The Care Act 2014 and what it means for Carers:

Havering Council’s Interim Policy for Carers
(including Procedure for accessing carer’s assessments)
# Document Control

## Document details

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<tr>
<td><strong>Version number</strong></td>
<td>V0.3</td>
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<tr>
<td><strong>Status</strong></td>
<td>Interim</td>
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<tr>
<td><strong>Author</strong></td>
<td>Michelle Brown</td>
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<td><strong>Approved by</strong></td>
<td>Joy Hollister, Group Director, Children, Adults and Housing</td>
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<tr>
<td><strong>Review date</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; April 2016</td>
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<tr>
<td><strong>Supersedes</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Target audience</strong></td>
<td>Carers</td>
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<tr>
<td><strong>Related to</strong></td>
<td>Direct Payments, Independent Advocacy</td>
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## Version history

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<td>Add status of policy e.g. 1&lt;sup&gt;st&lt;/sup&gt; draft</td>
<td>Add date</td>
<td>Add list of groups policy disseminated to e.g. Policy and Research Group and summarise main changes made</td>
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## Approval history

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<td>Interim</td>
<td>24/03/2015</td>
<td>[Joy Hollister or Lead Cabinet Member]</td>
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## Equality Impact Assessment record

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<td>12&lt;sup&gt;th&lt;/sup&gt; March 2015</td>
<td>Caroline May, Care Act Programme Lead</td>
<td>30&lt;sup&gt;th&lt;/sup&gt; September 2015</td>
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Contents

Interim Policy

Introduction  4
Who is a carer?  4
Carers in Havering  5
Why has the law changed?  5
What does the Care Act mean for carers?  5
Well-being and Prevention  5
Integration of care and support with health services  6
What does the Care Act say about information for carers?  6
How will the Care Act improve the range and quality of services available?  7

Procedure

What does the Care Act say about carer’s assessments?  8
How are carer’s assessments undertaken?  8
Whole family approach in assessments  9
What does the Care Act say about Independent Advocacy for carers?  9
The Care Act and eligibility for services to carers  10
Developing a support plan for the carer  10
Direct payments for carers  11
Safeguarding and reporting abuse  11
The Care Act and power to charge  12
Commitment to best use of public funds and decisions in the interests of safeguarding public funds  12
The Care Act 2014 and what it means for Carers - Havering Council's Interim Policy for Carers (including Procedure for accessing carer’s assessments)

Interim Policy

Introduction

For the first time, carers are recognised in the law in the same way as those they care for. This interim policy, describes how the Care Act sets out carers’ legal rights to assessments and support.

This is an interim Carer’s Policy. A full consultation is planned for summer 2015 to understand if this policy is helpful to carers and to inform how the policy can be improved.

The consultation will run for a minimum 90 days and will include the Council seeking the views of carers, service users, Health, voluntary and community partners and other key stakeholders. This will inform a final Carer’s Policy for Havering by 1st October 2015.

Who is a carer?

A carer is someone who helps another person, usually a relative or friend, in their day-to-day life.

The Government’s National Carers’ Strategy describes the term carer as:

“A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.”

Carers can be from any race, faith or social background, of any ethnicity and of any sexual orientation. Carers can care for more than one person, may be studying, working or unemployed, and may have their own disabilities or illnesses.

Carers are not to be confused with paid care workers, Personal Assistants, Shared Lives carers or volunteer carers.

The Care Act relates mostly to adult carers, people over 18 who are caring for another adult. This is because young carers, (aged under 18) and adults who care for disabled children can be assessed and supported under children’s law.

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1 Carers at the Heart of 21st Century Families and Communities, Department of Health, 10/06/2008
The Care Act 2014 legally defines an adult caring, or intending to provide care, for an adult, as:

“(3) “Carer” means an adult who provides or intends to provide care for another adult (and “adult needing care”); but see subsections (9) and (10).

(9) An adult is not to be regarded as a carer if the adult provides or intends to provide care —

(a) Under or by virtue of a contract, or
(b) as voluntary work.

(10) But in a case where the local authority considers that the relationship between the adult needing care and the adult providing or intending to provide care is such that it would be appropriate for the latter to be regarded as a carer, that adult is to be regarded as such (and subsection (9) is therefore to be ignored in that case)."²

Carers in Havering

According to the 2011 Census, 25,214 people, 11% of Havering’s residents provide unpaid care.

16,094 (7%) of those people provide care of between 1-19 hours of unpaid care per week. 5,835 people (3%) provide 50 hours and over of unpaid care per week. Both categories are higher than England and London averages.

It is also likely that the population of carers is under reported as a significant number of people with caring responsibilities do not readily identify themselves as carers.

Why has the law changed?

The previous law treated carers differently from the people they care for. It was developed stage by stage, became complicated in places and difficult for some carers to understand how to get support themselves.

Previously, carers did not have a legal right to receive support, although Havering Council did provide support at our discretion.

What does the Care Act mean for carers?

Well-being and Prevention

The Care Act presents well-being and prevention as two of the key principles.

² The Care Act 2014, Part 1, section 10, subsections (3), (9) and (10).
This means that Havering Council will have well-being and prevention principles at the heart of our service delivery, that we will provide and/or commission a range of services to prevent an individuals' need for care and support and to maintain or improve their wellbeing.

We currently provide and commission a range of services that can support a carer to improve or maintain their health and well-being, support carers to continue in their caring role and have a life of their own alongside their caring role.

The **Havering Carers’ Information Booklet** will provide carers with an overview of the range of services available, and access to further information. Click on the link above to download the Booklet.

**Integration of care and support with health services**

The Care Act places a duty on local authorities to promote integration with health provision where it would:

- promote the well-being of adults with needs and carers in its area; or
- contribute to the prevention of the development of needs in adults/carers; or
- improve the quality of care for adults/carers, provided.

