

Equality and Safety Impact Assessment



The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

Name or Brief Description of Proposal	Updates to the ASC Charging Policy starting April 2024 Consultation version
Brief Service Profile (including number of customers)	
<p>The provision of Adult Social Care (ASC) is regulated by the Care Act 2014, which includes statutory guidelines covering councils’ charging options for certain types of care.</p> <p>Southampton City Council (SCC, or the council) has an ASC Charging Policy which sets out what charges the Council will raise when arranging to meet a person's care and support needs, or a carer’s support needs.</p> <p>Changes are being proposed to a number of aspects of the existing ASC Charging Policy, affecting different sub-groups of customers. These changes are described below.</p> <p>The Care Act requires that we do not charge anyone more than they can afford, and in applying the proposed changes to the policy, this principle does not change.</p> <p><u>Customer breakdown</u></p> <p>As of 17th July 23, the council has 2,654 customers with one or more current packages of care arranged by or funded by the council. Of these:</p> <ul style="list-style-type: none"> • 1,659 are in non-residential care (care outside a care home) • 704 are receiving long-term (permanent) residential care (in a care home) • 49 are receiving occasional short-term/respice residential care • 242 are direct payment customers – people who are arranging their own care which is partially or wholly funded by the council. 	

Customers all have a “primary support reason” indicating the main reason they need care and support. This breaks down as follows:

- | | |
|--|-----|
| • Learning Disability Support | 21% |
| • Mental Health Support | 13% |
| • Physical Support - Access and Mobility only | 5% |
| • Physical Support - Personal Care support | 49% |
| • Sensory Support - Support for Hearing Impairment | <1% |
| • Sensory Support - Support for Visual Impairment | <1% |
| • Social Support - Substance Misuse support | 1% |
| • Support with Memory and Cognition | 8% |
| • Other | 1% |

Of the 2,654 customers, approximately:

- 5% are paying the full cost of their care
- 71% are paying towards their care (the cost of the care or the maximum amount they can afford, whichever is lower)
- 12% are not paying anything towards their care because they have a very low income
- 11% are exempt from charging. (Of these, 87% are exempt due to receiving mental health care under section 117 of the Mental Health Act 1983).

The amount a person pays towards their care is decided by the type of care and their personal financial circumstances.

Summary of Impact and Issues

List of proposed changes

1. Improvements to the process for managing people’s disability-related expenses. (This does not apply to those paying the full cost of their care, or people in long-term residential care).
2. Changes to the way we charge for care which is cancelled. In many cases charges will stop. Where charges do not stop, we will explain why.
3. Explaining how charges get going when care starts. If there is a delay in obtaining a person’s financial data, we will explain how long we wait before we start charging the full cost.
4. Changing the method for calculating the cost of non-residential care, from an average rate to the actual cost. (Actual costs are already used for residential care charges).
5. Introducing charges for transport.
6. Increasing the administration charges for processing deferred payment loans. (This affects people paying the full cost of their care only).
7. Changing the “Minimum Income Guarantee” rate used for new customers aged

between 60 and state pension age. This brings us back into line with government guidance.

8. Improvements to the general structure and accessibility of the ASC Charging Policy document. This includes:

- simpler wording
- changing the order of information in the document so that it reflects the order of events for a new customer
- including more diagrams and examples
- including a glossary to explain terms which people might not know
- collecting all the rates and fees we use into one Rates Document.
- explaining how these rates and fees are updated each year.

Impact and issues

Change 1: Overhaul of the process for managing people's disability-related expenses

What is being proposed?

The process for assessing how much a person can afford to pay toward the cost of their care is:

- a) work out the person's income (the Care Act statutory guidance tells us which types of income are included and which are ignored)
- b) subtract an amount that represents what the person needs to live on. This is called the "Minimum Income Guarantee" and is set by the government annually. It varies by age, circumstances and level of need.
- c) the balance is "net disposable income" which we are entitled to ask the person to pay towards the cost of their care.

If a person receives non-residential care, and is in receipt of a disability benefit, they are entitled to ask the council to take into account any extra day-to-day living expenses they incur due to their disability. These are called disability-related expenses, or DREs. Once DREs are approved they reduce the amount a person is charged towards the cost of their care.

