (lead contact first) | Job title | Service |
| Tracey Harrison | Assistant Director | Adults |
| Vicky Marshall | HR/OD Business Partner | HR |
| Reyhana Khan | Programme Manager | Adults |
| Sonya McKay | Finance Manager | Finance |
| Tom Houghton | Team Manager | Policy |
| Lorraine Kitching | Performance Manager | Performance |

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.

| | | |
|-----|---|--|
| 1a. | <p>What is the project, proposal or service / contract change?</p> | <p>The ASC Reform White Paper lays out a 10 year strategy to include all those who interact with social care not just those accessing direct services that have been identified as having eligible needs under the Care Act 2014 or assessed as requiring preventative services to delay eligibility and entrance to eligible services.</p> <p>It also includes new burdens on local authorities for those who currently self-fund their care and support needs. These people are not currently known to services and will be entitled to financial and care assessments.</p> <p>In order to support the white paper implementation, for the Council to respond to the additional burdens imposed there will be a requirement to review the current staffing structure and propose changes to certain working practices that are no longer fit for purpose. Coupled with this changes there is also a requirement to grow the workforce to meet statutory duties and responsibilities, and ensuring vulnerable people are kept safe.</p> |
| 1b. | <p>What are the main aims of the project, proposal or service / contract change?</p> | <p>The proposed redesign delivery model/service arrangements for Adult Social Care in Tameside from 1st April 2023 onwards.</p> <p>This proposal is to ensure the Council's ability to deliver the new burdens placed on the Council through the Adult Social Care reforms. This will be phased over a two year period (2023/24 & 2024/25).</p> |

| <p>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.</p> | | | | |
|--|-------------------------|---------------------------|------------------------------|---|
| 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, 73.4% of the adult social care client base is aged over 60.</p> <p>Therefore, significantly older people are in receipt of adults social care services than the general population.</p> |
| Disability | x | | | 20.9% of Tameside's |

| | | | | <p>overall population have a disability, in comparison with 37.8% of people in receipt of adult social care services (this does not include people in receipt of Reablement and CRS)</p> <p>Therefore, significantly more people with a disability are in receipt of adults social care services than the general population.</p> |
|---|--------------------------------|----------------------------------|-------------------------------------|---|
| Ethnicity | | x | | |
| Sex | | x | | |
| Religion or Belief | | x | | |
| Sexual Orientation | | x | | |
| Gender Reassignment | | x | | |
| Pregnancy & Maternity | | x | | |
| Marriage & Civil Partnership | | x | | |
| 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 |
| Mental Health | | x | | |
| Carers | | x | | |
| Military Veterans | | x | | |
| Breast Feeding | | x | | |
| 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 | | | The thresholds for people who are charged for |

| | | | | |
|--|--|--|--|--|
| | | | | <p>their care are planned to change nationally, from October 2023.</p> <p>The upper capital limit (UCL), the point at which people become eligible to receive some financial support from their local authority, will rise to £100,000 from the current £23,250.</p> <p>As a result, people with less than £100,000 of chargeable assets will never contribute more than 20% of these assets per year. The UCL of £100,000 will apply universally, irrespective of the circumstances or setting in which an individual receives care.</p> <p>The lower capital limit (LCL), the threshold below which people will not have to pay anything for their care from their assets will increase to £20,000 from £14,250.</p> |
|--|--|--|--|--|

Utilising the NHS capacity tracker which was introduced in the pandemic to track activity in the independent care sector, we have been able to draw some high level figures to indicate the current

volume of self-funded care activity in the local care market. The data shows that of the 4,678 individual service users with a service provision, 2764 are in receipt of funded care and a further 996 indicative additional self-funders in Tameside provision will require a care account and assessment through the new reforms.

