North Yorkshire County Council

Equality Impact Assessment Template

Fair access to care services: reviewing the eligibility threshold
Revised post-consultation v5

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Undertaking an Equality Impact Assessment

Equality Impact Assessments (EIA) should be undertaken at the business case stage when:-

- You are developing a new service or policy
- You are reviewing an existing service or policy
- You are proposing a change to an existing service or policy
- You are reviewing a service or policy carried out on behalf of the council or another organisation
- Your service is re-organised.

They should be referenced in your final recommendations on the service changes so that decision makers can reach an informed decision on the service/policy.

An EIA should cover all the social identity characteristics protected by equality legislation – referred to as **'protected characteristics'** or equality strands. These are;

- Sex
- Sexual orientation
- Religion or belief
- Race – this include ethnic or national origins, colour and nationality
- Disability – including carers
- Pregnancy and maternity
- Gender reassignment
- Age
- Marital/civil partnership status

There is a lot of information available to support you in completing this assessment on the EIA pages on the NYCC intranet

Equality Impact Assessments are public documents. Full EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and available in hard copy for people attending the relevant meeting. To make it easier for people to find equality impact assessments the Council will publish also publish full equality impact assessments on the NYCC website in line with statutory requirements.

Name of the Directorate and Service Area	Health and Adult Services			
Name of the service/policy being assessed	Fair Access to Care Services: reviewing the eligibility threshold			
Is this the area being impact assessed a	**Policy & its implementation?**	**X**	**Service?**	
	Function		**Initiative?**	
	Project?		**Procedure & its implementation?**	
Is this an Equality Impact Assessment for a (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	**Existing service or a policy and its implementation?**			
	Proposed service or a policy and its implementation?			
	Change to an existing service or a policy and its implementation?			**X**
	Service or Policy carried out by an organisation on behalf of NYCC?			
How will you undertake the EIA? Eg team meetings, working party, project team, individual Officer	Project Board			
Names and roles of people carrying out the Impact Assessment	Shanna Carrell, Equality & Community Engagement Officer; Tim Smith, Programme Manager			
Lead Officer and contact details	Shanna Carrell shanna.carrell@northyorks.gov.uk			
Date EIA started	23.5.13			
Date EIA Completed	24th January 2014			
Sign off by Assistant Director (or equivalent)	Anne Marie Lubanski, Assistant Director Adult Social Care Operations [redacted] Anne Marie Lubanski			
Date of Publication of EIA				

Monitoring and review process for EIA	

1. Operating Context

Please consider issues around impacts (positive or negative) raised for **all** **protected characteristics** and show your evidence

1.1 Describe the service/policy What does the service/policy do and how? How would you describe the policy to someone who knows very little about Council Services? If there is a proposal to change the service or policy, describe what it looks like now and what it is intended to look like in the future. What are the drivers for this proposed change? Who does it benefit? What are its intended outcomes? Who is affected by the policy? Who is intended to benefit from it and how? Who are the stakeholders? identify those protected characteristics for which this service is likely to have an impact (positive or negative) Are there any other policies or services which might be linked to this one? Have you reviewed the EIA for these policies/services? What do	Following a community care assessment, a person's eligibility for a state-funded social care service is determined by the application of the Fair Access to Care Services (FACS) criteria. FACS has 4 levels; Low, Moderate, Substantial and Critical which describe the extent to which a person's independence is put at risk by their current social circumstances. Each local authority with responsibility for adult social care services determines at which level it chooses to provide services following an assessment of need. At the end of March 2013 there were just over 10,000 people recorded as receiving support either commissioned by, or provided directly by the County. At present NYCC provides services to people assessed as being at FACS Moderate and above. Of those 10,000 approximately 2,600 were last assessed at Moderate or below and approximately 400 do not have their FACS level recorded in AIS (adult social care client database). The council is consulting on the proposal to raise the eligibility threshold from Moderate and above to Substantial and above, from April 2014. This means that the council would provide services to those assessed as being at FACS Substantial and Critical. Over recent years the number of councils providing services at FACS Moderate has reduced and now only around 13% of local authorities operate at FACS Moderate or below (ADASS survey 2013). The council is considering this course of action due to budgetary pressures. It is intended that the savings generated from this proposal, should it be approved, will allow the authority to mitigate the necessity to reduce social care services to the most vulnerable people within the constraints of a reducing budget resulting from central government funding allocations to local authorities. It is estimated that the current potential net saving of raising the FACS criteria is £1.4m per annum. £800k would be realised in 2014-15, £600k in 2015-16, then £1.4m pa on-going. It should be noted that these savings amounts will be affected by movement in and out of service and may be higher or lower at the point of realisation. The proposal, if implemented, would mean that some people who currently receive support from Adult Social