Havering Council and the NHS Havering Clinical Commissioning Group are committed to working jointly to meet our duties to carers. We have entered into a legal agreement, a Section 75 Agreement, which sets out:

- commitment to the Better Care Fund, a pooled fund of funding from the Council and funding from the CCG brought together, which can be used to meet health and/or social care needs;
- Governance arrangements to ensure accountability;
- Contracts and commissioning structure;
- Agreed aims and objectives;
- Proposal to produce a joint Carers Strategy for Havering which sets out our commitment to carers.

**What does the Care Act say about information for carers?**

The Care Act requires local authorities to provide comprehensive information and advice about care and support services in their local area.

We recognise that good information, which is current, relevant and accurate, is essential for all adults including carers. We are committed to developing the range and access to information services for all residents, including face to face and digital. This will help people including carers, to understand how care and support services work in Havering.

Individuals can currently access a range of information and advice.

We wish to encourage carers to sign up to the Havering Carers Register to receive regular information and invitations to information sharing opportunities, including:
- Havering Carers’ Newsletters;
- Havering Carers’ Information Booklet;
- Havering Carers’ Forum meetings to hear guest speakers, meet with service providers, meet with representatives from Havering Council and the NHS Havering Clinical Commissioning Group and exchange information with other carers;
- Carer’s events including consultation events to shape local carers plans, information events organised locally during national Carers’ Week and Carers’ Rights Day.

Havering Council has a Public Advice and Service Centre (PASC) where residents can access information on a range of local services.

The Family Information Service (FIS) provides comprehensive advice and support to families, in addition to working closely with registered Private, Voluntary and Independent childcare providers in Havering.

The Parents in Partnership Information Advice and Support (PiP IAS) service offers impartial information, advice and support to parents/carers, children and young people with Special Educational Needs and/or Disabilities (SEND) in Havering.

**How will the Care Act improve the range and quality of services available?**

The Care Act requires local authorities to help develop a market that delivers a wide range of sustainable high quality care and support services, that will be available to their communities, and to consider how the services will promote the well-being of people receiving them.

We wish to develop a joint Council and NHS Havering Clinical Commissioning Group ‘Carers Strategy’ for Havering, co-produced with carers, and in consultation with key stakeholders. As part of co-producing and consulting with stakeholders, we will be seeking to identify the priorities for Havering carers to inform outcome focussed approach to commissioning and service delivery.

We recognise that a wide range of high quality services give people more control and help people to make more effective choices over their care.

We currently fund and have contract arrangements with a range of local providers i.e. community and voluntary based organisations in Havering and North East London, to provide a range of high quality and diverse services to support carers in their caring role.

The services available include, but are not limited to:

- carers support groups;
- Dementia cafes, that carers can attend with or without the person they care for, if they wish;
- ‘Singing for the Brain’, a social activity for people with memory issues or in the early to moderate stages of dementia, and their carers;
- exercise classes for Havering residents including carers;
• befriending services i.e. a dedicated befriender to support the person you care for, while you take a break from caring;
• lunch clubs;
• benefits advice;
• general information and advice;
• counselling for carers;
• training for carers. 3

We monitor service delivery, carer satisfaction with services and periodically undertake reviews of contracts and service arrangements to ensure that commissioned services are of high standard, achieve best outcomes for carers and are best use of public funds and to inform commissioning intentions and contract arrangements going forward.

Procedure

What does the Care Act say about carer’s assessments?

The Care Act 2014 places a duty on local authorities to assess carers’ needs for support, or those considering taking on caring responsibilities, and determine whether those needs are eligible for support services. This replaces previous law which said that the carer must be providing “a substantial amount of care on a regular basis” in order to qualify for an assessment. This will mean more carers are able to have an assessment, comparable to the right of the people they care for.

Havering Council will assess carers and will seek to establish the carer’s needs for support and also the sustainability of the caring role, that is, the carer’s potential future needs for support. The carer’s assessment will ascertain:

• whether the carer is able and/or willing to provide and continue to provide the care;
• the impact on the carers well-being;
• the outcomes the carer wishes in day-to-day life;
• whether the carer works or wishes to, wishes to participate in education, training or recreation.

The carer’s assessment will take into account the extent to which the carer is willing, and is likely to continue to be willing to provide care. The social worker/carers assessor will not assume that a person is willing or able to take up caring roles.

To enable carers to prepare for their assessment, Havering Council will offer carers in advance, in an accessible format, the list of questions to be covered in the assessment.

The carer’s assessment will normally be undertaken by a social worker or other member of Adult Social Care who is suitably competent in undertaking needs assessments.

How are carer’s assessments undertaken?

There are options for how carer’s assessments can be undertaken:

3 Havering Carers’ Information Booklet, p15, Services and support in Havering; www.haveringcarepoint.org
Jointly: If both the carer and cared for person agree, Havering Council may combine the assessment of a carer and undertake a joint assessment.

Separately: Carers can choose to have an assessment of their needs away from the person they care for. Where a carer chooses to have a separate carer’s assessment, face to face, Havering Council will consider the carer’s preferences for the time and location of the assessment to take place.

By telephone: Where appropriate, an assessment may be carried out over the telephone or online. In adopting such approaches, Havering Council will consider whether the proposed means of carrying out an assessment poses any issues for certain groups, and consideration for safeguarding, independent advocacy, and mental capacity.

By the individual: A supported self-assessment is where the same assessment questions are used as in a face-to-face assessment, but if the individual agrees, completes the assessment on their own in the first instance. Social workers and other professionals will still be involved to help support the process, to ensure that the assessment is an accurate reflection of the carer’s needs, but the carer may feel that this approach gives them more control.

Whole family approach in assessments

Havering Council takes into account the needs of the whole family when assessing the needs of a person in need of service(s).

Where appropriate, we may work jointly with other agencies undertaking an assessment relating to the same carer, and may during the course of this policy, consider a pilot and delegating to a third party/ies.

We will seek to ensure that any child present in the family is not undertaking an inappropriate level of caring and consider the need to refer the child for a young carers assessment.

