

<b>Name of the activity being assessed</b>	INCREASES TO CLIENT CHARGES AND CONTRIBUTIONS FOR 2019/2020				
<b>Directorate / Department</b>	Adult Services and Prevention	<b>Service</b>	Adult Social Care	<b>Assessment lead</b>	Zoe Evans/Mike Banks
<b>Is this a new or existing activity?</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<b>Responsible manager / director for the assessment</b>		Sayyed Osman	
<b>Date EIA started</b>	01/12/2018	<b>Implementation date of the activity</b>		1 April 2019	

**SECTION 1 - ABOUT YOUR ACTIVITY**

<b>How was the need for this activity identified?</b>	<p>The provider costs of care in the community are increasing significantly. In April 2016, the National Living Wage (NLW) was introduced for people aged over 25. In 2019 this NLW will increase by a further 4.85%. These increases continue to have an impact on the delivery of Health and Social Care as service delivery is heavily dependent on the workforce, a large proportion of who are paid at NMW levels.</p> <p>The Council is required to increase the fees paid to Providers in response to the increase in staffing costs across each service area and this is a consideration in the setting of charges for client contribution towards the cost of care.</p> <p>The Council considers an increase to all client contribution to care and service costs as part of its budget process each year. Since 2011 the scope of increases to be applied has been delegated to the Executive Member within each portfolio in view of other market forces and fee setting in neighbouring authorities.</p>
<b>What is the activity looking to achieve?</b>  <b>What are the aims and objectives?</b>	<p>This activity is looking to contribute to the council achieving budget targets, in view of the increases in the cost of care to ensure that health and social care services can still be provided across the Borough. It is essential that the care market remains sustainable to ensure that essential services are provided to our most vulnerable residents. All those receiving commissioned services have been assessed as eligible under the Care Act 2014.</p>

<p><b>Services currently provided (if applicable)</b></p>	<ul style="list-style-type: none"> <li>• Client contributions are currently levied on the basis of 90% of Net Disposable Income (NDI)</li> <li>• Some fees and charges are based on benefit rates</li> <li>• Home Care is currently charged at a rate of £12.52 per hour</li> <li>• Day Care is currently charged at a rate of £31.16 per day</li> <li>• Meals are currently provided at a cost of £3.35</li> <li>• Transport is currently provided at a cost of £1.50 following a 50% increase in 14/15.</li> <li>• Respite Care is charged at a standard rate of £94.64.</li> </ul> <p>Disabled Facilities Grant Admin Fee This service charges on the basis of a maximum of 12.5% of the total costs of adaptation works, and as such has no set fee.</p>
<p><b>Please outline recommendations that have been identified for implementation following a review of the activity.</b></p>	<p>The proposed changes to the charging policy for 2019/20 are:</p> <ul style="list-style-type: none"> <li>• To increase the charge for home care including planned night visits by 4.85% from £12.52 to £13.12 from April 2019. The charging policy has not previously been implemented to the very limited numbers of people who receive home care visits during the night. The charging policy is nationally determined and the impact of this change is likely to be minimal.</li> <li>• To increase the charge for day care by 2.7% from per day to £31.16 to £32.00 from April 2019.</li> <li>• To increase the charge for meals currently at £3.35 to £3.45 from April 2019. (slightly less than inflation at 3.3% for practical pricing reasons)</li> <li>• That the transport rate is uplifted by around 3.3% from £1.50 to £1.55 contribution per journey from April 2019.</li> <li>• To leave the respite charge at £94.64 pending a review of the respite voucher system. This is a standard charge applied to all service users and is not means tested.</li> <li>• DFG charges to remain at maximum of 12.5% of the total costs of adaptation works</li> </ul>
<p><b>Type of activity</b></p>	<p><input checked="" type="checkbox"/> Budget changes                      <input type="checkbox"/> Decommissioning                      <input type="checkbox"/> New activity</p> <p><input checked="" type="checkbox"/> Change to existing activity                      <input type="checkbox"/> Commissioning                      <input type="checkbox"/> Other <a href="#">[please state here]</a></p>

**SECTION 2 - UNDERSTANDING YOUR CUSTOMER****Who else will be involved in undertaking the equality analysis and impact assessment?**

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

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

- Domiciliary care providers around increased costs
- Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- Better Care Fund and Improved Better Care Fund Plan (available on request)
- Census 2011 profile: <http://www.blackburn.gov.uk/Pages/Census.aspx>
- Integrated Strategic Needs Assessments and Locality Profiles: <http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>
- Adults corporate plan

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

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

The increases in charging are in line with the vast majority of other local authorities

New charges will be published on the council's website.

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

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

<i>guidance notes)</i>	<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
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**\*If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.**

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

DUTY	DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN
<b>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act</b> <i>(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)</i>	In some cases this activity will advance opportunity of access to other services and benefits through the council's financial assessment arrangements.
<b>Advance equality of opportunity between those who share a protected characteristic and those who do not</b> <i>(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)</i>	
<b>Foster good relations between people who share a protected characteristic and those who do not</b> <i>(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i>	

ASSESSMENT	Is a full EIA required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain how you have reached your conclusion <i>(A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts)</i>			
<p>Whilst there are negative impacts on people on the basis of age and disability (older people and those who are disabled are more likely to be in receipt of services) they are mitigated in part by the fact that some of the increases will only be applied on the basis of a financial assessment, meaning that only those who are financially able to pay, will be asked to do so.</p> <p>In addition, these extra contributions make it possible for the council to maintain a sustainable level of service to older and disabled people.</p> <p>Older and disabled people using services will indirectly benefit from the impact of increased client contributions and fees to the Council's budget by:</p> <ul style="list-style-type: none"> <li>• Providers being able to maintain a stable workforce by paying the National Living Wage.</li> <li>• Current levels of support and service being maintained</li> </ul>			

## FULL EQUALITY IMPACT ASSESSMENT

### SECTION 3 – ANALYSIS OF IMPACT

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

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

Explain how this was identified – through evidence/consultation.

