

Consultation is live on this proposal until 21st January 2018. This proposal will be fully reviewed in line with the outcome of this consultation at this point.

Adult Social Care Charging Proposals - Business Case

Portfolio:	Adult Social Care – Services for People
Outcome:	
Project SRO:	Sally Wilson
Project Lead:	Sarah Statham

1. Executive Summary

Adult Social Care has a framework for charging for non-residential services. This is based upon agreed fees and charges but, unlike residential services, this does not reflect the actual cost of the service to the Council currently. Adult Social Care subsidises a range of non-residential services. These are community based services which help people to live independently in their own home and include the following:

- Home care – when a carer visits a person at home on a regular basis to offer personal care and support people with things like preparing meals and helping them to get washed and dressed
- Day Services – for people who benefit from structured activities and social interaction whilst also offering a break for carers
- Extra care – where an onsite team of staff provide care and support to people living in a sheltered housing environment
- Telecare – a monitoring and response service that helps to protect and support people. Sensors are placed in the home which raise the alarm in the event of a fall or any other emergency.

People who are in receipt of these non-residential services benefit from subsidies in a way that people who access residential services do not. This means that they are charged a subsidised rate, not the actual cost of the service to the Council. An example of this is that one hour of home care currently costs the Council £14.12 but people are actually charged £12.60. There is also a subsidy in relation to two carer packages. This means that when a person who receives home care requires the support of two carers, they are only charged for one and the Council covers the cost of the second carer. In addition, when considering the total cost of a package of care, the maximum amount a person will pay for non-residential services currently is £289 per week, when the actual cost of these services to the Council could be significantly more. These subsidies impact on the Adult Social Care budget significantly, especially given that more people are choosing to remain at home for longer and therefore require substantial packages of care. Demand for non-residential services is likely to continue to increase, so in order to prevent any reduction in services overall, the Council needs to assess the financial position and ensure a sustainable approach to funding for non-residential services in the longer term.

This report will outline the options for change in relation to charging for non-residential services, subject to further consideration by members and a full consultation with the residents of Stockport including current and potential users of Adult Social Care services. This includes consideration of the

issues, risks and financial impact of moving to a position of service users paying for the actual cost of the service, with any subsidies such as two carer packages and reductions to the hourly rate removed. The report also considers the option of increasing the maximum assessed charge (MAC) which is currently £289.

2. Case for Change

2.1 Policy Context

2.1.1 The Care Act 2014 provides the legislative framework for Adult Social Care Services. The principles outlined in the Care and Support Statutory Guidance state that the approach to charging for care and support needs should:

- ensure that people are not charged more than it is reasonably practicable for them to pay
- be comprehensive, to reduce variation in the way people are assessed and charged
- be clear and transparent, so people know what they will be charged
- promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control
- support carers to look after their own health and wellbeing and to care effectively and safely
- be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs
- apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings
- encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so
- be sustainable for local authorities in the long-term¹

2.2 Local context

2.2.1 The Council has a policy to maximise income generation across all Council services. With increased demand on Adult Social Care commissioned services and therefore increased budgetary pressures, it is necessary to consider the current charging policy for non-residential services.

2.2.2 The Care Act provides the context for this report. As a local authority we need to ensure that all service users are treated equally in relation to the charging policy and processes.

2.2.3 There is a disparity between the charging arrangements for people who are in receipt of residential services and those in receipt of non-residential services. This is at odds with the care and support statutory guidance outlined in Section 2.1.1 of the report. Currently, if a service user has assets over the upper capital limit of £23,250 they are classed as a self-funder within the context of residential services and do not benefit from any local authority subsidies. By contrast, on the non-residential side, people who have assets over £23,250 may still benefit from local authority subsidies. They will be assessed as never having to pay more than the maximum assessed charge, which currently stands at £289, even though they have the financial resources to do so. They may also benefit from local authority negotiated rates with providers, as unlike in the case of residential care, a contract will be put in place for them.

¹ Care and Support Statutory Guidance, (August 2017) Chapter 8, Section 8.2.