We also recognise that that person being cared for may not wish to have an assessment themselves and/or may not wish to participate in a joint assessment. A carer can still have an assessment of their own needs.

What does the Care Act say about Independent Advocacy for carers?

The Care Act 2014 places a duty on councils and local Clinical Commissioning Groups to involve individuals in decisions made about the care and support you will receive, from first point of contact, regardless of complexity of your needs.

Havering Council will ensure that independent advocacy is available to help you express your wishes and feelings, support you in weighing up your options and assist you in making your own decisions.

What is the role of an independent advocate?
The Care Act requires local authorities to have independent advocacy support available where a person has ‘substantial difficulty’ in being actively involved in the assessment and assessment process.

Havering Council will seek to involve an independent advocate to assist an adult who is unable to effectively engage in the assessment process independently.

An independent advocate:

- can be available from the first point of contact and subsequent stage of the process;
- is independent from the Council and the NHS;
- can be available if you have no other person;
- can support you in your decision making or to represent your wishes, if needed; and
- can be involved in the processes below around the receipt of care and support.

In Havering, the independent advocacy service, Voiceability, is available to help carers to express their wishes and feelings, support them in weighing up their options and assist in making decisions.

**The Care Act and eligibility for services to carers**

The Care Act requires that when the assessment has been completed, the local authority should decide whether the carer’s needs are ‘eligible’ for support from the local authority.

Havering Council recognises that each person’s circumstances are different.

We will determine whether circumstances are having, or are likely to have, a significant impact on the well-being of the carer.

We will use professional judgement, the carer’s assessment and consider many factors to determine eligibility, including:

- if there is, or likely to be, a significant impact on the carer’s physical or mental health is;
- if a carer is at risk of deteriorating;
- if the person(s) receiving care is receiving any care and support, and if the carer:
  - has any caring responsibilities for a child;
  - is able to maintain a habitable home environment in the carers' home;
  - is managing and maintaining nutrition;
  - is developing and maintaining family or other personal relationships;
  - is engaging in work, training, education or volunteering;
  - is making use of necessary facilities or services in the local community, including recreational facilities or services and engaging in recreational activities.

Havering Council will inform the carer if their needs are ‘eligible’ for support. If they are eligible for support, Havering Council will meet their needs if the person they care for lives in the London Borough of Havering.

**Developing a support plan for the carer**
Havering Council will develop and agree an individual care and support plan for the carer, which sets out how the carer’s eligible needs will be met. It may be that the best way to meet a carer’s eligible needs is to provide care and support directly to the person that they care for or directly to the carer or a combination. If, following the assessment it is deemed that a carer’s needs are not eligible, Havering Council will provide information and advice on support available for carers that can be accessed regardless of eligibility.

**Direct payments for carers**

The Care Act gives examples for local authorities to consider, when arranging to meet needs for a person:

- by arranging for a person other than it to provide a service,
- by itself providing a service,
- and/or by making direct payments.

Carers who are assessed as having eligible needs, may wish to receive a personal budget via direct payment(s) to meet their eligible needs. The amount that a carer could receive will vary according to a carers’ own individual assessment, their needs and eligibility, how their needs could be met by other means, unmet eligible needs, the carer’s preferences for receiving care and support and professional judgment.

**Safeguarding and reporting abuse**

Where a carer is at risk of harm or abuse as a result of their caring role, a safeguarding enquiry will be taken out and the necessary protection action decided. Where appropriate, the safeguarding process can run parallel to the assessment process. It is not affected by eligibility.

An ‘adult at risk’ is defined as someone who is 18 years or over who may be in need of community care due to a mental health problem, learning disability, physical disability, age or illness. As a result, they may find it difficult to protect themselves from abuse.

Types of abuse can be:

- Physical abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Neglect and acts of omission
- (including self-neglect)
- Discriminatory abuse
- Institutional abuse.

More information of the safeguarding process can be found at: London Borough of Havering Safeguarding Adults Local Protocol and Appendices.

If you see, hear or suspect that an adult at risk is being abused call:
The Safeguarding Adults Team
Tel: 01708 433550
Out of office hours tel: 01708 433999
Text phone: 01708 433175
Fax: 01708 432497
Email: safeguarding_adults_team@havering.gov.uk
Contact the Metropolitan Police
Non-emergency Tel: 101
Emergency Tel: 999

The Care Act and power to charge

The Care Act gives local authorities the power to charge for the costs incurred in providing care and support to meet the needs of individuals, including carers.

Havering Council will not charge for carers services in financial year 2015 to 2016. We will review our charging policy in 2016.

Commitment to best use of public funds and decisions in the interests of safeguarding public funds

Havering Council will provide services in accordance with assessed need. Havering Council reserves the right to exercise discretion in the way services are provided, in the interests of safeguarding public funding and making efficient and effective use of resources. The economic wellbeing of the Council will always be considered. This approach is in the interests of other service users and carers, as well as in the interests of the community as a whole, in terms of the overall management of Council budgets.
Applicability

This policy is predominantly for:

- adults caring for, or intending to care for, adults.
- carers who are living in Havering and supporting people who live in Havering.
- carers who are living outside of Havering but supporting people who are living in Havering.

Ownership and authorisation

[Identify the Policy Lead and the authorising body e.g. Corporate Management Team (CMT); Cabinet etc.]

Related documents

Carer’s Direct Payment Policy
Independent Advocacy Policy
Carers at the heart of 21st-century families and communities (2008)

Dissemination and communication

Legal
Finance
Equalities and Diversity

Implementation

Monitoring and review

[State how the policy will be monitored; how regularly it will be monitored; and who will be monitoring it. Identify how frequently the policy will be reviewed; the date for next review; and who will be reviewing it.]

