

# EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

## REVIEW OF ADULT SOCIAL CARE CHARGING POLICY Charges for Extracare Housing Care and Support Service

### SECTION 1 - INTRODUCTION

1. This EqIAA discusses proposals relating to the review of charges for Extracare housing care and support only. A separate assessment has already been completed for the telecare, homecare and deferred charging services and a decision on these was taken by the Adults, Housing and Public Health Committee on 27 January 2016. All 4 services fall within the umbrella of the adult social care charging policy.

### Background

2. All local authorities are facing intense financial pressures and are looking at ways to make sure that every pound of funding is spent wisely and effectively. This means that we need to look at how we are organised and how we provide services to continue to ensure that we provide the highest quality of services possible. We need to consider how we can make sure that this is sustainable and will meet the needs of local people, now and in the future.
3. Following confirmation of £56m savings in recent years, the budget agreed by Council on the 17 February 2016 sets out the Council Savings Programme (CSP) with the aim of delivering an additional £22m of savings by 2019/20.
4. The Children, Adults and Health Department has a total CSP savings target of £11.5M from 2014/15 to 2019/20.
5. The objective of the overall review of the adult social care charging policy was to consider all the adult social care services provided and find opportunities to increase revenue and hence contribute towards the CSP. The overall review looked at 30 services to determine if:
  - it would be reasonable to increase the rates of any services that are already charge for.
  - there are any other services that are currently not charged for but could be.
6. As part of the overall review, each service was reviewed giving consideration to:
  - The statutory position – if charging is permitted for the given service, any limits imposed and impact of the Care Act 2014.
  - The potential income that could be generated. This includes taking into account the charging profile of service user groups to determine projected numbers and level of additional contribution (mainly self-funders)
  - The ease, or otherwise, of implementing the change or introduction of new charges
  - The IT system cost & resources required to implement
  - Any specific information that is of significance to the service, other services, and groups of service users.
7. The overall review identified four services areas, of which ExtraCare housing is one, where additional income could be raised. A separate assessment has already been completed for the other 3 areas (telecare, homecare and deferred charging services) and a decision on these was taken by the Adults, Housing and Public Health Committee on 27 January 2016.
8. The charging policy for ExtraCare housing is specifically considered within this report.

## What is ExtraCare housing?

9. ExtraCare housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in ExtraCare housing have their own self-contained homes, their own front doors and a legal right to occupy the property. ExtraCare housing is also known as very sheltered housing, assisted living, or simply as 'housing with care'. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes provide an alternative to a care home where support is needed to live independently but where nursing care is not required.
10. In addition to the communal facilities often found in sheltered housing (residents' lounge, guest suite, laundry), ExtraCare housing often includes a restaurant or dining room, health & fitness facilities, hobby rooms and computer rooms. Domestic support and personal care (similar to homecare) are available, usually provided by on-site staff. Properties can be rented, owned or part owned/part rented.
11. ExtraCare housing offers a transitional service within the continuum of housing options, maintaining an individual's independence if they are no longer able to remain in the family home. ExtraCare housing facilitates both care needs and security and supports the strategy to enable older people to live independently for as long as possible, delaying the need for a residential care home placement.
12. The cost to service users for ExtraCare housing comprises of the following:
  - the cost of buying or renting their home
  - the service charges associated with their home for maintenance and any communal facilities, as well as utilities like electric and water
  - their care and support costs
13. Only the charges for care and support are considered as part of this review. This is a service that is very similar to the homecare service but differs because it is provided by staff who are on-site at each ExtraCare scheme rather than a travelling carer carrying out home visits.

## SECTION 2 - CONSULTATION

14. South Gloucestershire Council ran a public consultation regarding proposed changes to the ExtraCare housing charging model from 3 February 2016 to 30 March 2016.
15. These proposals were detailed in the consultation paper and on the Council's dedicated consultation webpage:  
<https://consultations.southglos.gov.uk/consult.ti/Extracarehousing/consultationHome>  
Information was also made available via libraries, one-stop shops and circulated to the voluntary and community sector, and local town and parish councils.
16. Service users (and/or their carers) were written to, informing them of the consultation, outlining the proposed changes and informing them how to make their views known. This included providing details of drop-in surgeries which were undertaken in each of the five homes (see below) to enable face to face clarification of proposals, particularly for those individuals who needed support.