they tell you about the potential impact? How will the policy be put into practice? Who is responsible for it?	Care would no longer be eligible for that level of support. The sort of support that people are likely to be in receipt of includes home care and home help services. They may still, however, be eligible for a prevention offer which could include telecare, equipment and other prevention options (a new prevention strategy is in development). People will also continue to receive information, advice and signposting. The implementation would be phased with new people assessed against the new threshold, and existing people reassessed over a period of time, April 2014 to March 2015. Where an individual is reassessed and no longer meets the eligibility threshold, a transition period of up to eight weeks is being proposed. From experience, this timescale gives people sufficient time to adjust to changes to their support, for information and signposting, and for any preventative offer. **Updated post consultation: January 2014** 52.7% of respondents to the consultation questionnaire disagreed with the proposal to raise the eligibility threshold and 47.3% agreed. 51.8% of respondents agreed that up to eight weeks was a sufficient transition period, and 48.2% disagreed. For more detail, see 'Making difficult decisions in adult social care: public consultation on eligibility and charging for adult social care' consultation report 14.1.14. The analysis of potential savings resulting from this proposal has been rerun and projected savings are now £0.9 million per annum. This is due to fewer people accessing adult social care, and fewer people in Moderate in particular, as at 31.12.13, but as noted above this figure is affected by movements in and out of service. However, the savings requirement for the County Council has not reduced. The Care Bill may also impact on savings but the detail is not yet known. Updated client figures: as at 31.12.13, there were 2348 clients assessed at Moderate (2027) or Low (321), and 459 with no FACS level recorded (the majority of these will be new clients where assessments have not yet been recorded on the system). Of this, the majority are people in client group physical and sensory impairment (1914), with the second highest group (although considerably smaller) being people with learning disability at 184.
1.2 How do people use the policy / service?	Eligibility is assessed via the community care assessment, conducted by social care coordinators and social care assessors.

How is the policy/service delivered? How do people find out about the policy/service? Do they need specialist equipment or information in different formats? How do you meet customer needs through opening times/locations/facilities? Can customers contact your service in different ways? How do you demonstrate that your service/policy is welcoming to all groups within the community? Does the policy/service support customers to access other services? Do you charge for your services? Do these changes affect everyone equally? Do some customers incur greater costs or get 'less for their money'? Are there eligibility criteria for the service/policy? How do you ensure that staff/volunteers delivering the service follow the Council's equality policies? Does the Council deliver this policy in partnership or through contracts with other organisations? How do you monitor that external bodies comply with the Council's	If a person's needs are assessed at FACS moderate or low, it means that risks to independence have been assessed as meeting one or more of the following criteria: Moderate – when: • there is, or will be, an inability to carry out several personal care or domestic routines; and/or • involvement in several aspects of work, education or learning cannot or will not be sustained; and/or • several social support systems and relationships cannot or will not be sustained; and/or • several family and other social roles and responsibilities cannot or will not be undertaken Low – when: • there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or • involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or • one or two social support systems and relationships cannot or will not sustained; and/or • one or two family and other social roles and responsibilities cannot or will not be undertaken. A community care assessment is followed by a financial assessment in order to determine a person's ability to pay towards the cost of their social care. **Update post-consultation @ January 2014** The Care Bill will introduce a national and portable eligibility threshold from April 2015. The draft eligibility criteria have been issued and, whilst covering the same areas of need as the current Substantial band, uses different wording, resulting in the threshold appearing to be lower than Substantial according to the ADASS president. 87% of councils are currently operating at FACS Substantial and above. It is not yet known what the final eligibility criteria will be, however the indications are that it will be similar to the current 'Substantial'.

equality requirements?	

2. Understanding the Impact (using both qualitative and quantitative data)

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

2.1 What information do you use to make sure the service meets the needs of all customers? What data do we use now? Is it broken down across protected characteristics (and are these categories consistent across all data sets)? How current is the data? Where is it from? Is it relevant? What engagement work have you already done that can inform this impact assessment? Who did you talk to and how? What are the main findings? Can you analyse the results of this consultation across the protected characteristics? Are there differences in response between different groups? How has this changed the plans for the policy/service?	We collect client information on a database in order to manage their care needs. This information includes client 'type', FACS level, and equality profile. The data used in this assessment is taken from our client database as at 31 March 2013 but may need some readjustment to ensure maximum consistency with other analyses. However, the differences should be minimal and it is not anticipated that this will impact on the conclusions drawn so far. In addition, people come in and out of services and therefore the figures will vary. In our Joint Strategic Needs Analysis, last reviewed in 2012, we have data on needs as defined by a number of different groupings. This includes demographic projections.