Further information

[In addition to documenting the approved policy, the Policy Lead should develop support and training options, if appropriate, for the customers/users who are attempting to adhere to the policy. This includes, at a minimum, the designation of a ‘contact’ to which staff can turn for guidance or to resolve problems.]
Appendix 1: Equality Impact Assessment

Equality Impact Assessment (EIA)

Document control

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<td>Lead officer:</td>
<td>Caroline May, Care Act Programme Lead, Adults &amp; Health</td>
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<tr>
<td>Approved by:</td>
<td>Barbara Nicholls, Head of Service, Adults &amp; Health</td>
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<td>Date completed:</td>
<td>12 March 2015</td>
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<td>Scheduled date for review:</td>
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The Corporate Policy & Diversity team requires **5 working days** to provide advice on EIAs.

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<th>Did you seek advice from the Corporate Policy &amp; Diversity team?</th>
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<td>Does the EIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?</td>
<td>Yes / No</td>
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1. Equality Impact Assessment Checklist

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the Equality Act 2010 and the Public Sector Equality Duty.

Please complete the following checklist to determine whether or not you will need to complete an EIA. Please ensure you keep this section for your audit trail. If you have any questions, please contact the Corporate Policy and Diversity Team at diversity@havering.gov.uk

About your activity

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<tr>
<td>2</td>
<td>Type of activity</td>
<td>The Care Act 2014 is the biggest reform to Adult Social Care for many years. It encompasses much previous legislation into one overarching framework. The Care Act received Royal Assent on 14 May 2014. Part 1 of the Act and will come into force on 1 April 2015. Havering’s Care Act Programme has been established to oversee and co-ordinate the necessary changes the local authority needs to make as a result of the legislation, and to monitor and understand the implications this brings.</td>
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<td>3</td>
<td>Scope of activity</td>
<td>The overall programme objectives are: 1) To ensure compliance from April 2015 and from April 2016. 2) To deliver a change management programme ensuring that service delivery models encompass the new responsibilities, whilst remaining aligned with corporate objectives. 3) To change culture and ethos to an asset based service delivery model. 4) To collate a range of project outputs leading to agreed programme outcomes with the Care Act being the overarching strategy. The programme consists of a range of workstreams to support and lead on delivery of the Care Act reform in Havering. Currently there are eight primary workstreams and four support workstreams. The objectives of each are outlined below. <strong>Primary Workstreams</strong> 1) <strong>Self-Funders &amp; Financial Modelling</strong> The project's objective is to model both the costs of implementing the Care Act and the additional on-going care costs arising from the Act. The modelling will be used to support decision making.</td>
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A key feature of the Act is the widening of the ASC client base to include those currently self-funding their care. This will have a significant financial impact. Therefore, a key element of the project's objective is to project the potential numbers of self-funders that may be affected by the Act, and incorporate that data into any model.

Updated Integrated Financial Model (regularly revised)

- Feed into national / regional Care Act costing processes
- New charging policies
- Deferred Payment Policy
- Gather details of self-funding borough residents ahead of Apr 16
- Interim charging policies for 15/16

2) Integrated Localities & LEAN

To establish a system wide integrated and co-located locality health and social care service based on the Havering GP cluster model.

To implement service redesign following on from a LEAN review of Adult Social Care (ASC) Services. LEAN is a method whereby managers analyse an organisation’s processes and systems to make changes to improve the customer experience whilst making services more efficient.

- Develop a new integrated operating model and workforce model incorporating social care as equal partners
- Ensure risk profiling incorporates ASC eligibility criteria
- Ensure Care Act & LEAN requirements inform the design of the model
- Ensure BCF outcomes are targeted and supported
- Improve well-being of service users
- Reduce the requirement for acute and residential support through increases in prevention, self management, and Voluntary and Community Sector resilience.
- To generate ASC and Health efficiencies.

3) Workforce, Professional Practice & Safeguarding

To ensure the whole ASC workforce is Care Act ready by
01/04/15 or 01/04/16, as appropriate.

To have a Principal Social Worker (PSW) in post by 01/04/15 and to establish the PSW function to cover workforce development, professional practice, safeguarding and support to the Safeguarding Adults Board.

To support professional practice development which equips and empowers professional social work staff to meet the exacting standards set by the Care Act by April 2015.

Delivery of safeguarding adults requirements of the Care Act and ensure changes are in place by April 2015.

4) Information & Advice

By September 2015 - To tender and award a contract for a service provider to deliver social care information and advice in three community hubs across the borough that are easy to access. To also put in place an outreach service providing information and advice to those unable to access the community hubs.

By April 2015 - To provide residents of Havering, not just those who are in receipt of a service, with comprehensive information and advice relating to adult social care services.

5) Market Shaping

To put the fundamentals required to be able to shape the market, for the ASC commissioning team, in place by April 2015. This will be supported by the development of a market position statement as the basis of on-going engagement and communication with providers, to ensure a much enhanced and positive relationship between providers and the Council, to the benefits of end users.

The project will entail interviewing internal stakeholders; conducting external provider events and engaging with service users to develop a statement that gives a good sense of desired direction of travel. It is also envisaged that a communications strategy for the statement once developed enables ongoing adjustment and understanding of the market for ASC in Havering.

6) Advocacy

To meet the duty on Local Authorities under the Care Act to provide Independent Advocacy to eligible customers when, a) Carrying out assessments, b) carrying out care and/or support planning, c) carrying out care reviews, d) carrying out safeguarding enquiries, and e) carrying out safeguarding adult reviews.

Eligible customers are those who have substantial difficulty in being fully involved in these processes or where there is no
one appropriate available to support and represent the person’s wishes.

7) Carers

To ensure that Havering meets statutory duties in relation to carers and are working towards the DH national refreshed carers strategy vision, that by 2018 ‘Carers will be universally recognised and valued as being fundamental to strong families and stable communities.

Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside of caring, whilst enabling the person they support to be a full and equal citizen’ and that:

- Carers are mentally and physically well, treated with dignity;
- Carers are not financially disadvantaged;
- Carers are recognised and support as expert care partners;
- Carers are enjoying a life outside of caring;
- Children are thriving and protected from inappropriate caring roles.

Care and support will be provided on an asset based approach, making best use of existing available resources, and ensuring best use of the Council’s resources.