We are proposing to change the process for dealing with DRE applications, in a number of ways:

- a) The DREs would be assessed as part of the financial assessment. Currently, they are dealt with after the financial assessment is completed. This means that people's charges would take account of DREs from the outset. The online financial assessment would be amended to allow DREs to be recorded alongside other financial data. The indicative charges provided by that online system would be subject to a review of the DREs being claimed. Appeals against DRE decisions would follow the same process as appeals against financial assessment outcomes.

- b) The proposed policy and rates document explain more about the reasonable checks we would apply to DRE requests. This is done in the interests of transparency and to reduce the number of unrealistic requests we receive.
- c) The list of expenses considered in the draft policy has been shortened to remove those which are rarely used. However, there is always an “other” option for individual cases.
- d) The list of expenses in the draft policy has been enhanced to show which costs we typically accept, which costs are excluded and what evidence we need.
- e) We are proposing to use standard rates for DREs where possible. This ensures consistency and speeds up the decision-making process. To establish typical expenses for heating, food, laundry etc, we will use external sources including:
 - the Office for National Statistics
 - NAFAO (the National Association of Financial Assessment Officers). Annually updated NAFAO guidance is used by many councils to set the standard for DRE rates. This helps us to assess how much of a person’s expenses are above the typical level. NAFAO also recommend standard rates, for example the cost of purchasing and maintaining different types of specialist equipment.
- f) The draft policy explains on what basis the rates will change annually.

What would be the impact?

This change would apply to anyone who is paying a contribution towards the cost of their care, and is receiving care at home, or short stays in a care home.

On 4th May 2023, 378 people were claiming DREs. This is around 23% of our non-residential care customers. However, we know that 70% of non-residential customers are claiming a disability benefit. This suggests that the option to reduce charges by claiming DREs is under-used.

We hope that the overhaul of the DRE process will have a positive impact by:

- a) raising awareness of DREs. We want to ensure that everyone who might be eligible for DREs knows how to make a claim. This may help people who are adversely impacted by other changes being proposed in the new policy
- b) making it clear which kinds of expense are eligible, and how much we consider is reasonable. Customers can then assess for themselves what DREs they are likely to be granted
- c) demonstrating that all customers are treated fairly and consistently
- d) ensuring that DREs are built-in to the person’s charges from the outset, instead of charging them a higher amount and having to adjust this down after the DRE application is processed.

- e) allowing customers to see (via the online financial assessment) their likely charge, including their DREs, at a much earlier stage of the process.
- f) maintaining a route for individual cases to be considered outside of the stated rates and guidelines
- g) merging the DRE appeal process with the financial assessment appeal process so that all concerns can be addressed together.

Staff guidelines relating to DREs would also be overhauled to ensure that customers receive consistent and correct advice about DREs.

Change 2: Changing the way we charge for care which is cancelled

What is being proposed?

We only charge for cancelled care if we incur costs. Recent changes in our provider terms and conditions allow us to simplify the way this is explained in the policy, and provide clearer examples of when someone is likely to be charged. Key points are:

- a) We propose not to charge for care which is cancelled because people are unexpectedly admitted to hospital, if the care is:
 - home care
 - day care
 - supported living
 - miscellaneous services (for example, transport)

This is a change from the existing policy when people could be charged for up to 7 days.

- b) People who cancel their home care, day care or miscellaneous services for reasons other than an unexpected hospital stay, without giving 24 hours' notice to the provider, may still be charged for one day. This will only apply if we have to pay for the cost of staff who could not be re-allocated.
- c) People who are away from care settings which the council continues to pay for during their absence, would still be charged for their care. This is usually because we need to keep their facilities open, for example placements in care homes, residential educational placements and Shared Lives.

What would be the impact?

This proposed change affects all customers but is most relevant to people receiving home care. This is because home care visits are most likely to be extended, cut short or cancelled, and generate a lot of invoicing queries.

During October, November and December 2022, 106 people had 1381 home care visits cancelled due to short spells in hospital of up to a week. These visits were charged for in many cases. In future, we propose that they will not be.

We expect the impact to be positive because:

- a) Anyone being admitted unexpectedly to hospital could have peace of mind that they will not be charged for any non-residential care which they are missing.
- b) Non-residential customers would now understand that they need to give their provider 24 hours' notice, to avoid being charged when they cancel their own care.