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

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

Characteristic	Positive	Negative	Don't know	Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis	Action No.
<b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Older people are more likely to be in receipt of the services for which the increased charges apply.  The proposed increase in charges might reduce the number of older adults with assets above financial thresholds from accessing the care that they need. People may choose to cancel or reduce their services.	<b>1,2,3</b>
<b>Disability</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disabled people are more likely to be in receipt of the services for which the increased charges apply.  The proposed increase in charges might reduce the number of disabled adults with assets above financial thresholds from accessing the care that they need. People may choose to cancel or reduce their services.	<b>1,2,3</b>
<b>Gender reassignment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people protected under the gender reassignment characteristic.	
<b>Marriage &amp; Civil Partnership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people who are married or in a civil partnership.	
<b>Pregnancy &amp; Maternity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people who are pregnant – as they are unlikely to be in receipt of the services which are affected.	

<b>Race</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people on the basis of race.	
<b>Religion or Belief</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on people on the basis of religion or belief.	
<b>Sex</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on the basis of sex/ gender	
<b>Sexual orientation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is no evidence that the increase in financial contribution to the cost of services disproportionately impacts on the basis of sexual orientation.	
<b>Vulnerable Groups</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vulnerable groups are more likely to be in receipt of services affected by this activity, however outside those older people and with disabilities, it is unlikely that many would incur maximum costs as this group tend to be in receipt of benefits.	<b>1</b>
<b>Deprived Communities</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Due to the social and economic determinants of health and wellbeing, it is likely that people who are from deprived communities, are more likely to be in need of health and social care services, as they are known to experience much poorer health outcomes. (Marmot, "Healthy Lives, Healthy People, 2010). The increase in charges will therefore affect those who are more deprived rather than those who are not. It is likely that such individuals, if made fully aware of the availability of services (by the Council, NHS, and Information, Advice and Guidance services commissioned by statutory services) will continue to access services to the extent that they need them.	<b>2,3</b>
<b>Carers</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carers of people who are in receipt of services which are affected by these financial increases will also be indirectly affected if they are financially connected, they might have to make greater financial contributions on behalf of the individual in receipt of the service. In addition to this if the person that they care for deems that the costs are unaffordable, they might not access services, which would therefore place an increased burden of care on the carer.	<b>3</b>
<b>Other [please state]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	

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

departmental and/or corporate risk?	<b>no</b>
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## CONCLUSIONS OF THE ANALYSIS

### Action following completion of the impact assessment

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

*The action plan must be completed as required.*

No major change in the activity

Adjust activity

Continue with activity

Stop and reconsider activity

### Please explain how you have reached your conclusion

The Increase to set provider fee levels that enable the payment of the NLW is a statutory requirement.

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

Blackburn with Darwen Borough Council's charging policy is underpinned by the "ability to pay" principle and as the council currently only apply]ies charges to 90% of disposable income, unlike other local authorities, this does allow further scope for affordability.

**ACTION PLAN**

Action No.	What is the negative / adverse impact identified?	Actions required to reduce / mitigate / eliminate the negative impact	Resources required	Responsible officer(s)	Target completion date
1	Lack of information/ misunderstanding regarding charging policy might lead to people who are eligible from not accessing services	Information will be provided via Care Network, Council Website and Public facing service, Commissioned services for Information Advice and Guidance, as commissioned from Families Health and Wellbeing Consortium.	Website to be updated, Information to be passed on to commissioned services and Care Network regarding changes	Kirsten Randell/Gemma McMullan	ongoing
2	People who are eligible for services might not access them for fear that they might have to pay for services	Ongoing commission of universal information, advice and guidance services, carers support services and services to promote social inclusion of all vulnerable adults, VCFS organisations and Care Network will be asked to ensure that eligible people do get the relevant support they need.	Contractual management of commissioned services	Anne Braidwood	ongoing
3	People who are eligible for services might not access them due to increase in charges	Provision of assistive technology and Reablement, as well as prevention and early intervention services via statutory and universal services provides a level of support to any vulnerable adult who avails of them. For people who may lack mental capacity to make decisions about refusing or cancelling care that has been assessed can be directed via the appropriate legal frameworks.	Resources already committed. Adult social care Care Services.	Paul Lee/Katherine White	ongoing


**MONITORING AND REVIEW**


The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.	
Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.	
If applicable, where will the EIA Action Plan be monitored?	<i>e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings</i> <b>Via Senior Leadership team of People directorate.</b>
How often will the EIA Action Plan be reviewed?	<i>e.g. quarterly as part of the MAF process</i>




	<b>Annual Review in line with review of Fees and Charges</b>
When will the EIA be reviewed?	<i>It should be reviewed at least every 3 years to meet legislative requirements</i> <b>Annually.</b>
Who is responsible for carrying out this review?	<b>Adult social care.</b>

**SIGN-OFF**

<b>SIGNATURE OF EIA LEAD OFFICER</b>	
<b>DATE COMPLETED</b>	<b>04/02/2019</b>

<b>SIGNATURE OF DEPARTMENTAL E&amp;D LEAD</b>	
<b>DATE SIGNED</b>	<b>01/02/2019</b>
<i>This signature signifies the acceptance of the responsibility to publish the completed EIA as per the requirements of the Equality Act 2010</i>	

<b>SIGNATURE OF HEAD OF SERVICE / DIRECTOR</b>	
<b>DATE SIGNED</b>	<b>01/02/2019</b>
<i>This signature signifies the acceptance of the responsibility and ownership of the EIA and the associated Action Plan (if applicable)</i>	