2.2 What does the information tell you?

Are there any differences in outcome for different groups e.g. differences in take up rates or satisfaction levels across groups? Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services will be tracked over time, and the process for service change?

Please include data and analysis as an appendix

From our client database, we had 10,273 people in service at 31 March 2013.

Of those, 2608 are recorded at Moderate or Low. This includes 71 people in residential or nursing care who are likely to be at Substantial now. There are also 408 people who have no FACS level recorded. Client records in AIS show that people assessed at Moderate or below receive the following types of service:

No	Service type	Number
1	Direct Payments	87
2	Home Care	612
3	START	150
4	Day occupation	140
5	Short term Res or respite	50
6	Telecare only	647*
7	Equipment only	326*
8	Professional support only	303*
9	Home help	144
10	Mixture of Services	59
11	Total	2518

* It is proposed that these services form part of the prevention strategy (in development) and would therefore be retained. This represents about 50% of the total. Based on that proposal, this leaves a group of just over 1,000 people who may be affected.

Current evidence suggests that where a reassessment takes place, in 83% of cases the FACS level remains unchanged, it goes down in 8% of cases and goes up in 9%. For the purposes of this paper it has been assumed that this 9% of people would continue to be eligible for on-going services after reassessment.

Applying this percentage calculation to the total group recorded at Moderate and Low (including those whose FACS criteria has not been recorded), using the figures available, this equates to approximately 270 people eligible for on-going services, and approximately 2730 not. Applying it to the group most likely to be affected, this equates to around 100 people eligible for on-going services and 1000 not.

People recorded at Low will generally be people who are in receipt of equipment or telecare, and who have had an assessment. They may continue to receive such services under these proposals.

Disability:

From a breakdown by main client category, the highest proportion of those in FACS Low and Moderate have a physical or sensory impairment. This would correlate with the age profile of adult social care clients. There is a notably lower proportion of people with a learning disability in Low and Moderate compared with Substantial and Critical. There are a lower proportion of people with mental health issues in Low and Moderate, although a notably larger proportion with FACS unassigned.

Overall, the highest impact would therefore be on people with a physical or sensory impairment. However, the impact of changes to social care will be on disabled people as a group, as it is by reason of support needs arising from disability or condition that people will require social care.

Main Category	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Learning Dis	2.3%	6.8%	7.8%	16.9%	19.6%	14.9%
Mental health	51.0%	4.8%	5.1%	7.5%	14.3%	10.9%
Phys Dis	45.7%	87.2%	86.5%	75.0%	65.1%	73.5%
Subs Misuse	0.5%	0.0%	0.0%	0.1%	0.2%	0.1%
Vulnerable	0.5%	1.3%	0.5%	0.5%	0.8%	0.6%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Ethnicity:

Overall, there are low numbers of minority ethnic people accessing social care support. The proportions at Low, Moderate and Substantial are roughly the same, with a slightly higher proportion at Critical. The same is true for White Irish, with roughly the same proportions of White Other across all three levels. The numbers of people self-identifying as Gypsy, Roma, Traveller are too small for useful analysis, but it may be that some of this group are in the 'White Other' or 'White Irish' categories. According to this data, raising eligibility criteria should not have a disproportionate impact in terms of ethnicity.

Ethnic Origin	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Any other White background	1.02%	0.50%	1.13%	1.12%	0.99%	1.05%
BME	0.51%	0.50%	0.52%	0.56%	0.85%	0.65%
Gypsy/Roma	0.25%	0.00%	0.09%	0.00%	0.03%	0.04%
Other	7.11%	0.50%	0.57%	0.78%	1.02%	1.04%

White British	90.61%	98.50%	97.30%	97.19%	96.46%	96.76%
White Irish	0.51%	0.00%	0.39%	0.35%	0.65%	0.45%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Gender:

The gender breakdown for Low, Moderate, Substantial and Critical is of very similar proportions. In that sense, raising the criteria would not have a disproportionate impact in terms of gender. However, the proportion of females accessing social care is roughly twice that of males and therefore any proposal to change access to social care will have a higher impact on females than males.