Change 3: Clarifying the timing of charges when care first starts

What is being proposed?

In cases where council-arranged care is required, we aim to get the care in place as soon as possible. However, the financial assessment (which works out how much the person can afford to pay for their care) can take longer. It may be a few weeks after care started, before we establish how much the person will be charged.

For residential care, we can charge a temporary, minimum amount while the financial assessment is taking place. However, this is not possible for non-residential care.

The main reason for delays in the financial assessment process is that people fail to provide the data we need. Work is underway to improve the support provided to help people understand what is needed and engage with the process. However, if no data is provided, we eventually have to start charging the full cost of the care.

We are proposing changes to the policy to make it simpler and clearer how this works. The key points are:

- a) If the financial assessment data is provided within 8 weeks of the council requesting it, we would complete the financial assessment. We would then issue charges dating back to the start date of the care.
- b) If 8 weeks have passed since the financial assessment data was requested, and we have not received the data or heard from the person explaining the delay, we would issue charges at the full cost of the care, dating back to the start date of the care. (Previously we only started charging from a maximum of 8 weeks before the financial assessment data was requested).
- c) After we start charging at full cost, if the person sends in their financial data, we would carry out the financial assessment. If this concludes that the person can only afford to pay a contribution to the full cost, we would adjust the charges already issued, back to the start of care, to reflect the new contribution amount. (This ensures that we do not leave any full-cost charges in place once we have established that the person cannot afford to pay them).

What would be the impact?

We anticipate the impact of this change to be very small. Only a few customers are not financially assessed within 8 weeks of their care starting. This is usually because they have not provided the required information or explained the delay, even after several polite reminders have been issued.

In such cases, those customers would be issued with full cost charges, backdated to the start of their care. Previously charges would have been backdated by at most 8 weeks. However, there will be very few cases where this makes a material difference.

The more positive impact is that if a financial assessment is completed after we start charging at full cost, and shows that the customer cannot afford to pay the full cost, their charges will be corrected right back to the start of care. Previously, they would only have been corrected back by at most 8 weeks, potentially leaving some full cost invoices still to be paid.

How can we mitigate the impact?

We now have an online financial assessment which offers two benefits relating to this policy change:

- (i) Customers could get an indicative amount of their contribution very early on, so they would know what their charges are likely to be while they wait for the financial assessment to be finalised, and can budget accordingly, and
- (ii) Customers could submit their data and documents online which speeds up the financial assessment process considerably.

In addition, we plan to improve the level of support provided to people who seem to be unwilling or unable to take part in the financial assessment process. The FAB team and social workers will work together to provide help, guidance and reassurance, with the aim of reducing the number of people who are charged at full cost “by default” to as close to zero as possible.

Change 4: Changing the method for calculating the cost of non-residential care, from an average rate to the actual cost.

What is being proposed?

We are changing the way we define the cost of non-residential care. Currently, in any given week, the cost of care is calculated as the actual amount of care delivered, multiplied by an average rate.

From April 2024 we propose to use the actual cost, which is the amount we pay the provider (excluding any VAT). This will generally be higher than the current average rate.

The aim of this proposed change is to remove an anomaly, where non-residential customers who can afford to pay the full cost of their care, are having some of their care costs paid for by the council. This frees up funds which can be spent on providing care for

people who cannot afford to pay the full cost of their care.

What would be the impact?

Residential care customers would not be affected, because residential care has been charged using the actual cost for many years.

Most non-residential care customers would not be affected because they are either exempt for charging, or are paying a contribution towards the cost of their care (the maximum amount they can afford, worked out by the financial assessment).

There are two groups of non-residential care customers who would be affected:

Group 1: People who are expected to pay the full cost of their care but have still asked the council to arrange their care. (These people will have assets over £23,250 or have chosen not to have a financial assessment). This is approximately 6% of our non-residential care customers, around 80-100 people.

Group 2: People who are paying the cost of the care because the cost is less than their assessed contribution (the maximum amount they can afford to pay, worked out by the financial assessment). This is approximately 16% of our non-residential care customers, around 220 people.

A detailed analysis has been carried out to assess the impact of this change on these two groups.