Due to the increase in lower and upper capital limits - with the lower limit rising from £14,250 to £20,000 and the upper limit rising from £23,250 to £100,000, there will be an impact to 454 people currently known to services. Work is underway to establish further implications for the Council from the charging reforms and will be subject to a further report to Cabinet in October 2022.

| | Residential | Non-Residential | Total | Implication |
|--|-------------|-----------------|-------|-----------------------------|
| Clients with assets between £20,000 - £23,250 | 69 | 48 | 117 | Increased part funded |
| Clients with assets between £23,250 - £100,000 | 39 | 112 | 151 | Self-funded to part funded |
| Clients with assets between £14,250 - £20,000 | 61 | 125 | 186 | Part funded to fully funded |
| | 169 | 285 | 454 | |

Self-funders impacted by new thresholds: older people

Of the 454 people currently self-funding their care through the council, and who would be impacted by the new thresholds, 88.1% are aged over 60.

If we are to assume that the new burdens will follow a similar pattern, there is likely to be an impact for older people who pay towards their own care.

*'The analysis by the Institute for Fiscal Studies and the Health Foundation shows that for many people the latest proposals are considerably less generous, as many people could still face losing more than 70% of their assets to pay for care. For these people they are not getting any protection from catastrophic costs and still face the prospect of losing almost everything – including the value of their home - to pay for care. While the government says everyone paying the same is fair, understanding what this means for both accumulated care needs over your lifetime and for catastrophic costs shows this change is unfair for poorer older people.'*¹

The inequality here is that the value of people's homes in Tameside is less than the value of properties in other more affluent areas.

Self-funders impacted by new thresholds: working age

*Whilst the majority of those known to be impacted are older people, it is important to reflect on the impact on working-age adults. Working-age adults with care needs tend to not have the same opportunity to earn similar income levels to the general population and this means that many receive financial support through the means test. Under the proposed change, this support won't count towards the cap. This will mean it will take much longer – a much higher amount of accumulated care needs – to reach the cap. This is critically important as it means for all that additional time, the working-age adult is contributing to their care costs from their income.*¹

Self-funders impacted by new thresholds: financial assets

Of the 454 people currently self-funding their care through the council, and who would be impacted by the new thresholds, the council would see an increase in people that would require their care to be part-funded by 25.7%. 33.3% would move from being fully self-funded to being part funded, and 41% would move from having the council part funding their care to the council fully funding their care. In this way there is an impact on people's total assets and their income – more people are eligible for support.

The assumption is that the additional – unknown – self funders (~996 people) follow a similar pattern where they may be eligible for some support from the council. However, at the time of writing this report, the details are not known.

That being said, people in receipt of social care services will continue to be means tested and fairly charged within these new rules; 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 assessed and eligible need - then the council would contribute towards paying for their care.

¹ [The cap on care costs: what does the government proposal mean? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insight/care-costs-what-does-the-government-proposal-mean/)

| 1d. | Does the project, proposal or service / contract change require a full EIA? | Yes | No |
|-----|---|-----------------|--|
| 1e. | <p>What are your reasons for the decision made at 1d?</p> | <p>x</p> | <p>The screening process has indicated that it would be beneficial to conduct a full EIA. However, at the time of undertaking the initial screening, there is not enough detail available to complete the full EIA with any meaningful outcome.</p> <p>There are still many variables in terms of detailed guidance and direction from national government around the reforms e.g. outcomes of the Mental Capacity Act consultation and impact on Liberty Protection Safeguards, finalised Operational Guidance on implementing the Cap on Care, conclusion of the Fair Cost of Care exercise etc. Alongside that, there is further work required to gain a detailed understanding about Tameside's ~996 private self-funders in terms of their demographics, support needs, financial circumstances etc.</p> <p>These would be required to be able to work through the full EIA, and so we remain committed to complete this when further information is available.</p> <p>The following DHSC Impact Assessments have also been drawn upon:</p> <ul style="list-style-type: none"> • Adult social care system reform: impact statement (publishing.service.gov.uk) (Feb 2022) • Adult social care charging reform: public sector equalities duty impact assessment - GOV.UK (www.gov.uk) (March2022) (Charging Reform is a significant aspect of the overall ASC Reform Agenda) |

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