8) Regulation and Provider Failure

Production of a Provider failure policy to manage service interruptions because of business failure. To be complete by 1 April 2015.

To carry out and formalise scoping of the health of the provider services being planned by the Brokerage and Quality Teams.

Support Workstreams

1) Communications

To raise awareness of the Care Act reforms among current and future service users, carers, residents, partners, staff, key opinion formers and decision-makers with due regard to the council’s financial position;

Maximise the use of corporate channels and introduce new ones where necessary to support the statutory requirements of information and advice in an easy to understand change narrative;

Support organisational change and provide reassurance internally among the workforce with internal communications;
As we join health and social care services, join-up health and social care communications and co-produce communications activity with health partners and service users;

Provide a legacy to Adult Social Care with improved communication channels, penetration and reach.

2) Policy

To develop comprehensive policies, strategies and procedures that meet the requirements of the Care Act for implementation by April 2015, when the Care Act will come into force. There are some that need to be implemented for April 2016.

To develop consistent policies/strategies/procedures in line with Corporate Guidance.

Develop a Practitioner Zone that has all key guidance, policy and planning documents for use by social care practitioners.

To make sure people are aware of and ensure policies, strategies and procedures are in line with Corporate Guidance, and fit in with the wider priorities for example of the Health and Wellbeing Strategy.

To ensure all outward facing policies, strategies and procedures are available on the Council’s website.

3) Systems

Implement system upgrades (and other functionality/capabilities as necessary) to deliver the following:

- New national eligibility criteria, assessment and care and support plans.
- Personal Budgets
- Carers – assessments, support plans and charging
- Deferred Payment Agreements/Changes to charging regulations
- Delegated Functions
- Continuity of Care/ Portability
- Processing of care accounts and calculation of Independent Personal Budgets (IPBs)
- Design, develop and implement enhancements to existing online self-service Information and Advice resources that are Care Act compliant.
- Evaluation of self-service options
Design, develop and implement the following in conjunction with health and social care practitioners, for both adults and children:

- Integrated health and social care workflows
- Integrated health and social care records
- Develop ICT functionality for Integrated Localities
- Service user/patient online self-service: online access security (portal)

4) **Section 75**

This workstream is to deliver a section 75 agreement under section 75 of the National Health Services Act 2006, between the local authority and Havering Clinical Commissioning Group, in respect of our Better Care Fund. This will be a pooled fund from April 2015. Authority was granted at the January 2015 Cabinet meeting to enter into the agreement.

It should be noted that stakeholder engagement and consultation has taken place and is being carried out on an ongoing basis. Our communications strategy includes our stakeholder mapping and engagement plan.

| 4a | Is the activity new or changing? | Yes – new |
| 4b | Is the activity likely to have an impact on individuals or groups? | Yes – there will be an impact on individuals and groups (older people, carers, people who pay for care, health, providers, the voluntary sector, the council) |
| 5 | If you answered yes: | Please complete the EIA on the next page. |
| 6 | If you answered no: | Please provide a clear and robust explanation on why your activity does not require an EIA. This is essential in case the activity is challenged under the Equality Act 2010.

Please keep this checklist for your audit trail.

Completed by: Caroline May, Care Act Programme Lead, Adults & Health

Date: 12 March 2015
2. Equality Impact Assessment

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the **Equality Act 2010 and the Public Sector Equality Duty**.

For more details on the Council’s ‘Fair to All’ approach to equality and diversity, please visit our [Equality and Diversity Intranet pages](mailto:diversity@havering.gov.uk). For any additional advice, please contact diversity@havering.gov.uk.

Please note the Corporate Policy & Diversity Team require **5 working days** to provide advice on Equality Impact Assessments.

Please note that EIAs are public documents and must be made available on the Council’s [EIA webpage](mailto:diversity@havering.gov.uk).

**Understanding the different needs of individuals and groups who use or deliver your service**

In this section you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity).

Currently there are **nine** protected characteristics (previously known as ‘equality groups’ or ‘equality strands’): age, disability, sex/gender, ethnicity/race, religion/faith, sexual orientation, gender reassignment, marriage/civil partnership, and pregnancy/maternity.

In addition to this, you should also consider **socio-economic status** as a protected characteristic, and the impact of your activity on individuals and groups that might be disadvantaged in this regard (e.g. carers, low income households, looked after children and other vulnerable children, families and adults).

When assessing the impact, please consider and note how your activity contributes to the Council’s **Public Sector Equality Duty** and its three aims to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity, and
- foster good relations between people with different protected characteristics.

**Guidance on how to undertake an EIA for a protected characteristic can be found on the next page.**
Guidance on undertaking an EIA

Example: Background/context

Example: Protected characteristic

Please tick (✓) the relevant box:

| Positive       | Overall impact: In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact. |
| Neutral        | It is essential that you note all negative impacts. This will demonstrate that you have paid ‘due regard’ to the Public Sector Equality Duty if your activity is challenged under the Equality Act. |
| Negative       |                                                                 |

Evidence: In this section you will need to document the evidence that you have used to assess the impact of your activity.

When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.

It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid ‘due regard’ to the PSED should the Council be challenged.

- If you have identified a positive impact, please note this.

- If you think there is a neutral impact or the impact is not known, please provide a full reason why this is the case.

- If you have identified a negative impact, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the Action Plan.
Sources used: In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:

- Service specific data
- Population, demographic and socio-economic data

Suggested sources include:

- Service user monitoring data that your service collects
- Havering Data Intelligence Hub
- London Datastore
- Office for National Statistics (ONS)

If you do not have any relevant data, please provide the reason why.

The EIA

Background/context:

The Care Act introduces the biggest reform to Adult Social Care since 1948. The implications are wide and far reaching, including:

From April 2015:

- A single national eligibility criteria with the threshold being substantial
- A new national deferred payments scheme so those who move into residential care can defer the costs of care using their property as security.
- New rights for carers placing them on the same footing as those they care for
- Adults Safeguarding boards are placed on a statutory footing
- Provision of information and advice to all regardless of care need
- Promoting integration of care and support with health
- Introduction of the wellbeing principle
- Focus on prevention and personalisation, promoting independence and choice
- Market shaping: the notion of a social care market.
New advocacy duties are introduced.