The full-cost customers in Group 1 would see an increase in their charges averaging 28%, although the range of increases is wide both in terms of amount and percentage. People in this group can afford to pay the full cost of their care, however due to the average charging method we have used up to now, they have not been charged the true full cost. This proposed change will rectify the situation and free up council funds to spend on care for people who cannot afford to pay for it.

The customers in Group 2 would see an increase in their charges averaging 19%. These people are being charged less than the maximum they can afford, and in most cases even after the charges are increased, they would still be charged less than the maximum they can afford. The worst case, for about 30 people, is that the cost of their care would now exceed their assessed contribution amount (from the financial assessment), so they would be charged their contribution from now on.

Both groups would, going forwards, be affected by any change in the rates we pay providers.

How can the impact be mitigated?

We recognise that a sudden increase in charges (even within the range of what people can in theory afford to pay) may cause difficulty for some people. There are several ways the impact could be managed:

- a) Between now and 1st April 2024 we would review the care provisions for the

full-cost customers with the highest charges and the biggest increase in charges. We would check that the provision is proportionate and not more than they need. We would also encourage them to complete a financial assessment if there is any possibility that this will reduce their charges.

- b) Customers could ask to be moved to a cheaper provider if they wish
- c) Full cost customers could decide to arrange their own care if they wish
- d) Customers paying the cost of their care because it is less than their maximum contribution, could ask for a direct payment instead and arrange their own care
- e) Temporary payment plans could be considered, to help people smooth out the impact of a large increase in their charges.
- f) In exceptional cases the council could agree to waive the whole cost of care if necessary

The impact of exposing non-residential customers to changes in our provider payment rates, would be eased by explaining how we manage provider rates, and annual increases, in the policy. In the case of home care, providers can only increase their rates annually, but can (and do) reduce their rates mid-year to be more competitive.

Change 5: Introducing charges for transport.

What is being proposed?

Up to now, any transport services listed on people's support plans which have been arranged by the council, have been provided free of charge. We now propose to charge for transport at the actual cost. This would bring us into line with most other councils, where charging for transport is the norm. The most common use of transport is to take people to and from day care.

By asking people who can afford it, to pay for their transport, we would have more funds for other care to be provided to people who cannot afford to pay for it.

It should be noted that we are one of the very few councils who do not currently charge for transport.

What would be the impact?

People who only pay a contribution towards the cost of their care, or are exempt from charging, would not be affected by this change.

The people who would be affected, are in the same two groups as in change 4 above:

Group 1: People who are expected to pay the full cost of their care but have still asked the council to arrange their care. (These people will have assets over £23,250 or have chosen

not to have a financial assessment). This is approximately 6% of our non-residential care customers, around 80-100 people.

Group 2: People who are paying the cost of the care because the cost is less than their assessed contribution (the maximum amount they can afford to pay, worked out by the financial assessment). This is approximately 16% of our non-residential care customers, around 220 people.

The number of existing customers in these two groups is very small – less than 10 people. The main purpose of the proposed change is to ensure that we charge transport to new customers, so long as the total cost of their care is still within the range of what they can afford (according to the financial assessment).

How can we mitigate the impact?

Firstly, the support planning approach is being reviewed to ensure that we are consistent in the way we define the need for council-arranged transport. Many customers have other options.

Secondly, the way we commission transport services is also under review, to ensure that we can obtain services at a competitive rate.

Finally, customers may choose to make use of friends / family / free community transport options to avoid having to pay these charges.

Change 6: Increasing the administration charges for processing deferred payment loans

What is being proposed?

Deferred payment loans are an option for people who need to move into a care home permanently, and have assets over £23,250 which are all tied up in a property which they do not want to sell. They can apply for a deferred payment loan, and if approved, they will need to complete a deferred payment agreement. The council will pay for their care, having obtained a “first legal charge” on the property so that the council can recover the loan amount when the property is eventually sold.

Interest is charged at a small rate set by the government, and the Care Act 2014 permits the council to charge the customer for the administration costs of operating the loan.

We are proposing to increase the existing setup fee, introduce an annual fee and add other fees which will apply only when specific circumstances arise. In all cases these fees are simply covering our costs, and in all cases, they can be added to the loan if required.