Gender	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Male	51.8%	35.1%	33.7%	37.6%	36.2%	36.7%
Female	48.2%	64.9%	66.3%	62.4%	63.8%	63.3%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Age:

People aged 65 and over make up the highest proportion of people who access social care. Therefore any proposal to change access will have a higher impact on older people than younger. In terms of proportions at each level, there is a slightly higher proportion of older people accessing social care at Low and Moderate than Substantial, and a similar proportion at Critical when compared to Moderate. At all levels, there is a higher proportion of people aged 75 and over, and the highest proportion in Moderate, Substantial and Critical are 85 and over.

Demographic projections indicate a growth in the proportion and overall number of older people in North Yorkshire. This will lead to increasing demand and therefore increasing pressure on social care budgets. By 2025, the percentage of people in North Yorkshire aged 65 and over is estimated to reach 26.4%, compared to the all-England figure of 20%. This is a 20% (approx.) increase from 2011.

Age Group	No FACS	Low	Moderate	Substantial	Critical	Grand Total
18 - 64	59.6%	23.1%	22.5%	31.3%	27.3%	28.7%
65 - 74	11.7%	16.5%	11.6%	11.6%	10.4%	11.4%
75 - 84	20.6%	31.3%	27.4%	24.8%	24.3%	25.3%

85 and over	8.1%	29.1%	38.4%	32.3%	38.0%	34.6%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Sexual orientation:

Data not available. If we use the Stonewall estimates, we can anticipate that 5-7% of the people accessing social care will identify as Lesbian, Gay or Bisexual (LGB). From national research, we can also anticipate that LGB(T) people may be more likely to access social care as they age due to lack of informal care via family. Friend or 'family of choice' relationships may be a better source of support.

Faith:

Of those declaring, the highest proportion is Christian, at around 77%. The proportion in each level is very similar. The next highest proportion is Atheist, followed by Other. Proportions of the other main faiths are very low. There does not appear to be a disproportionate impact in terms of Faith.

Religion	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Christian	45.94%	78.95%	76.94%	74.91%	77.75%	75.38%
Atheist	7.36%	5.76%	7.59%	7.98%	7.03%	7.46%
Other	1.02%	2.26%	1.74%	2.81%	2.75%	2.46%
Jewish	0.00%	0.00%	0.13%	0.08%	0.09%	0.09%
Hindu	0.00%	0.00%	0.00%	0.00%	0.06%	0.02%
Buddhist	0.25%	0.00%	0.04%	0.05%	0.11%	0.08%
Muslim	0.00%	0.00%	0.00%	0.05%	0.06%	0.04%
Not Stated	45.43%	13.03%	13.51%	14.11%	12.16%	14.47%
Details no longer available	0.00%	0.00%	0.04%	0.00%	0.00%	0.01%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Marital Status:

Marital status is included as a protected characteristic in the Public Sector Equality Duty. From the data, whilst there are some variations (eg fewer single people at Low and Moderate), there does not appear to be any notable disproportionate impact in terms of marital status.

It may be worth noting, however, that there is a considerably higher proportion overall who are without a

spouse or partner. This may have some bearing on the amount of informal or family care available to them.

Marital Status	No FACS	Low	Moderate	Substantial	Critical	Grand Total
Civil Partnership	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Co-Habiting	0.3%	0.0%	0.1%	0.1%	0.1%	0.1%
Divorced	3.0%	5.0%	4.6%	4.0%	3.5%	4.0%
Married	33.0%	37.6%	29.0%	28.5%	24.7%	27.8%
Partnered	2.0%	1.3%	1.2%	1.7%	1.2%	1.4%
Separated	1.3%	1.3%	0.8%	1.1%	1.0%	1.0%
Single	30.2%	16.3%	16.7%	23.7%	26.6%	23.1%
Widowed	5.1%	27.8%	35.8%	29.4%	31.9%	30.7%
Not Recorded	25.1%	10.8%	11.8%	11.6%	11.1%	12.0%
Details no longer available	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Update post consultation

Equality profile: the equality profile data in section 2.2 has been rerun as at 31st December 2013. There are slight variations in the data, but no significant differences. The data as at 31st December 2013 is included as appendix 1.

Updated client figures: as at 31.12.13, there were 2348 clients assessed at Moderate (2027) or Low (321), and 459 with no FACS level recorded (the majority of these will be new clients where assessments have not yet been recorded on the system).

Service Data: from updated service figures, fewer people (less than 900) are likely to be affected than first estimated (page 8 above) when calculated in the same way. However this is very much an estimate and should not be relied on because the figures are volatile. The reduction is because there are currently fewer clients in the Moderate and Low categories. Note that many clients receive a number of services so even if some services are reduced/removed (eg home care) many clients will still receive services such as telecare and equipment.