	<b>Home/Scheme</b>	<b>Provider</b>
1	Badminton Gardens	Housing 21
2	Cambrian Green	Housing 21

3	Falcon Court	Mears Care
4	Nutfield House	Agincare
5	Springfields	Agincare

17. The consultation letter was sent to 233 service users and/or identified advocate/financial representative/family member. Assistance was provided by the providers to deliver the letters to each individual on the council's behalf and to identify any particularly vulnerable individual.
18. Staff from the ExtraCare housing team, the financial assessment and benefits (FAB) team and the consultation team were available during the drop-in surgeries and held discussions with several residents/family members at each scheme to talk through the proposals and how they may impact upon them.

## Consultation Responses

19. In total 67 people responded to consultation. 60 people completed the survey of which seven were online responses, one was received by post and 52 were completed during the drop-in surgeries. The other seven representations were received either as letters or comments left in the consultation mailbox. 47% of the responses were from the Cambrian Green Court ExtraCare housing scheme.
20. The consultation included questions about gender, age, disability and ethnicity in relation to respondents.

### Gender

21. 70% (37 respondents) were female with 28% (15 respondents) male and 2% (1 respondent) preferring not to say.

### Disability

22. 61% (31 respondents) considered themselves to be disabled, with 33% (17 respondents) saying they did not consider themselves as disabled and 6% (3 respondents) preferring not to say.

### Age

23. The largest grouping of respondents (36%) came from those aged 85 or over.

Age	Number of respondents (base 56)	% of respondents
Under 60	7	13%
60 to 64	4	7%
65 to 69	4	7%
70 to 74	7	13%
75 to 79	6	11%
80 to 84	7	13%
85 +	20	36%
Prefer not to say	1	2%

## Ethnicity

24. Respondents from a “White - English / Welsh / Scottish / Northern Irish / British” background made up 77% (44 respondents) with 16% (9 respondents) from the “White – Other” category. One respondent was from a “Black/African/Caribbean/Black British – African” ethnicity and another described themselves as “White – Irish”.

<b>Ethnic origin</b>	<b>Number of respondents (base 57)</b>	<b>% of respondents</b>
Black/African/Caribbean/Black British – African	1	2%
White - English / Welsh / Scottish / Northern Irish / British	44	77%
White – Other	9	16%
White Irish	1	2%
Prefer not to say	2	4%

25. When assessed against the service-user data shown in paragraph 34, the consultation feedback received from respondents shows a favourable comparison, i.e. all protected characteristic groups were represented within the consultation feedback.

26. The key messages emerging from both the survey results, the other representations to the consultation and through informal discussions with service users and families are:

- The rate of increase for charges in certain bands was considered to be too steep. People expected there to be annual increases but considered the increase in charges excessive and the impact for some residents to be too severe. This was noted in 23% of the comments provided in answering the consultation question relating to impact of the proposals and 33% of the comments provided in answer to “any other comments on the proposals.
- Some individuals stated that their decision to move into an ExtraCare scheme was based on provider and Council information about charges at the time and they may have chosen differently if they had known there would be increases of this extent.
- Some respondents suggested that the charges for ExtraCare housing should be based on an hourly rate.
- Some individuals stated that if the proposed banding system was implemented, they would look to reduce their care requirements in order to be affordable.
- 70% of respondents were satisfied (29% very satisfied, 41% satisfied) with the ExtraCare service provision. However, 18% of respondents were not satisfied (2% very dissatisfied and 16% dissatisfied) and some specific operational concerns were raised.

### SECTION 3 - RESEARCH CONDUCTED

27. It should be reiterated that charges for this service are means tested. Therefore service users who have already reached their contribution threshold will not pay anymore as a result of the proposed changes to the banding.

#### Existing Arrangement for Extra Care Housing Charges:

28. The existing method for charging service users uses a banded model (not an hourly rate as used for homecare). The current banding model is shown below:

CURRENT BANDING					
Existing Band	Band lower limit (hrs)	Band upper limit (hrs)	Charge- Point	Current Band Charge (2016/17) (per week)	Ave Hourly Rate
Wellbeing charge (where no care is required)				£5	£5
Low	1.0	5.0	3.00	£42.57	£14.19
Med	5.0	10.0	7.50	£124.67	£16.62
High	10.0	No limit	13.5*	£244.28	£18.09

\*13.5 is the average hourly delivery of high band service users currently in ExtraCare.

29. There is a problem with the existing banding in that there are only 3 wide bands and the distribution ends up being skewed, whereby a disproportionate number of service users are receiving care hours nearer to the upper limit but being charged based on the charge-point. This means that a proportion of service users are effectively being under-charged due to the wide banding.