We have taken note of other councils’ fees to ensure that our proposed fees are within a normal range and not excessive.

Specific changes being proposed are:

- a) The one-off setup fee of £730 is increased to £990. (This reflects a more systematic analysis of the workload and increases in staff hourly rates since

2019). An extra fee of £50 would be added if a discretionary meeting is required to discuss an applicant who does not meet the mandatory criteria (for example, if they already have a charge on the property).

- b) A new annual administration fee of £200, to cover the cost of regular maintenance work including producing statements.
- c) An extra fee of £200 for re-valuing the property when the loan amount reaches 80% of the original equity.
- d) Other variable legal fees charged as incurred, in rare cases
- e) All fixed fees will be listed in the rates document which accompanies the charging policy, and increased annually in line with latest costs
- f) Final invoice to attract interest of 4% over the base rate if not paid within 6 months of being issued

What would be the impact?

People affected by this change would be the very small number of full-cost, residential customers who choose to enter a deferred payment agreement in the future. (Existing deferred payment customers would not be affected).

Typically, we have less than 10 new people per year who would experience the new, higher set up fee as well as the annual fees in due course.

Currently, the average weekly cost of care for the existing deferred payment customers is £1008.37. Therefore, the new fees are small values compared with the annual cost of care.

In addition, customers have the option to defer payment of the fees by adding them to the loan.

Change 7: Changing the rate used for the “Minimum Income Guarantee” for new customers aged between 60 and state pension age.

What is being proposed?

When the financial assessment is carried out to assess how much someone can afford to pay for their non-residential care, a key element is the Minimum Income Guarantee, or MIG. This is the amount of a person’s weekly income, which they need to keep for day-to-day living costs. It is set annually by the government, and takes into account the person’s age and level of disability (based on the kind of benefits they are claiming).

The most generous MIG rate is reserved for people of state pension age and over. However, for many years the council has been using this rate for any customers aged 60 or over.

We propose that from April 24, any new customers, and any existing customers aged 59 and under, would not be allocated the highest MIG rate until they reach state pension

age, which will be at the age of 66 or 67. Instead they would be allocated the lower MIG rate for people aged 25+.

What would be the impact?

Existing customers aged 60+ would not be impacted – we would continue to use the higher rate MIG they have already been allocated.

New customers aged 60-66 (there were 32 of these in 2022-23), and existing customers who turn 60 (there were 19 in 2022/23), would simply wait longer than they would have done, before they are allocated the higher MIG rate. This means their charges would be higher than they would have been without the proposed change, but would still be affordable, according to the government-set MIG rates.

No individual person would see any reduction in their MIG rate or increase in charges because of this change.

The increased income raised by this change would help fund other care packages.

Change 8: Improvements to the general structure and accessibility of the ASC Charging Policy document

What is being proposed?

The charging policy is based on the Care Act 2014 regulations and statutory guidance, which means it can be challenging to read and understand.

The Council has suggested edits to the document, to make it more accessible, by:

- a) simplifying the wording
- b) changing the order of information in the document so that it reflects the order of events for a new customer
- c) including more diagrams and examples
- d) including a glossary to explain terms which some people might not know
- e) collecting all the rates and fees we use into one Rates Document
- f) explaining how these rates and fees are updated each year

What would be the impact?

All adult social care customers would be affected by the proposed changes. This includes people whose care is arranged by the council, people receiving a direct payment, and carers.

The intention is that by making the policy easier to read, customers have a better understanding of how we work out what they can afford to pay, and how we calculate the

amount on their invoices.

We would also produce an Easy-Read version of this description of the changes, to ensure that people with Learning Disabilities are not excluded from understanding how charging works.

Potential Positive Impacts

The new ASC Charging Policy should be easier for both customers and staff to understand.

The focus on disability-related expenses (change 1) should raise awareness of this option, for people who feel their charges are excessive or who have challenges with the cost of maintaining their independence, due to a disability.

Most ASC home care customers will see less charges when care is cancelled, particularly when the cause is an unexpected admission to hospital (See change 2).

The council will recover more of its care costs, from people who can afford to pay more (according to the government formula which assesses how much people can afford). This increases the funding available for other customers' care.