This means that service users with significant assets benefit from a substantially lower rate than they would be charged in the private market.

- 2.2.4 There is also currently a disparity between the financial support offered to people who receive commissioned services and those who receive a direct payment. The current charging policy is service specific and lacks the person centred, needs led approach, which reflects the direction of travel for Adult Social Care in line with the personalisation agenda.
- 2.2.5 One of the key principles underpinning this report is that Stockport's approach to charging needs to be consistent to all people who use ASC services, whilst also ensuring that those who can afford to pay do and that those with a limited income are protected from any financial disadvantage by the financial assessment process.
- 2.2.6 Given the pressures on the Adult Social Care budget a review of the current charging policy is necessary as there are opportunities to generate additional income which may reduce the likelihood of having to make cuts to services in the future. This will also ensure a sustainable approach to charging for Adult Social Care services in the longer term, as highlighted in the care and support statutory guidance.

2.3 Approach to charging for non-residential services across Greater Manchester and other neighbouring authorities

- 2.3.1 In order to understand the Stockport position in relation to other local authorities, a benchmarking exercise has been completed. This has focused upon the areas where potential changes are proposed to the current non-residential policy in Stockport. This includes consideration of the issues and financial impact of moving to a position of service users paying for the actual cost of the service, with any subsidies such as two carer packages and reductions to the hourly rate removed. This also includes consideration with regard to removing, or increasing, the maximum assessed charge (MAC) which is currently £289 in Stockport.
- 2.3.2 A number of questions were asked of each local authority, as outlined below:
- Does your local authority have a maximum assessed charge for non-residential services?
 - Do you have subsidies attached to two carer packages, meaning that the service user receives support from two carers but is only charged for one?
 - Do you have any other subsidies in place? For example do you pay providers of home care a different hourly rate than the charge that is passed on to service users?
- 2.3.3 The responses in relation to the maximum assessed charge confirmed that six out of eleven local authorities do not currently have a maximum assessed charge so there is no upper limit to the cost of non-residential care; people pay what their package of care costs, with no local authority subsidies.
- 2.3.4 Five local authorities confirmed that they do have a maximum assessed charge. Two authorities have an upper limit of £300; other authorities have upper limits of £400, £419 and £500. Therefore Stockport has the lowest maximum assessed charge across Greater Manchester. The main reason for this is that there was a staged approach to quite significant increases to the maximum assessed charge from 2004 to 2007 (an increase from £150 to

£200 over the three year period) to keep the maximum assessed charge at 75% of the contract rate for a standard bed in a residential home, so that there was no disincentive to remaining at home. However, this rationale was not applied to future years when any increases were based on a percentage of inflation. This has meant that Stockport has become out of sync with the increases to the maximum assessed charge implemented elsewhere across Greater Manchester.

- 2.3.5 In relation to two carer packages, of the ten authorities who provided a response to this question eight councils have a policy of charging for two carers. Only two local authorities have a policy of charging for one carer and one of these authorities commented that their policy in relation to this is under review. Therefore the current approach in Stockport of only charging for one carer is out of sync with the direction of travel across Greater Manchester.
- 2.3.6 A question was asked of local authorities in relation to subsidies. Four out of the six authorities that provided a response have no subsidies in place, although one commented that a subsidy may be applied in exceptional circumstances. Only two local authorities pay providers a higher rate than they charge service users, as is the case in Stockport currently.
- 2.3.7 It is evident from the benchmarking exercise that the approach to charging for non-residential services in Stockport is not in line with other Greater Manchester authorities. This creates disparity across the sub-region, as the majority of people in other local authority areas do not benefit from Adult Social Care funding subsidies.

2.4 Case for change

- 2.4.1 As outlined above, the current approach to charging for non-residential services is out of sync with other neighbouring authorities. There are also inequities in relation to the subsidies offered to people who are in receipt of non-residential services compared to those in receipt of residential services. The proposals outlined in Section 3 seek to address the current inequities, which will ensure that those who can afford to pay more towards the cost of their care do, whilst protecting those who are on a limited income. All the proposed changes are set in the context of the Adult Social Care financial assessment process.