#### Proposed Arrangement for Extra Care Housing Charges:

30. It is proposed that from 5 September 2016, the banding model is refined by increasing the number of bands to 7. By doing this, both the lower and upper limits of the new bands are nearer to their charging-point resulting in tighter charging. This better reflects the “natural progression” in care needs, allows a smoothing between band charges and gives a more accurate reflection of cost of care received by service users, whilst continuing to provide flexibility for service users and providers through the use of a banding approach.

31. Charges for this service will continue to be means tested and therefore service users who have already reached their contribution threshold will not pay any more as a result of the proposed changes to the banding.

32. The table below shows the proposed new banding for new service users.

Proposed Banding	Band lower limit (hrs)*	Band upper limit (hrs)	Proposed charge point (hrs)	Proposed band charge (based on £17.80/hr)
Wellbeing charge (where no care is required)				£0
Entry	1.00	3.50	1.75	£31.15
Low1	3.75	7.00	5.50	£97.90
Low2	7.25	11.00	9.00	£160.20
Med1	11.25	14.00	12.50	£222.50
Med2	14.25	17.50	15.75	£280.35
High1	17.75	25.00	21.25	£378.25
High2	25.25	30.00	27.75	£493.95

\* To tie in with provider procurement process the lower limits start 0.25 hours above the previous bands upper limit

^ £17.80 is 5.7% less than the agreed hourly rate for homecare support (2016/17 rates)

33. It is proposed that these new bands apply to all new service users who start to receive care and support as part of their ExtraCare housing scheme from 5 September 2016.

Existing service users receiving ExtraCare care and support in ExtraCare housing schemes

34. A summary of existing service user data is shown in the following table. This is not a summary of placements but rather of service users who may share a flat/placement.

<b>ECH service users as of end March 2016</b>	<b>%</b>	<b>Number</b>
<b>Number of service users in scope</b>	<b>100.0%</b>	<b>233</b>
No. of female service users	70.0%	163
No. of male service users	30.0%	70
No. of service users aged 65 and above*	92.7%	216
No. of service users (by LA client category)^	99.6%	232
- Mental Health Support	6.0%	14
- Physical Support: Access and Mobility	7.8%	18
- Physical Support: Personal Care	70.7%	164
- Learning Disability Support	2.2%	#
- Sensory Support	0.4%	#
- Social Support (including to Carer)	7.3%	17
- Other	0.0%	#
- Support with Memory and Cognition	5.6%	13
No. of service users (White British)	96.1%	223
No. of service users (White Other)	1.3%	#
No. of service users (BAME)	1.3%	#
No. of service users (Ethnicity not disclosed)	1.7%	#

\* One person where age not recorded

^ One person where Client Category not recorded

35. An analysis of the immediate impact for existing individual service users based on the care hours delivered in March 2016 shows that of the current 233 service users:

- 73 (31%) would see no change
- 62 (27%) would have a reduced weekly charge
- 74 (32%) would have an increased weekly charge
- 24 (10%) would benefit from the removal of the wellbeing charge

Of the 74 service users with an increased weekly charge:

- 43 of these face an increase of more than £40 per week and 69 face an increase of more than £30 per week.
- 44 of these would be within low 1 band and 23 within low 2 band

36. As a result of considering consultation feedback and the analysis of impact for each individual, it is recommended that existing service users are protected through retaining all existing service users receiving ExtraCare care and support on the current 3-band charging mechanism for their remaining tenure within their ExtraCare housing scheme. Future annual inflationary increases will be applied in line with other council services in April each year thereafter.

<b>Existing ExtraCare housing service users receiving ExtraCare care and support only</b>	
<b>Band</b>	<b>Band charge (2016/17) per week</b>
Low	£42.57
Medium	£124.67
High	£244.28

## SECTION 4 - IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

37. The following table provides the indication of impact and further explanation is also discussed in an 'analysis of impacts' section shown below.