Responsible Service Manager	Paula Johnston, Head of Quality, Governance and Professional Development
Date	23-Aug-23
Approved by Senior Manager	
Date	

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	<p>In the Southampton population, the age range of adults is:</p> <p style="padding-left: 40px;">82% aged 18-64 18% aged 65 and over</p> <p>However, for adult social care customers:</p> <p style="padding-left: 40px;">44% aged 18-64 56% aged 65 and over</p> <p>Older people are therefore a very significant cohort to be considered.</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>While the age profile for non-residential care customers is very similar to this, residential care customers are mainly older (75% are aged 65 and over), while direct payment customers are mainly younger (75% are aged 18-64).</p> <p>The following age-related impacts have been considered, in relation to the proposed changes:</p> <p>Firstly, older people are more likely to be retired and unable to top up their incomes by going out to work. Therefore, any increase in charges can have a significant impact. However, this is compensated for by the fact that government allowances for living costs increase with age, with the highest Minimum Income Guarantee rate for non-residential care being £214.35 per week in 2023-24.</p> <p>Secondly, a proportion of older people may be unable to access the new charging policy and the consultation questionnaire, online.</p> <p>Thirdly, change 7 directly impacts new customers aged 60 to pension age. Their charges will be based on the use of the minimum income guarantee amount for adults below state pension age rather than the more generous MIG rate for people of state pension age, which up to now we have given to anyone over 60. Because this change will not be applied to existing customers, no-one will see an actual increase in charges.</p>	<p>Hard copies of the policy and the questionnaire will be available on request, and the initial letters sent to customers (in the post) will include a phone number and email address to use, for requesting hard copies.</p> <p>Customers who find their charges unaffordable can consider claiming disability-related expenses (DREs), or appealing the outcome of their financial assessment.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<p>Disability</p>	<p>60.4% of adult social care customers are claiming a disability benefit (disability living allowance, attendance allowance or personal independence payments).</p> <p>Breaking this down by care type, this figure is:</p> <ul style="list-style-type: none"> 95% for direct payment customers 70% for non-residential customers 37% for short term/respice residential care customers 27% for long-term residential care customers <p>The overhaul of the process for disability-related benefits (change 1) is therefore relevant to most of our customers and the general impacts have been covered above.</p> <p>Disabled people are most likely to require council-arranged transport and will therefore be affected by plans to start charging the cost of transport (see change 5). However, disabled customers who are only paying a contribution towards the cost of their care, will not be affected by this.</p>	<p>Many disabled customers claim a mobility component to their disability benefit which is intended to be used to help with the additional cost of transport.</p> <p>In addition, free and low-cost community transport services are available.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Gender Reassignment	None of the changes proposed should have any impact on a person because of their gender reassignment status.	
Marriage and Civil Partnership	<p>When people are financially assessed, this is done by considering their personal financial circumstances in their own right. The only difference for people in a marriage or civil partnership is that:</p> <p>A) We assume each person gets a 50% share of any jointly assessed, means-tested benefit, for example Pension Credit.</p> <p>b) the partner has the option to share their financial details so that we can ensure they are not disadvantaged by the charges we expect the person to pay.</p> <p>When considering whether to take property into account during the financial assessment for someone moving into a care home permanently, the needs of any partner to have somewhere to live are considered.</p> <p>Beyond these points (which are not being changed), none of the changes proposed should have any impact on a person because of their marital status.</p>	
Pregnancy and Maternity	None of the changes proposed should have any impact on a person because of their pregnancy/maternity status.	
Race	<p>In the Southampton population, the ethnicity profile is:</p> <ul style="list-style-type: none"> • 11% Asian/Asian British • 3% Black / Black British 	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<ul style="list-style-type: none"> • 3% Mixed • 81% White/White British • 2% Other <p>The profile for adult social care customers is:</p> <ul style="list-style-type: none"> • 4% Asian/British Asian • 2% Black / Black British • 2% Mixed • 89% White/White British • 3% Other/unknown <p>This suggests that some ethnicities are under-represented in the Adult Social Care customer base. The new Adult Social Care Strategy is seeking to address this by ensuring that we make our services accessible to all residents.</p> <p>None of the changes proposed should have any impact on a person because of their ethnicity.</p>	
Religion or Belief	<p>The breakdown of religion shows that of our 2,654 customers:</p> <ul style="list-style-type: none"> • 39% are Christian • 1% are Muslim • 1% are Sikh • 1% are Hindu • 3% state another religion • <1% are atheist • <1% are agnostic • 12% state “no religion” • 3.5% refused or could not say • 39% are unknown <p>None of the changes proposed should have any impact on a person because of their religion.</p>	
Sex	<p>In the Southampton population, 49% are female and 51% male.</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>Of our adult social care customers, 54% are female and 46% are male.</p> <p>The profile of direct payment and non-residential care customers is the same. However, people receiving short-term/respite residential are 59% female, 41% male. People in long-term residential care are 56% female, 44% male.</p> <p>None of the proposed changes should impact either sex more than the other.</p>	
Sexual Orientation	None of the changes proposed should have any impact on a person because of their sexual orientation.	
Community Safety	n/a	
Poverty	<p>The relative poverty of our customers has been assessed using the ONS Combined Index of Multiple Deprivation (IMD) 2019.</p> <p>The index indicates the level of deprivation in the local area someone lives in, based on multiple factors including income.</p> <p>This is the deprivation profile for Southampton residents overall – figures show the percentage of people living in the most deprived areas, then the slightly less deprived areas etc:</p> <ul style="list-style-type: none"> • Top 20% most deprived: 28% • Next 20%: 35% • Next 20%: 19% • Next 20%: 14% • 20% least deprived: 4% 	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>The profile for adult social care customers is similar overall, except for people in residential care. This group has much lower numbers in the most deprived areas and more people in the least deprived areas.</p> <p>Another ONS measure, the Income Deprivation Affecting Older People Index (IDAOPI) was also checked. The results for the Southampton population were:</p> <ul style="list-style-type: none"> • Top 20% most deprived: 26% • Next 20%: 30% • Next 20%: 20% • Next 20%: 18% • 20% least deprived: 6% <p>Again, the pattern for our customers was similar, with the same exception for people in care homes.</p> <p>This difference between the IMD and IDAOPI profiles suggests that older people are overall slightly less deprived than the population as a whole.</p> <p>The amount we charge for care has a significant effect on people with low incomes. However, all the changes being proposed have been carefully considered to ensure that no one is required to pay more than they can afford. The government-set minimum income guarantee (for people living at home) and personal expenses allowance (for people in care homes) ensure that people are left with sufficient income to cover their reasonable day-to-day living costs.</p>	<p>Customers who consider that they are being charged more than they can afford, can:</p> <ul style="list-style-type: none"> • Claim disability-related expenses, to reduce their charges • Request an updated financial assessment, if their income/ assets/ expenses have changed • Appeal the outcome of their financial assessment • Request that charges are waived, in exceptional circumstances