3 Project Proposal

3.1 Project vision

- 3.1.1. To review the current approach to charging for non-residential services so that people are charged the actual cost of these services to Adult Social Care, which means that all current subsidies will be removed. However, this does not mean that people will pay the full cost of the service; the amount people pay towards the cost of their care depends on an assessment of their financial situation.

3.2 Scope

- 3.2.1 Mental health charging has not been included within the scope of this report and the proposed charging consultation as the issues are different and require a separate, more focused consultation, with users of mental health services.

3.2.2 The proposals affect people who receive community based services and include the following:

- Home care – when a carer visits a person at home on a regular basis to offer personal care and support people with things like preparing meals and getting washed and dressed
- Day Services – for people who benefit from structured activities and social interaction whilst also offering some respite for carers
- Extra care – where an onsite team of staff provide care and support to people living in a sheltered housing environment
- Telecare – a monitoring and response service that helps to protect and support people. Sensors are placed in the home which raise the alarm in the event of a fall or any other emergency.

3.3 Options

3.3.1 It is proposed that a consultation exercise is undertaken which focuses on the options included in the table below. This would be with a view to making changes to the non-residential charging policy which would affect both new and existing service users. A fourth option is also included in relation to maintaining the current position and therefore not going out to consultation.

3.3.2 In summary, the options outlined in the table below are as follows:

- Remove all subsidies so that people are charged the actual cost of non-residential services to the Council
- Increase the maximum assessed charge from £289 to £400
- Remove the subsidy for two carer packages so that people are charged for both carers
- Continue with the current charging arrangements and continue to subsidise non-residential services

3.3.3 The options outlined below are for further discussion. A decision could be taken to consult on all three options - options 1 to 3, or to select from these options, perhaps excluding one or more as deemed appropriate.

3.3.4 There are risks associated with these options, which are outlined in Section 7.

Option 1	Paying for the actual cost of services with subsidies removed	
In order to ensure an equitable, sustainable approach to charging for Adult Social Care services, it is proposed that all service users should be charged the actual cost of services to the Council. The current and actual cost of non-residential services is outlined below:		
Type of service	Current charge	Actual cost to SMBC
Home care	£12.60 per hour	£14.12 per hour
Day Services	£33.70 per day	From £38 to £84 per day
Extra Care housing	£11.15 per week	£15.77 per week
Telecare	£2.96 per week	£4.86 per week

Reasons

It is not unreasonable to expect people to pay the actual cost of the service they receive, providing they have the financial resources to do so.

People would still receive a more competitive rate than the private/self-funder rate charged by providers as the Council negotiates a set price.

Having subsidies in place is not sustainable with the ongoing budgetary pressures to Adult Social Care funding.

Impact

The removal of all current subsidies for non-residential services may result in an increase to the amount people pay for these services. Analysis has been completed on a sample of 207 people, which is 11% of the total number of people who access a commissioned service. This has found that 72 people (35.26%) would pay more for their care and support, with the increases ranging from £0.76 to £26.60 per week. These people have been assessed as being eligible to pay the cost of services up to the maximum assessed charge as they have the financial resources to do so.

The group of people most affected by any increases are people accessing day services, particularly day services for people with a learning disability as staffing ratios are much higher. This group could see an increase from £33.70 to the maximum charge for day services of £84.00 per day. However, analysis has been completed on a sample of 35 people who use these services, which is 10% of the total number, which has confirmed the following:

- Of the 35 people, 9 are financially assessed as nil contribution.
- The range of current charges for the other 26 people is £2.65 to £95.16 per week.
- If there was a shift to charging for the actual cost of day services two people would pay more, with increases of £1.03 and £21.64 per week. These people have been assessed as having the resources to enable them to pay more towards the cost of their care.
- It is accurate to conclude that most people who use these services are in receipt of welfare benefits and have limited capacity to build up savings. This means that they are protected by the financial assessment process as they cannot afford to pay more towards the cost of their services.

Option 2	Maximum assessed charge
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To increase the maximum assessed charge to £400.