From April 2016:
Subject to consultation -
- Introduction of the “care cap” meaning no-one shall have to pay more than a capped amount for their assessed care need
- Raising of the capital threshold meaning an individual’s assets will be protected below a certain level
- Introduction of “care accounts” which is a meter to track progress towards the cap
- Self-funders will be able to approach the council to help plan their care and support

The Council is undergoing a large change programme to ensure readiness by April 2015 and April 2016. This is being managed in a way that is joined up with the existing savings programme and on-going service redesign, supporting corporate and departmental strategy.

The departmental vision is: “Supporting excellent outcomes for the people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence.”

The Care Act programme is supporting this vision, by delivering a sustainable programme of change, so we fulfil our duties whilst delivering overarching strategy.

The Council has existing demographic pressures mean that the current operating model for older adults is unsustainable in the future. For example:
- Havering has the highest proportion of older people (18%) in London;
- People are living longer and are entering the system with more complex needs;
- Havering’s population is predicted to rise by 13.5% by 2021, and is growing at a faster rate than the England average;
- The 65+ population in Havering is expected to grow the fastest overall in the future, increasing by 16% by 2021. The fastest growth is in the 90+ age, expected to increase by 70% by 2021;
- We are anticipating an increase in the numbers of people requiring a statutory assessment of need with the introduction of the Care Act in April 2015.
The number of people we support is increasing. This shows year to date figures April-Feb 2014/15 compared to the same period during 2013/14. Overall we have an increase of 4.7% or 304 customers.

Our role is to focus on the person and their needs, their choices and what they want to achieve. We must improve the uptake and quality of personalised services by ensuring that personal budgets, direct payments, outcomes-based and needs-led assessment, self-directed support, health and well-being, family and community support, and care and support plans, are all prioritised in-line with the national agenda.

Carers will (for the first time) be recognised in the law in the same way as those they care for, including carers’ rights to assessments and support. Currently, carers do not have a legal right to receive support, although local authorities can provide support (e.g. respite care) at their discretion. This means that access to assessment and the range of support on offer can vary considerably.

The Care Act establishes national eligibility criteria. Previously each local authority set its own eligibility threshold based on Fair Access to Care guidance. This means that the amount, and type, of care that is provided by a local authority can vary depending on where a person lives.

It should be noted that financial assessments are still governed by local policy.

Havering is committed to reviewing our operating model to ensure that it is sustainable in the future, and supports as many people as possible to live independently in the community. We will focus on improving the outcomes and wellbeing of older adults living in Havering, and are working in partnership with other agencies to implement the Care Act.

We will review this Equality Impact Assessment by 30 September 2015, by which time the Care Act will have been in place for six months, so we will have started to see the impact of the changes.

<table>
<thead>
<tr>
<th>Age: Consider the full range of age groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please tick (✓) the relevant box:</strong></td>
</tr>
<tr>
<td><strong>Overall impact:</strong></td>
</tr>
<tr>
<td>Positive ✔</td>
</tr>
<tr>
<td>Neutral</td>
</tr>
<tr>
<td>Negative</td>
</tr>
</tbody>
</table>

25
them to pursue opportunities to realise their potential.

Therefore, the Care Act will have a positive impact on our adult population. It is not expected to have any negative impacts on the younger population.

There will be financial implications that the Local Authority will need to carefully monitor.

*Expand box as required

**Evidence:**

Havering has an over 65 population of 45,600 (ONS mid year 2014 estimate). This is the 4th highest in London in absolute terms.

As a proportion of the total population, Havering at 18.8% is the highest in London and significantly above the London average of 11.7%. Havering’s over 65 population is projected to increase by 8.3% by 2020. The growth in the very old is considerably greater than the overall increase in over 65’s. By 2020 Havering is projected to have the second highest number of over 85’s as a proportion of the 65+ population in London.

This changing demographic will have significant implications for the type of care provision. The introduction of the Act will help with embedding the prevention agenda and will formalize best use of community capital when support planning. The new emphasis on market shaping will also help us plan services to respond to the needs of our communities.

In 2014/15 to Feb 2015 Havering supported 6812 adults. The Care Act is expected to increase the numbers that we support. Initial modeling shows we expect to support more people as a result of the reform in terms of self-funders and carers. We will also be providing care and support in accordance with the new eligibility criteria, for those with an assessed need and those who have carers responsibility. For those that do not have an eligible need, improved information and advice services will be available. Therefore the overall impact is a positive one for our communities.

There will be some negative financial impact as the costs of the reform are expected to cost the Council more than we currently spend on provided ASC services. We are awaiting Government announcements on funding to support the reform. We will need to manage budgets so that services are provided in compliance and accordance with the Act and as such do not at this stage expect any negative impact to our local population. However should the financial pressures not be sustainable we would need to assure a funding source, which would impact somewhere in the system.

**Health Integration**

Health integration is expected to lead to more joined up and eventually seamless systems, and a better individual experience overall. This is evidenced through our Better care Fund (BCF) ambition and plans. Our integrated Localities workstream will develop new “clusters” of integrated services to better serve our communities.

**Carers**

In 2013/14 there were 2,080 more carers receiving services or information compared to 1,310 in 2009/10 – an increase of 59%.

Havering has a high level of carer satisfaction. The 2012-13 Survey of Adult Carers in England shows that 66% of carers in Havering were either extremely, very or quite satisfied with the support the carer and / or the person being cared for received over the previous 12 months. This
compared to an average for London of 61%.

With the introduction of the Care Act, the Council expects significant further increase in demand from carers. Furthermore, the financial risk to Havering is intensified because of the high number of carers in the Borough. Havering has 10.4 carers per head of population compared to an average of 8 for London.