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<p>Health & Wellbeing</p>	<p>Ensuring customers’ health and wellbeing is at the core of adult social care practice.</p> <p>Change 1 (Improving information on disability-related expenses, and ensuring we apply these fairly) will support health and wellbeing.</p> <p>None of the proposed changes should impact adversely on anyone’s health and wellbeing.</p> <p>Customers who lack mental capacity to manage their financial affairs, which includes many of our Appointeeship customers, may require an Advocate to speak on their behalf during the consultation. An Advocacy service is available on request.</p>	<p>If discussion of charges and increases in charges causes anxiety, customers are urged to consider:</p> <ul style="list-style-type: none"> • Talking to their social worker • Seeking independent financial advice • Consulting useful web sites including those listed below. <p>Age UK website: Money and legal advice for seniors Age UK</p> <p>Independent Age</p> <p>Money Helper</p> <p>Society of Later Life Advisers - SOLLA</p> <p>Financing Later Life Care - Which?</p> <p>Getting financial advice - Citizens Advice</p>
<p>Care-Experienced</p>	<p>None of the proposed changes will target people with care experience, however we recognise that people in this group are more likely to be vulnerable and on a low income.</p> <p>During financial assessments, we already allocate 18–25-year-olds the more generous 25+ rate for the minimum income guarantee (leaving them with more income to spend on day-to-day living costs), and will continue to do so.</p>	
<p>Other Significant Impacts</p>	<p>No other significant impacts have been identified at this time following the consultation feedback.</p>	