Reasons

Service users who can afford to pay more towards the cost of their services because they have significant financial resources should do so. There is an inequity on the non-residential side as people who are full cost payers because they have a high income and/or savings over the upper capital limit of £23,250 only ever pay £289 but people who are self-funders and in receipt of residential services pay far higher rates for their care than those who are on a local authority contract.

Stockport has not updated the maximum assessed charge for many years and has the lowest ceiling limit in Greater Manchester. Many other local authorities in Greater Manchester have a higher upper ceiling limit or no maximum assessed charge at all.

Impact

There are currently 1850 people in receipt of a commissioned service who are eligible to pay a charge for the service they receive. Four people currently pay the maximum assessed charge as they have savings over the upper capital limit of £23,250 or have not completed a financial assessment form as they do not wish to disclose their financial information. These people would be affected by any increases to the maximum assessed charge and would see an increase ranging from £18.40 to £111 per week based upon the current charging arrangements. If the

option to move towards the actual cost of services was adopted, the charge for home care would increase to £14.12 which would result in increases ranging from £40.62 to £111.00 per week.

There are currently 1130 people in receipt of a direct payment, of whom seven have been assessed as being eligible to pay a contribution of £289. This is because they have savings over the upper capital limit of £23,250 or they have not completed a financial assessment form as they do not wish to disclose their financial information. These people would be affected by any increases to the maximum assessed charge and would see an increase ranging from £37.52 to £111 per week.

Whilst the current number of people paying the maximum assessed charge is low, it is important to note that more people may become eligible to pay the maximum assessed charge if, for example, the proposal regarding two carer packages was agreed.

Option 3	Two carer packages
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To charge for two carers where people have been assessed as having the financial resources to cover the cost of this.

Reasons

The cost of paying for a second carer is currently met by the Council but increasing budget pressures may not make this financially viable in the longer term.

The majority of local authorities who have provided a response to the benchmarking exercise charge for two carers meaning that our current practice is not in line with this.

Impact

There are currently 183 people who require the support of two carers as part of their home care package, with 120 people paying towards the cost of the service. The range of current charges is £1.56 to £289 per week; only one person pays the full maximum assessed charge of £289 but another 56 are eligible to pay up to the maximum assessed charge as they have been assessed as having the financial resources to do so. If, following a period of consultation, it was decided that changes would be made to the current policy in respect of charging for two carers, these people are likely to pay more towards the cost of their care, which in some cases may also take them up to the maximum assessed charge threshold. If the charge for home care remained at £12.60 and the maximum assessed charge remained at £289 these increases would range from £14.95 to £137.80 per week. If there was a move towards charging for the actual cost of home care and the maximum assessed charge increased to £400 as per option 2, the range of increases would be £54.74 to £218.96.

- 3.2.2 Alternatively, a decision may be taken to not consult on the three options outlined above. Option 4 should also be considered, the details of which are included below:

Option 4	To continue with the current charging arrangements
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One option is to continue with the current charging arrangements for Adult Social Care services.

Reasons

Service users benefit from local authority subsidies therefore no change to the charging arrangements would be the preferred option from a service user's perspective.

Service users would not consider reducing or withdrawing their package of care and support under the current arrangements.

4 Objectives and Benefits

- 4.1 The main reason for consulting on the proposals outlined in Section 3 is to ensure that funding for non-residential services is sustainable in the longer term. Pressures on the Adult Social Care budget means that subsidising the cost of services is no longer financially viable.
- 4.2 The following estimates indicate the potential income yield to the local authority should the subsidies associated with the non-residential charging policy be removed.

Option 1 – Paying for the actual cost of services with subsidies removed.

Based upon the analysis of a sample of 11% of non-residential cases, if a decision was taken to remove the current subsidies so that people are charged the actual cost of the service the potential additional income per year across all paying service users would be £301,387. This is an indicative figure as it is based upon a sample and it should be treated in isolation to the estimates presented against the other options below, which are based upon actual numbers, not a sample of cases. Whilst moving towards charging the actual cost for all non-residential services would result in some people paying more, this group of people have been assessed as eligible to pay up to the maximum assessed charge, so they have the financial resources to support any increase. The financial assessment process would protect those on the lowest incomes, including people who are in receipt of welfare benefits.