80% of carers are aged 65 or over. The new support framework is expected have a positive impact on those who care for others.

Eligibility

The actual impact of the new eligibility criteria will differ in each individual case. However, a strong focus on person centered care with individual wellbeing at the heart of support planning is expected to have a positive overall impact. Again there may be financial pressures associated with this that the Council shall have to manage.

Funding Reform

More people will be eligible for Council services due to the changes introduced as a result of the funding reforms. Havering expects a high impact due to the potential high number of self-funders in the borough.

- Havering has an estimated 1,576 residential / nursing care beds based on the most recent survey of Care Homes (Oct 2014)
- It is estimated that
  - 15% (235) are occupied by residents from other boroughs / NHS
  - 30% (475) are occupied by self-funding clients.
  - 43% (674) are occupied by LB Havering funded clients
  - 12% (192) are vacant.

We expect that a proportion of current self funders will approach the Council for help when planning care services. Self funders are those who fall outside the parameters for Council support in paying for services. Over time we expect that more people will become eligible for council support, due to the changes introduced to the capital threshold and the care cap.

Personalisation and Market Shaping

A personalised approach to care and support with choice in the market will better support people to remain independent and hence have more tailored care and support enabling more innovative solutions and better quality of life. These are the principles that underpin the Act. In practice the changes we need to make both inside and outside the council take time to rollout and embed, so the positive impacts are expected to increase over time, as the marketplace grows and changes.

Provider failure shall also be managed with no loss of care for those affected, regardless of who funds their care.

Advocacy

New duties extend the existing statutory provision of advocacy to:

- people who have substantial difficulty in being fully involved in these processes
- there is no one appropriate available to support and represent the person’s wishes.

This is so that independent support is available to individuals when discussing and planning care and support. As existing duties are extended a wider range of older people will benefit from advocacy services.
Sources used:

Local financial modeling based on current data and expected implications.
Use of the Lincolnshire financial model.
London Councils financial modeling template.

Current ASC information held in SWIFT.

Round SHLAA population projections
2011 Census
Current list of older adults service users from Swift
Adult Social Care Outcomes Framework (ASCOF)
Mid-year population estimates, Office of National Statistics
Better Care Fund submissions 19 Sept and 29 Dec 2014

RAP C2 Number of carers receiving different types of services provided as an outcome of an assessment or review, by age group of carer, and by client group and age group of the person cared for by the carer.

Health and Social Care Information Centre: Survey of Adult Carers in England data (2012-13 data are final).

There is a great deal of evidence and research nationally around the positive impacts of the personalisation agenda in social care (and why traditional services often hinder people’s ability to improve their outcomes and wellbeing), and we have used this to inform elements of this project. There are too many examples of evidence to list here, but the ‘Care and Support Statutory Guidance’, issued under the Care Act 2014, provides a comprehensive evidence base and case studies.
Disability: Consider the full range of disabilities; including physical, mental, sensory and progressive conditions.

<table>
<thead>
<tr>
<th>Please tick (√) the relevant box:</th>
<th>Overall impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>With the introduction of the wellbeing principle, care for those with disability will become more individually tailored, ensuring the individual’s voice is heard. Whilst we expect this to be the case currently, the Act gives new duties and enshrines the wellbeing principle in law.</td>
</tr>
<tr>
<td>Neutral</td>
<td>The financial reforms mean that anyone with a care need at age eighteen will not be expected to contribute towards their care costs. Anyone who develops a care need during adulthood shall have a cap placed on the total amount they will have to pay.</td>
</tr>
<tr>
<td>Negative</td>
<td>It should be noted that the Council will always seek to provide care in the most cost-effective way, in order to protect public funds.</td>
</tr>
<tr>
<td></td>
<td>There could be financial implications as a result of the reform, the effect of which shall be monitored.</td>
</tr>
</tbody>
</table>

Evidence:

As at Feb 2015:

- 30% of service users have some form of physical or sensory disability
- There has been a 23% increase over the same period last year

The Council has seen a significant increase in the number of clients with Learning Disabilities. Since 2009-10 there has been a 25% increase in clients in Havering compared to an average of 3.5% in London.

People are living longer and are entering the system with more complex needs. This trend is likely to continue, hence the need to review our operating model in-line with the recommendations of the Care Act. We will support our communities through:

- A focus on strengthening communities;
- Maximising opportunities for improving services, outcomes and wellbeing through greater integration with Health via the Better Care Fund;
- Carrying out assessments and care and support planning in a person-centred, outcomes-focused way, completed using an asset-based approach, where the needs and wellbeing of the individual are paramount.

As more people are requiring support and care, our operating models are evolving to meet this need, whilst simultaneously providing an improved information and advice service. Therefore the overall impact of the Act for those with a disability is expected to be a positive one.

The positive impact is also expected to apply to those who care for those with a disability, as carers will now be entitled to an assessment and care and support in their own right.

The new advocacy service is also expected to have a positive impact, due to the wider
considerations as specified within the Act.

Sources used:

- Current list of older adult service users from Swift
- 2011 Census
- Adult Social Care Outcomes Framework (ASCOF)

**Sex/gender:** Consider both men and women

<table>
<thead>
<tr>
<th>Please tick (✓) the relevant box:</th>
<th>Overall impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>67% of older adult service users are women, compared to 52% of the total female population of Havering. This means that females will be more affected by the reform compared to male service users. However there will be more universal services in the form of information and advice, and better signposting to services for all, so the overall impact is expected to be positive with no negative impact expected.</td>
</tr>
<tr>
<td></td>
<td>As services will be tailored and person centred with wellbeing at the heart of decision making, support for the individual will have a positive impact across the whole population.</td>
</tr>
<tr>
<td>Neutral</td>
<td>Furthermore, 68% of carers of older adult service users are female, which means that the positive changes will impact on women both as service users and carers of service users. This will be a positive impact as more care and support will be available, with carers having rights in the same way as those they care for.</td>
</tr>
<tr>
<td></td>
<td>For the first time, carers will be recognised in the law in the same way as those they care for, including carers’ rights to assessments and support. It is therefore envisaged that female carers will be positively impacted by the proposed legal changes related to carers.</td>
</tr>
</tbody>
</table>

**Evidence:**

52% of Havering’s current population (128,110 people) are female, while 48% of Havering’s current population (118,024) are male.