	Data from consultation: Overall, the respondents to the postal survey disagreed with the FACS proposal but only by a small margin (52.6 disagree / 47.3% agree). Equality profile of respondents: analysis of the equality profile of those responding to the consultation questionnaire showed that they were reasonably proportionally representative of the equality profile of those accessing support from adult social care. See appendix 2 for more information and data. Quantitative responses (see appendix 2): Gender: there was very little difference in response by gender. Age: younger people tend to disagree more with the proposals than older, and are more likely to anticipate negative impact, apart from the proposal to charge for two care workers, where it is the age group 75-84 who most anticipate negative impact. Ethnicity: the numbers, whilst reasonably proportionate, were too low to allow for meaningful analysis. Disability - postal questionnaire: from the responses to the postal questionnaire, people with physical or sensory impairment are slightly more likely to agree with the FACS proposal than other client groups, particularly people with learning disability and vulnerable people who were more likely to disagree. Age/ Disability - online / paper questionnaire: people completing the online and paper questionnaires have a higher rate of disagreement to the proposals than those responding to the postal questionnaire. There is a higher proportion of people aged 18-64 responding via online and paper questionnaires than to the postal version; there may be a link to the higher rate of disagreement as the analysis of all responses shows that younger people generally have a higher rate of disagreement than older. Qualitative feedback: respondents were asked what impact the proposals might have on them. See section 3 of this equality impact assessment.
2.3 Are there areas where we need more information? How could we get this information? What data is available? Do other directorates, partners or other organisations hold relevant information? Is there	The County Council agreed on 24th July 2013 that this proposal should go forward to public consultation. The findings of the public consultation will be used to inform the final equality impact assessment and action plan, which will then contribute to the information used to reach decisions on the proposal. Mental health: AIS will not have complete figures as some people are recorded in AIS, some in Health systems, and a small number in both. Information from Community Mental Health teams required. Data quality initiatives continue to ascertain FACS levels for those where it has not been recorded. Most seem to come under the Mental Health and Physical Disability client categories.

relevant information held corporately e.g. compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this? Do you need to do more engagement work to inform this impact assessment? Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people? What do you want to find out? Which existing mechanisms can you use to get this information? Please refer to the Community Engagement toolkit on the NYCC intranet	Some further work is required to assess the impact on people accessing supported employment type activities. Some further work is required to estimate the numbers of new people who may be affected in the future as they would no longer meet the proposed eligibility threshold. Consideration will also have to be given to cumulative impact on people affected by a number of the proposals re FACS and the Fairer Contributions Policy should any changes be made. **Update post consultation** Supported employment: a number of people assessed as FACS Low or Moderate will be people accessing supported employment services and day activities, including sheltered employment. This group of people will include but is not restricted to people with a learning disability, of whom there are approximately 185 at FACS Low and Moderate as at 31.12.14. This support can be seen as preventative. For some people, there may be a risk to independence if this support is removed. The risk to independence will be assessed as part of each individual's community care assessment. In addition, this type of support will be considered within the preventative part of the commissioning strategy. The Directorate is still working within the principles of 'Valuing People Now' and the Community Lives strategy which aims to increase people's inclusion in mainstream community services and activities. Mental health: if an individual is diagnosed with a low level or fluctuating / episodic condition and has eligible social care support needs, this should be picked up by the community care assessment. If the individual is in Mental Health services, they are likely to be in crisis therefore likely to be at FACS substantial or critical and therefore would not be impacted. Closer working with MH Trusts will assist in meeting the needs of this client group. Data quality initiatives: on-going. There are a number of people in AIS without a FACS level recorded; in the majority of cases this will be because they are new clients and their FACS level has not yet been input. Clients categorised as 'Other' client type are mostly clients with inherited service categories from Children's Services; this will be addressed via the data cleansing exercises. Cumulative impact: it is not possible to assess cumulative impact until assessments have been completed, should the proposals be accepted. However, the means-tested financial assessment should act to reduce cumulative impact of the charging proposals (see Charging EIA).