Option 2 – To increase the maximum assessed charge to £400.

Increasing the maximum assessed charge from £289 to £400 would ensure that those who can afford to pay more towards the cost of their care do. However, the protection of an upper limit would also ensure that people are not faced with extortionately high care costs. The potential income yield across commissioned and direct payment cases is estimated at £41,737. However, this figure would increase if the policy in relation to charging for two carers changed, please see below.

Option 3 – To charge for two carer packages.

If there was a shift towards charging people the actual cost of home care and for the services of two carers plus the maximum assessed charge was increased to £400 as in Option 2 this could generate additional income of £506,840.

Option 4 – To continue with the current charging arrangements.

This option would result in a significant financial burden to Adult Social Care and would impact on the ability to deliver on the current savings requirement, which may mean that cuts to services have to be considered in order to balance the budget. Demand for non-residential services is increasing as are the packages of care that people require in order to remain in their own homes for as long as possible. The cost of services is also increasing as providers struggle to meet their financial and legal obligations in relation to staffing and increased costs generally.

5 Key Timescales

Milestone Description	Date Expected	Output at Milestone
Sign off proposals via People's SMT, CLT and Scrutiny	September '17	Approval to go out to consultation on the three options outlined in Section 3.
Consultation period begins and concludes	20 th November '17 – 21 st January '18	Feedback is collated and analysed.
Interim consultation report	9 th January '18 16 th January '18	Interim consultation report to CLT. Report to be presented to Scrutiny.
Final report is prepared outlining the findings from the consultation	January '18	Report is ready to present to People's SMT in the first instance.
Report to be presented to People's SMT	February '18	Incorporate any comments and feedback from SMT and table at CLT.
Report to be presented to CLT and Scrutiny	February '18	Incorporate any comments and feedback from CLT and table at Cabinet.
Report to Cabinet to consider recommendations and agree key decisions	February '18	Key decisions agreed and any changes to the non-residential charging policy are implemented.

6 Consultation and Engagement

6.1 Consultation approach

- 6.1.1 The consultation will focus on current and potential users of Adult Social Care services as they will be most affected by any changes that are made to the charging policy. Carers and representatives will also be encouraged to take part in the consultation. Stakeholders and providers will be invited to offer their views and feedback on the options presented above.
- 6.1.2 The methodology for the consultation will include the following activities:
- Paper survey with an online option
 - Face to face – one to one interviews, focus groups
 - Meetings with stakeholders and providers
- 6.1.3 The consultation exercise will be underpinned by a robust communication plan. This will take account of the varying communication needs of people who may or do use Adult Social Care services. All documentation will be written in Plain English and accessible formats will be made available.
- 6.1.4 The consultation will take place over a 9.5 week period to allow sufficient time for people to respond. The consultation period will run from 20th November '17 to 21st January '18.

7 Interdependencies, Constraints and Risk

Risk Description	Risk Owner	Broad Risk Response	H/M/L
<p>Options 1 and 2 People may decide to reduce their package of care or withdraw services altogether which may result in a deterioration in their health and wellbeing.</p>	SS	<p>These risks will be mitigated by offering service users and/or their representatives the following:</p> <p>The offer of a financial reassessment as some service users may have become eligible for a local authority contribution.</p> <p>A full welfare benefit check to ensure that a person's income is maximised and that their current benefit entitlement is accurate.</p>	M
<p>People may refuse to pay the increased charge which would increase the cost of the debt recovery process and the total ASC debt.</p>	SS	<p>An opportunity to appeal against any proposed increase to their charge, outlining the reasons why they feel they would not be able to afford any increase.</p> <p>Transitional protection may be offered to those affected by any increases.</p>	M
<p>Option 3 Service users may refuse to pay the cost of a second carer which could result in providers refusing to offer a service for reasons of safety and staff wellbeing.</p>	SS	<p>The offer of an ASC needs assessment to check whether for example a two carer package is needed for all the hours commissioned. A moving and handling assessment may also be completed to assess if a second carer is needed at all times where people have a physical disability.</p>	H
<p>If a moving and handling assessment confirms that two carers are needed but the service user does not follow this guidance, there could be risks to their health and wellbeing.</p>	SS		H
<p>People may refuse to pay the increased charge which would increase the cost of</p>	SS	<p>An opportunity to appeal against any proposed increase to their charge, outlining the reasons why they feel they would not be able to afford any increase.</p>	M