Equality Group	Negative Impact	Positive Impact	No Impact	Unsure of Impact	Reason(s)
Women/Girls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>Existing service users receiving ExtraCare care and support</b> – no impact due to a retention of all existing service users receiving ExtraCare care and support on the current 3-band charging mechanism for their remaining tenure within their ExtraCare housing scheme.</p> <p><b>Future service users</b> - This group is likely to be proportionately more impacted – based on the assumption that the future groupings will be similar to the existing grouping (70% of existing service users are female).</p> <p>In addition, evidence shows that females have a proportionately lower income when compared to males resulting in a greater impact due to a lower ability to pay a higher charge than under the current charging model.</p> <p>It is also noted that for future service users at lower bandings under the proposed structure, costs would be less than per the current charging model, hence the potential for positive impact.</p> <p>In mitigation of impact for future service users, charges for this service will continue to be means tested and therefore service users who reach their contribution threshold will not pay any more as a result of the proposed changes to the banding.</p>
Men/Boys	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>Existing service users receiving ExtraCare care and support</b> – no impact due to a retention of all existing service users receiving ExtraCare care and support on the current 3-band charging mechanism for their remaining tenure within their ExtraCare housing scheme.</p> <p><b>Future service users</b> - It is not anticipated that there would be a likelihood of males being proportionately more or less impacted (30% of existing service users are male).</p> <p>However, impact has been assessed as potentially negative as for those at higher bandings under the proposed structure, costs would be higher than the current model. It is also noted that for future service users at lower bandings under the proposed structure, costs would be less than per the current charging model, hence the potential for positive impact.</p>

					In mitigation of impact for future service users, charges for this service will continue to be means tested and therefore service users who reach their contribution threshold will not pay any more as a result of the proposed changes to the banding.
Lesbians, gay men & bisexuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Existing service users receiving ExtraCare care and support</b> – no impact due to a retention of all existing service users receiving ExtraCare care and support on the current 3-band charging mechanism for their remaining tenure within their ExtraCare housing scheme.
Transgender people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Future service users</b> - It is not anticipated that there would be a likelihood of a disproportionate impact as a result of sexual orientation or gender identity.  However, impact has been assessed as potentially negative as for those at higher bandings under the proposed structure, costs would be higher than the current model.  It is also noted that for future service users at lower bandings under the proposed structure, costs would be less than per the current charging model, hence the potential for positive impact.  It is also noted that charges for this service will continue to be means tested and therefore service users who reach their contribution threshold will not pay any more as a result of the proposed changes to the banding.
White people (including Irish people)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Existing service users receiving ExtraCare care and support</b> – no impact due to a retention of all existing service users receiving ExtraCare care and support on the current 3-band charging mechanism for their remaining tenure within their ExtraCare housing scheme.
Asian or Asian British people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Future service users</b> - The White British group is likely to be proportionately more impacted based on the assumption that the future groupings will be similar to the existing grouping (96% of service users are from this background). However, at the same time, it is also noted that the BAME population is growing year-on-year.  Evidence shows that people from BAME groups are proportionately more likely to have lower incomes, resulting in a greater impact for BAME groups due to a lower ability to pay increased charges.  However, impact has been assessed as potentially negative as for those at higher bandings under the proposed structure, costs would be higher than the current model.
Black or Black British people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
People of mixed heritage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chinese people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Travellers (gypsy/Roma /Irish heritage)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
People from other ethnic groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

					<p>It is also noted that for future service users at lower bandings under the proposed structure, costs would be less than per the current charging model, hence the potential for positive impact.</p> <p>It is also noted that charges for this service will continue to be means tested and therefore service users who reach their contribution threshold will not pay any more as a result of the proposed changes to the banding.</p>
<b>Disabled People:</b>					
Physical impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>Existing service users receiving ExtraCare care and support</b> – no impact due to a retention of all existing service users receiving ExtraCare care and support on the current 3-band charging mechanism for their remaining tenure within their ExtraCare housing scheme.</p> <p><b>Future service users</b> - this group is likely to be proportionately more impacted based on the assumption that the future groupings will be similar to the existing grouping.</p> <p>Evidence shows that disabled people are proportionately more likely to have lower incomes, resulting in a greater impact due to a lower ability to pay increased charges.</p> <p>Impact has been assessed as potentially negative as for those at higher bandings under the proposed structure, costs would be higher than the current model.</p> <p>It is also noted that for future service users at lower bandings under the proposed structure, costs would be less than per the current charging model, hence the potential for positive impact.</p> <p>In mitigation of impact for future service users, charges for this service will continue to be means tested and therefore service users who reach their contribution threshold will not pay any more as a result of the proposed changes to the banding.</p>
Sensory impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental health condition,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Learning disability/difficulty	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Long-standing illness or health condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other health problems or impairments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Older People	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>Existing service users receiving ExtraCare care and support</b> – no impact due to a retention of all existing service users receiving ExtraCare care and support on the current 3-band charging mechanism for their remaining tenure within their ExtraCare housing scheme.</p> <p><b>Future service users</b> - this group is likely to be proportionately more impacted based on the assumption that the future groupings will be similar to the existing grouping (93% of service users are aged 65 and above).</p> <p>Evidence shows that older people are proportionately more likely to have lower incomes, resulting in a greater impact due to a</p>