	Numbers of people who may be affected in the future: it is extremely difficult to provide a figure for this as projections are based on a number of variables.
2.4 How will you monitor progress on your policy/service, or take-up of your service? What monitoring techniques would be most effective? What performance indicators or targets would be used to monitor the effectiveness of the policy/service? How often does the policy/service need to be reviewed? Who would be responsible for this?	Depending on the outcome of the public consultation and subsequent decision making, if the proposals are implemented monitoring will be via the following: a) Number of people moving out of eligibility due to the new threshold b) Number of reviews and reassessments c) Number of complaints d) Take up of prevention services e) Number of people moving up the eligibility criteria f) Number of people not assessed as eligible at first contact who subsequently make further contact and are assessed as being substantial or critical at that point g) Carers assessments h) Safeguarding alerts

3. Assessing the Impact

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence.

3.1 Has an adverse impact been identified for one or more groups? Has this assessment shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups? Do some needs/ priorities 'miss out' because they are a minority not the majority? Is there a better way to provide the service to all sections of the community?	Adverse impacts arising from this proposal would affect disabled people, particularly those with physical or sensory impairment, more older people than younger, and more women than men. From the above analysis (section 2.2), around 1000 people currently accessing social care support will be most affected. There will also be an impact on new people coming through for assessment who will no longer meet the eligibility threshold. Within the group most likely to be affected, looking at type of service it is likely that reducing access to supported employment would most affect people with learning disability and reducing access to home care and home help would most affect older people. There would also be an impact on family and unpaid carers who may have to take up more of the caring responsibilities. Adverse impacts could include: 1. An impact on ability to maintain independent living and subsequent deterioration in condition, which might then require a more costly social care intervention; 2. An impact on ability to maintain daily routines, including those that reduce loneliness and isolation; 3. An impact on personal income due to the need to purchase support in lieu of state funded support; 4. An impact on family and other unpaid carers, who may have to take more of a support role. There is potential for carers to not be able to do so or to reduce their care input, which would then impact on the person's independence (see point 1 above); 5. A risk that an individual does not engage with the prevention offer, thus affecting ability to maintain independence (see point 1 above); 6. A risk of causing distress and confusion, particularly for those with cognitive impairment such as dementias (see point 1 above); 7. A risk that older people in particular, especially those without family support, will feel unable to complain if they feel that the decision is incorrect; 8. Where a couple are both in receipt of care, are assessed at different levels and one has services withdrawn (see point 1 above).

	<u>Update post-consultation @ January 2014:</u> The potential adverse impacts identified by respondents to the consultation were the same as the impacts above, plus: - concern about impact on people with certain conditions such as learning disability or autism who may appear more able than they actually are, and people with fluctuating conditions. - concern that removal of even a small amount of support could make a big difference to someone who is currently coping - Some views that the eight week transition period would be insufficient, particularly for people who find it hard to cope with change, such as people with learning disability, autism, or very elderly. - the importance of good quality community care assessment was stressed, also the importance of supported access to information and advice - there was also a concern about the capacity of the voluntary sector to support/deliver prevention services at the same time that they are experiencing reduced funding and growing demand/need. However, people were positive about prevention and 78.8% of people agreed that prevention services would help people to stay independent for longer. For more detail, see 'Making difficult decisions in adult social care: public consultation on eligibility and charging for adult social care' consultation report 14.1.14.
3.2 How could the policy be changed to remove the impact? Which options have been considered? What option has been chosen?	The FACS threshold could remain at Moderate. However, the savings requirement would then have to be found from other sources and given that all adult social care services are aimed at vulnerable people it is likely that alternative savings would also impact on vulnerable people. A number of savings measures have already been put into place including 'back office' savings in previous budget rounds and efficiencies continue to be made. If the decision is made post-consultation to raise the FACS threshold, the following factors would be put into place to mitigate against any adverse impact: People will be assessed to ascertain their FACS level and hence eligibility for support from Adult Social Care. This means that support planning would take place and transition support would be available for those no longer eligible. If people's needs change, they can request a re-assessment or review at any time. There would be continuing investment in the preventative service offer. This would be likely to include the

current offer of information, advice and signposting, telecare and equipment to help people maintain their independence.

The new FACS threshold would not apply to reablement. This means that the reablement service will also still be available to people who are assessed as having a need for, and could benefit from, this sort of support. Reablement is a short period of intensive support to help people maintain or regain their independence, for example after a hospital stay. Two thirds of people who have a period of reablement do not need on-going support or need less support than they would have otherwise.

A prevention framework is being developed, led by the Public Health team.

The aim of the preventative offer will be to reduce the 'cliff edge' effect of raising the eligibility threshold, so that there is still a support offer for people who do not meet the threshold.