<p>the debt recovery process and the total ASC debt.</p> <p>Option 4 Pressures on the Adult Social Care budget mean that continuing with the current arrangements would result in significant budgetary pressure in the longer term as the local authority subsidies are not sustainable.</p> <p>Continuing with the current arrangements would mean that Stockport is out of sync with the approach to charging across Greater Manchester.</p>		<p>Transitional protection may be offered to those affected by any increases.</p> <p>The current charging arrangements for non-residential services are not sustainable. This option is likely to result in a high risk of potential reductions to service provision.</p>	H
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8 Recommendations

- That the options outlined in this report are fully considered so that a decision can be taken on whether or not to proceed to the consultation stage.
- That, subject to the outcome of the consultation process, Options 1 and 2 are implemented with effect from April 2018.
- That, subject to the outcome of the consultation process, Option 3 is implemented with effect from April 2019.

APPENDIX 1

EQUALITY IMPACT ASSESSMENT

Title: Approach to charging for non-residential services in Adult Social Care	Date: 6th September 2017
	Stage: Consultation
	Lead Officer: Sally Wilson

Stage 1: Do you need to complete an Equality Impact Assessment (EIA)?

About Equality Impact Assessments

Section 149 of the Equality Act 2010 requires the Council to have due regard to certain things every time it makes a decision. Due regard means having information about the equality impacts of a proposed course of action when a decision is made. Where negative impacts (or likely impacts) have been identified, the Council is required to consider alternative or additional courses of action that mitigate the harmful impacts.

An equality impact assessment is required for the proposals to remove any subsidies associated with Adult Social Care non-residential services as they will have implications for those service users who have the financial resources to pay more towards the cost of their care. The proposals are set in the context of the financial assessment process, which considers the income and savings a person has at their disposal.

The proposals affect people in receipt of non-residential services. These are community based services which support people to live independently in their own home and include the following:

- Home care
- Day Services
- Extra Care
- Telecare

The current position is that Adult Social Care subsidises the cost of these services so that people are not charged the actual cost to the Council. The table below highlights the difference between the current charge and the actual cost:

Type of service	Current charge	Actual cost to SMBC
Home care	£12.60 per hour	£14.12 per hour
Day Services	£33.70 per day	From £38 to £84 per day
Extra Care housing	£11.15 per week	£15.77 per week
Telecare	£2.96 per week	£4.86 per week

There is also a subsidy in place currently in cases where people who have a home care package and require the support of two carers are only charged the cost of one carer. There are currently 183 people who require the support of two carers, with 120 people paying towards the cost of the service.

The maximum charge for a package of care in relation to non-residential services is currently £289 per week. This means that, in some cases, the Council subsidises the cost of individual packages of care costing more than £289 per week. Currently, four people pay the maximum charge.

The proposals under consideration relate to the Council moving to a position of charging the actual cost of services, removing the two carer subsidy and increasing the maximum assessed charge to £400.

Stage 2: What do you know?

The protected characteristics under the Equality Act 2010 are as follows:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

Data from CareFirst, the Adult Social Care case management system, has been analysed in relation to the following protected characteristics as it is felt that these are the most important in relation to the proposals and therefore require further consideration:

- age
- disability
- race
- sex

Impact on those who have a protected characteristic under the Equality Act:

Age

Age is likely to be a significant issue in relation to the proposals under consideration. Analysis of the data set shows that 81% of people in receipt of a commissioned non-residential service are older people aged 60+. In terms of home care, 90% of service users are older people aged 60+, many of whom will also require two carer packages due to frailty, poor mobility or challenging behaviours. There is a risk that removing the subsidies for home care and two carer packages may result in people choosing to reduce or remove their package of home care as they feel that the level of support is no longer affordable.