					<p>lower ability to pay increased charges.</p> <p>Impact has been assessed as potentially negative as for those at higher bandings under the proposed structure, costs would be higher than the current model.</p> <p>It is also noted that for future service users at lower bandings under the proposed structure, costs would be less than per the current charging model, hence the potential for positive impact.</p> <p>In mitigation of impact for future service users, charges for this service will continue to be means tested and therefore service users who reach their contribution threshold will not pay any more as a result of the proposed changes to the banding.</p>
Children and Young People	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is no likelihood of a disproportionate impact for children and young people.
Faith Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Existing service users receiving ExtraCare care and support</b> – no impact due to a retention of all existing service users receiving ExtraCare care and support on the current 3-band charging mechanism for their remaining tenure within their ExtraCare housing scheme.</p> <p><b>Future service users</b> - it is not anticipated that there would be a likelihood of a disproportionate impact as a result of religion or belief.</p>
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>Existing service users receiving ExtraCare care and support</b> – no impact is anticipated in respect of this protected characteristic group.</p> <p><b>Future service users</b> - it is not anticipated that there would be a likelihood of a disproportionate impact in relation to this protected characteristic group.</p>
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>Existing service users receiving ExtraCare care and support</b> – no impact is anticipated in respect of this protected characteristic group.</p> <p><b>Future service users</b> - it is not anticipated that there would be a likelihood of a disproportionate impact in relation to this protected characteristic group.</p>

## Analysis of Impacts

38. The research and consultation information shows:

- Due to austerity measures dictated by national government the council must cut costs or alternatively generate additional income to balance its finances. All areas of the Council are affected.
- Charges for the ExtraCare service are means tested. Therefore service users who have already reached their contribution threshold will not pay any more as a result of the proposed changes to the bandings. Increased charges will have a negative impact on self-funding service users, since they will need to pay more if they receive the services affected. However, it is noted that charges for this service will continue to be means tested and therefore service users who reach their contribution threshold will not pay any more as a result of the proposed changes to the banding.
- The existing service user group shows:
  - 70% are female and 30% male
  - 61% of respondents to the consultation consider themselves to have a disability. 100% of the service users have a local authority client category indicating a level of disability and/or support requirement.
  - 93% are aged 65 and over
  - 96% classify as “White British”
- Self-funding service users will fall into the protected characteristic groups (female, disabled or older people) identified as being particularly impacted. This poses the question as to whether any groups based on their protected characteristics are more likely to be impacted by increased charging. There is clear evidence to show that disabled people<sup>1</sup>, older people<sup>2</sup> and people from minority ethnic backgrounds<sup>4</sup> have proportionately lower levels of income and would therefore be impacted due to having a lower ability to pay for services.
  - This is partly mitigated through the existing means testing which is applied equally for all Extracare housing service users and provides protection for service users reaching their contribution threshold.
  - Feedback from existing service users, regardless of protected characteristic group, raises concerns about the scale of increase in charge for some individuals depending on their level of required care needs.
- The rate of increase for charges in certain bands was considered to be too steep. People expected there to be annual increases but considered the increase in charges excessive and the impact for some residents to be too severe. This was noted in 23% of the comments provided in answering the consultation question relating to impact of the proposals and 33% of the comments provided in answer to “any other comments” on the proposals.
  - **Response:** Following consideration of consultation feedback, it is proposed that the current 3 band charging system is retained for all existing service users receiving ExtraCare care and support for their remaining tenure within ExtraCare housing whilst

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<sup>1</sup> Source: Guy Parckar, Leonard Cheshire Disability, 2008. Figures based on the 'relative poverty line' in the UK, which equates to living in a household with income of less than 60% of median national income. Recent estimates suggest that around 30% of disabled people live below this income line, compared to around 16% of non-disabled people.

<sup>2</sup> One in six pensioners (1.8 million or 16% of pensioners in the UK) live in poverty, defined as 60% of median income after housing costs. Pensioners are also the biggest group of people on the brink of poverty with 1.2 million on the edge. Women, those age 80 to 84, single people living alone, private tenants, and Pakistani and Bangladeshi people are at greater risk of pensioner poverty. *Source: Age UK*

<sup>3</sup> Source: Office for Disability issues

In Britain over 10 million people have a limiting long term illness, impairment or disability - this is over 18 per cent of the population. The most common types of impairment for adults in Britain are those associated with a difficulty in mobility, lifting and carrying. The occurrence of disability increases with age - around 1 in 20 children are disabled, compared to around 1 in 7 working age adults and almost 1 in 2 people over state pension age. The likelihood of multiple impairments increases with age.