To mitigate against adverse impacts for unpaid family and friends carers, carers assessments will continue to be provided. In addition, the joint North Yorkshire Carers Strategy includes a number of actions in its implementation plan to support carers, such as development of better information and advice, a GP carers pathway to improve early identification of carers and signposting to support, redesigning the carers assessment process and paperwork. The current carers community-based support services are also being reviewed to tailor provision to need.

The current complaints system would remain the route for people who felt that that their assessment was incorrect. Complaints advocacy support is available.

Update post-consultation @ January 2014

The proposal to raise the FACS threshold will be considered by the County Council's Executive on 4th February 2014. If the proposal is agreed, adverse impacts will be mitigated as above, and as follows:

The preventative offer of reablement, telecare, equipment and advice/information/signposting would remain in place.

The County Council's Prevention Strategy is being developed for implementation from April 2014. The responses to this consultation have contributed to the development of the strategy. The Strategy will include pathways for rapid identification and referral onwards of people requiring more support as well as support to navigate information, advice and signposting. It is also considering how best to support the

	capacity and sustainability of the voluntary sector. The prevention offer and the information/advice/signposting offer form elements of the Directorate's new operating model, which is being developed to ensure that the finances that are available to the county council are used in the most effective way possible to reduce dependency but still support the most vulnerable. This should also reduce the number of people requiring support in the future. The eight week transition period will be extended beyond 8 weeks where there is a significant risk to an individual's independence following reassessment, including an assessment of risk. Community care assessment: the Directorate has recently been increasing its proportion of professionally qualified assessment staff within the current cost base to reflect the increasing complexity in adult social care services. In order to deliver the new operating model and the requirements of the Care Bill, the Directorate will undertake a further review of its workforce to ensure that people receive a high quality assessment service, with a significant number of referrals being dealt with at first contact in the Customer Services Centre by social care professionals. Additional assessment training is being provided throughout the coming months and the Directorate will delivering any further training which becomes necessary if this proposal is implemented. Financial impact: the preventative offer should mitigate against some financial impact via an extended offer of community and voluntary sector support / opportunities. Carer breakdown: the council will continue to offer support to carers as outlined in the Carer Strategy, reinforced by the Prevention Strategy and new operating model. The Care Bill, when enacted, would give carers greater rights to services than at present. Supported employment: see section 2.3.
3.3 Can any adverse impact be justified? If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group? **Please seek legal advice on**	Although the mitigating factors outlined above should reduce the adverse impact, it is likely that some adverse impact will remain. However, the proposal is being made in the light of severely reduced budgets, in order to safeguard services for the most vulnerable people. Legal advice has been sought. The Department of Health issued guidance on eligibility criteria for adult social care in England in 2010. The guidance says that in setting their eligibility criteria, councils should take account of their own resources, local expectations, and local costs. It says that although final decisions remain with councils, to promote greater clarity and transparency, they should consult service users, carers and appropriate local agencies and organisations about their eligibility

whether this can be justified.	criteria. Councils should review their eligibility criteria in line with their usual budget cycles. Such reviews may be brought forward if there are major or unexpected changes, including those with significant resource consequences. However, councils should be mindful of evidence which suggests that raising eligibility thresholds without a parallel investment in preventative strategies may lead to increasing demand for services in the longer term. Councils have a statutory duty to have due regard to the need to eliminate discrimination and to promote equality. In the event of a consultation, careful consideration will need to be given to responses in order to understand further any adverse impact and balance this against identified mitigating factors.
3.4 Are you planning to consult people on the outcome of this impact assessment? When and how will you do this? How will you incorporate your findings into the policy?	Yes. The draft equality impact assessment will be made available as part of the information to support the public consultation (September to November 2013). Feedback on the assessment, plus data gathered from the consultation itself, will be used to develop the final assessment. This will then be used to support the final decision on whether or not to adopt this proposal. **Updated post-consultation @ January 2014** The proposals went to public consultation in Autumn 2013. For more detail, see 'Making difficult decisions in adult social care: public consultation on eligibility and charging for adult social care' consultation report 14.1.14. The draft EIA was made available during the consultation, on the consultation website and as a handout at consultation events. No comments have been received directly on the EIA. However, the consultation was designed in such a way to be able to identify equality profile of respondents and elicit their views on potential impacts, and this information has been used to develop the consultation report and update this EIA.
3.5 How does the service/policy promote equality of opportunity and outcome? Does the new/revised policy/service improve access to	

services? Are resources focused on addressing differences in outcomes?	