Older people are the main users of extra care housing and telecare. 94% of people accessing extra care housing are aged 60+ and 91% of telecare users are aged 60+. The removal of the subsidies for these services will have less of an impact as the charge is significantly lower than home care with the potential increase per week at £4.44 for extra care and £1.90 for telecare.

Older people are also likely to be affected by changes to the maximum assessed charge as they are more likely to have accumulated savings and have a higher level of protected income than adults of working age in receipt of non-residential services, who are likely to be in receipt of welfare benefits and may also have been affected by reductions in their overall income due to changes brought about by welfare reform.

Adults of working age are therefore less likely to be affected by the proposals as they are more likely to be in receipt of welfare benefits and therefore have limited capacity to build up savings.

Stage 2: What do you know?

Disability

A person is regarded as disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to carry out normal daily activities. Many people who access non-residential services funded by the Council will meet this definition, particularly those people in receipt of home care and especially those who require two carer packages.

People who access day services are also likely to be disabled as they include older people with needs around a range of long term conditions, including dementia. Many older people will also be affected by sensory loss due to their age. The other main group who use day services are people with a learning disability, many of whom will also be affected by physical and/or sensory impairment.

Extra care housing and telecare will also be accessed by people who are considered to be disabled although there is likely to be a proportion of people who use telecare as a preventative service who would not consider themselves to be disabled, but enjoy the safety net of a pull cord alarm system for example, because they live alone.

Race

It is not expected that the proposals will impact on any particular ethnic group, but that they will reflect the usual demographic profile in Stockport. The data from CareFirst confirms that this is the case:

Ethnic Group	Home Care	Day Care	Extra Care Housing	Telecare
White	95.9%	93.6%	98.9%	97.9%
Asian / Asian British	2.5%	2.4%	0.0%	1.3%
Black / African / Caribbean / Black British	0.5%	0.4%	0.0%	0.3%
Mixed / multiple ethnic groups	0.5%	2.0%	0.6%	0.2%
Other Ethnic Groups	0.6%	1.6%	0.6%	0.2%

Sex

The proposals are likely to impact upon women more than men as the life expectation for women remains slightly higher for the current older population, although the gap is narrowing over time. For adults of working age gender should not be a significant factor.

The data from CareFirst evidences that day services are of a more equal gender split, largely because a high proportion of people who use day services are adults with a learning disability who are of working age. As indicated above, the data highlights the most significant split by gender in services accessed by mainly older people, such as home care, extra care housing and telecare. Approximately two thirds of people accessing these services are women.

Gender	Home Care	Day Care	Extra Care Housing	Telecare
Female	66%	45%	66%	65%
Male	34%	55%	34%	35%

Stage 2: What do you know?

Carers

Whilst carers are not a protected characteristic it is important to note that there may be an impact for this group of people if people in receipt of non-residential services choose to reduce or withdraw their package of support as a result of any increases to the cost of this. Carers may be expected to bridge this gap.

Stage 2a: Further Data and Consultation

Subject to approval to progress to the consultation stage, an extensive consultation will be undertaken, which is outlined below:

Consultation approach

The consultation will focus on current and potential users of Adult Social Care services as they will be most affected by any changes that are made to the charging policy. Carers and representatives will also be encouraged to take part in the consultation. Stakeholders and providers will be invited to offer their views and feedback on the options presented above.

The methodology for the consultation will include the following activities:

- Paper survey with an online option
- Face to face – one to one interviews, focus groups
- Meetings with stakeholders and providers

The consultation exercise will be underpinned by a robust communication plan. This will take account of the varying communication needs of people who may or do use Adult Social Care services. All documentation will be written in Plain English and accessible formats will be made available.

The consultation will take place over a 5 week period to allow sufficient time for people to respond.

Stage 3: Results and Measures

To be completed following the consultation stage.

Stage 4: Decision Stage

To be completed following the consultation stage.