<sup>4</sup> Source: Joseph Rowntree Foundation programme paper: *Poverty and ethnicity. Inequality within ethnic groups.* Lucinda Platt, May 2011. ISBN 978 1 85935 813 9

- introducing the 7 band charging system for all new service users. This provides protection for service users.
- Some individuals stated that their decision to move into an ExtraCare scheme was based on provider and Council information about charges at the time and they may have chosen differently if they had known there would be increases of this extent.
    - **Response:** Following consideration of consultation feedback, it is proposed that the current 3 band system is retained for all existing service users receiving ExtraCare care and support for their remaining tenure within ExtraCare housing whilst introducing the 7 band charging system for all new service users.
  - Some respondents suggested that the charges for ExtraCare housing should be based on an hourly rate
    - **Response:** Following consideration it is not proposed to investigate this option any further due to the following factors:
      - ExtraCare housing is generally recognised to be a flexible care and support service that can maintain an older person's independence by responding quickly to residents changing needs, provide unplanned care as and when required in addition to planned care and provide an emergency response. This flexibility promotes independence and inclusivity by delivering the service above in a person centred and uniquely holistically way linking housing, social care and health and wellbeing. Moving to a charging model on an hourly rate basis would restrict some of this flexibility in the provider's ability to schedule provision and limit some of the enabling provision.
      - Some service users would pay more per week under an hourly rates system than either the current or proposed banding system.
      - The use of a recording system would require all households to have a landline.
      - Service users would no longer know what their weekly charge will be as it will be dependent on the actual recorded hours delivered each week.
      - All hours will be chargeable so those that receive a high level of support will not have an upper limit of charge (subject to their personal means tested maximum charge).
      - Service users may decline some of the support they need.
  - Some individuals stated that if the proposed banding system was implemented, they would look to reduce their care requirements in order to be affordable.
    - **Response:** Following consideration of consultation feedback, it is proposed that the current 3 band system is retained for all existing service users receiving ExtraCare care and support for their remaining tenure within ExtraCare housing. Service users are subject to regular assessment reviews and are also able to request a re-assessment of their requirements if they believe this is necessary.
  - 70% of respondents were satisfied (29% very satisfied, 41% satisfied) with the ExtraCare service provision. However, 18% of respondents were not satisfied (2% very dissatisfied and 16% dissatisfied) and some specific operational concerns were raised.
    - **Response:** Operational concerns raised will be reviewed as part of the regular contract monitoring procedures with each provider. Service users will also be reminded about the Council's complaints procedure to ensure that significant issues are raised and dealt with via this process.

## SECTION 5 - EqIAA OUTCOME

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input type="checkbox"/>	
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input checked="" type="checkbox"/>	<p>As a result of consultation feedback, it is proposed that current service users receiving ExtraCare care and support are protected for their remaining tenure within their ExtraCare housing scheme.</p> <p>The continuation of existing policy of means testing ExtraCare housing service provision for all service users will be continued, therefore service users who reach their contribution threshold will not pay any more as a result of the proposed changes to the banding.</p> <p>These developments to policy post consultation provide a balance between the need to continue the quality of service offered into the future and the protection of service users who entered the service understanding current charging policy, the majority of whom have already been impacted by national policy changes.</p>
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

## SECTION 6 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

- Inclusion of mitigating action to protect all existing service users receiving ExtraCare care and support within the recommendation report for consideration by CAH Committee.
- Communication of the CAH committee decision to all existing service users receiving ExtraCare care and support.
- Operational concerns raised will be reviewed as part of the regular contract monitoring procedures with each provider and this includes disaggregation and analysis of satisfaction levels according to protected characteristic group. Service users will also be reminded about the Council's complaints procedure to ensure that significant issues are raised and dealt with via this process

## SECTION 7 - EVIDENCE INFORMING THIS EqIAA

- Consultation feedback
- Current service user data
- Guy Parckar, Leonard Cheshire Disability, 2008.
- *Age UK research data*
- Office for Disability issues research data
- Joseph Rowntree Foundation programme paper: *Poverty and ethnicity. Inequality within ethnic groups*. Lucinda Platt, May 2011. ISBN 978 1 85935 813 9