Don't forget to transfer any issues you have identified in this section to the Equality Action Plan

Action Plan					
What are you trying to change (outcome)?	**Action**	**Officer responsible**	**Deadline**	**Other plans this action is referenced in (e.g. Service Performance Plan, work plan)**	**Performance monitoring**
Monitor impact of raised eligibility threshold (if decision to raise is made by Executive)	Develop monitoring framework	Performance Support Manager	31.03.14		
Transition period can be applied with sufficient flexibility to allow for individual need where required	Ensure assessment staff are aware of parameters for extension of transition period	Assistant Director Adult Social Care Operations	31.03.14		
Community care assessment is of good quality and takes account of particular conditions such as LD,	Assessment process and paperwork revised and assessment staff skills development	Assistant Director Adult Social Care Operations	31.03.14 (and ongoing)		

autism, and fluctuating conditions					
Prevention Strategy includes pathways to recognise and refer people who require additional support	Include in development and implementation of Prevention strategy	Public Health	April 2014 and ongoing		
Prevention Strategy includes consideration of needs of carers, in conjunction with North Yorkshire Carers Strategy	Include in development and implementation of Prevention strategy	Public Health	April 2014 and ongoing		

Appendix 1: client data by equality profile as at 31st December 2013

Client category

Main Category	No FACs	Low	Moderate	Substantial	Critical	Grand Total
Learning Dis	2.0%	6.8%	7.4%	17.4%	18.6%	14.7%
Mental health	38.5%	3.8%	4.7%	6.6%	13.4%	10.2%
Other	46.5%	18.4%	10.6%	5.9%	2.3%	8.1%
Phys Dis	13.0%	70.5%	76.8%	69.7%	64.7%	66.5%
Subs Misuse	0.0%	0.0%	0.1%	0.2%	0.1%	0.1%
Vulnerable	0.0%	0.5%	0.4%	0.3%	0.8%	0.5%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Ethnic Origin	No FACs	Low	Moderate	Substantial	Critical	Grand Total
Any other white background	1.1%	0.0%	0.8%	1.2%	1.0%	0.98%
BME	1.1%	0.3%	0.2%	0.6%	0.5%	0.49%
Gypsy/Roma	0.2%	0.0%	0.1%	0.0%	0.0%	0.04%
Not recorded	11.7%	1.4%	0.9%	1.1%	1.0%	1.62%
Other	0.2%	0.0%	0.0%	0.2%	0.3%	0.20%
White British	85.6%	98.4%	97.5%	96.5%	96.8%	96.31%
White Irish	0.2%	0.0%	0.4%	0.4%	0.4%	0.37%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%

Gender	No FACs	Low	Moderate	Substantial	Critical	Grand Total
Female	47.1%	61.5%	66.9%	62.5%	63.6%	62.9%
Male	52.9%	38.5%	33.0%	37.5%	36.4%	37.1%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Age Group	No FACs	Low	Moderate	Substantial	Critical	Grand Total
18 - 64	74.4%	27.4%	24.6%	33.6%	27.7%	31.7%
65 - 74	8.5%	15.4%	13.2%	11.4%	11.1%	11.6%
75 - 84	10.1%	28.7%	26.1%	23.7%	23.0%	23.4%
85 and over	6.9%	28.5%	36.1%	31.3%	38.2%	33.3%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Religion	No FACs	Low	Moderate	Substantial	Critical	Grand Total
Atheist / no religion	9.6%	8.8%	7.2%	8.5%	7.3%	7.9%
Buddhist	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
Christian	43.8%	75.5%	75.7%	73.2%	76.3%	73.2%
Hindu	0.2%	0.0%	0.0%	0.0%	0.1%	0.0%
Jewish	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%
Muslim	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Sikh	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.5%	1.6%	2.0%	2.9%	3.1%	2.6%
Not known	45.9%	14.1%	14.9%	15.1%	13.0%	16.0%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Marital Status	No FACs	Low	Moderate	Substantial	Critical	Grand Total
Civil Partnership	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Co-Habiting	0.0%	0.3%	0.1%	0.1%	0.1%	0.1%
Divorced	1.8%	4.5%	4.1%	3.9%	3.3%	3.6%
Married	18.6%	33.3%	31.8%	28.0%	26.1%	27.7%
Not Recorded	32.6%	17.3%	13.7%	13.5%	11.5%	14.1%
Partnered	1.8%	1.3%	1.7%	1.7%	1.1%	1.5%
Separated	0.8%	1.3%	1.0%	1.0%	1.0%	1.0%
Single	41.8%	16.0%	15.3%	24.7%	27.0%	24.3%
Widowed	2.6%	25.9%	32.3%	27.1%	29.8%	27.7%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%