The larger percentage of females in Havering may in part be explained by the longer female life expectancy: 84.1 years for women compared to 79.1 years for men.

67% of older adult service users and 68% of carers of older adult service users are women, which means that the positive impact of the Act will impact more on women both as service users and
carers of service users.

A focus on strengthening communities;
  • Maximising opportunities for improving services, outcomes and wellbeing through greater integration with Health via the Better Care Fund;
  • Carrying out assessments and care and support planning in a person-centred, outcomes-focused way, completed using an asset-based approach, where the needs and wellbeing of the individual are paramount.

As more people are requiring support and care, our operating models are evolving to meet this need, whilst simultaneously providing an improved information and advice service. Therefore the overall impact of the Act for our communities is expected to be a positive one.

Havering has a significant number of people providing unpaid care (25,214 people), and as such providing support for carers is critical to the successful delivery of the Care Act Programme and any changes to our operating model.

Sources used:
  • 2011 Census
  • Mid-year population estimates, Office of National Statistics
  • Current list of older adult service users from Swift

<table>
<thead>
<tr>
<th>Ethnicity/race: Consider the impact on different ethnic groups and nationalities</th>
<th>Overall impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please tick (✓) the relevant box:</strong></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>As at Feb 2015 92% of service users are from a White: English / Welsh / Scottish / Northern Irish / British background. Therefore this category will be more affected by the reform as this is the largest group in our community. Universal information and advice services will be available to all.</td>
</tr>
<tr>
<td>Neutral</td>
<td>Although only 8% of current service users are from Black and Minority Ethnic backgrounds, including White Other, these groups will also be positively impacted by the reform, particularly in the context of a projected increase in ethnic diversity in the Borough.</td>
</tr>
<tr>
<td>Negative</td>
<td></td>
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</tbody>
</table>

Evidence:

Havering is one of London’s least diverse Boroughs, with 85.7% of Havering’s population being White British.

93% of older adult service users are White British, which is disproportionately higher than the Borough profile.

The comparative statistics therefore suggests that older adults who are White British are more likely to receive a service from Adult Social Care.

However, as stated above, although only 7% of current service users are from Black and Minority Ethnic backgrounds, including White Other, these groups are also likely to be affected by this project, particularly in the context of projected increase in ethnic diversity in the Borough.
As services will be tailored and person centred with wellbeing at the heart of decision making, support for the individual will have a positive impact across the whole population.

Cultural preferences will be respected as part of the support planning process.

**Sources used:**
- Round SHLAA ethnic group projection - final, Greater London Authority
- Current list of older adult service users from Swift

<table>
<thead>
<tr>
<th>Religion/faith: Consider people from different religions or beliefs including those with no religion or belief</th>
<th>Overall impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tick (✔) the relevant box:</td>
<td>Not known.</td>
</tr>
<tr>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>Negative</td>
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</table>

**Evidence:**
According to the 2011 Census, 66% of Havering’s population has stated that they are Christian, followed by 23% who declared that they have no religion and just below 7% who preferred not to state their religion. Other religions in the borough are Muslim (2%), Hindu (1.2%), Sikh (0.8%), Jewish (0.5%) and Buddhist (0.3%).

Due to lack of service level data we cannot fully assess the impact on this protected characteristic. However, it is not expected that service users with this protected characteristic will be negatively affected.

Cultural preferences and religion/faith will be respected as part of the support planning process.

**Sources used:**
- 2011 Census

---

**Sexual orientation:** Consider people who are heterosexual, lesbian, gay or bisexual

<table>
<thead>
<tr>
<th>Please tick (✔) the relevant box:</th>
<th>Overall impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td></td>
</tr>
</tbody>
</table>
Neutral | Not known.
---|---
Negative

**Evidence:**

There is no sufficient information on sexual orientation at national or local level.

We cannot fully assess the impact on this protected characteristic due to lack of data. However, it is not expected that service users with this protected characteristic will be negatively affected.

**Sources used:**

- There is no sufficient information at national or local level.

| Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth |
|---|---|
| **Overall impact:** | Not known. |
| **Positive** |  |
| **Neutral** |  |
| **Negative** |  |

**Evidence:**

There is no sufficient information on gender identity at national or local level.

We cannot fully assess the impact on this protected characteristic due to lack of data. However, it is not expected that service users with this protected characteristic will be negatively affected.

**Sources used:**

- There is no sufficient information at national or local level.

| **Marriage/civil partnership:** Consider people in a marriage or civil partnership |
|---|---|
| **Overall impact:** |  |
| **Positive** |  |
| **Neutral** |  |
| **Negative** |  |
### Positive

<table>
<thead>
<tr>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not known.</td>
<td></td>
</tr>
</tbody>
</table>

### Evidence:

According to the 2011 Census, 49% of Havering residents are married while 33% are single (never married or never registered a same-sex civil partnership), 8% are divorced or formerly in a same-sex civil partnership which is now legally dissolved, 8% are widowed or a surviving partner from a same-sex civil partnership, 2% are separated (but still legally married or still legally in a same-sex civil partnership) and 0.1% are in a registered same-sex civil partnership.

Due to the lack of service level data we cannot fully assess the impact on this protected characteristic. However, we recognise married people, civil partners and couples are more likely to be affected by this programme, as carers.

### Sources used:

- 2011 Census

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### Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave

<table>
<thead>
<tr>
<th>Overall impact:</th>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not known.</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Evidence:

We cannot fully assess the impact on this protected characteristic due to lack of data. However, it is expected that service users with this protected characteristic will be positively affected given the personalisation and wellbeing principles within the Care Act.

### Sources used:

- N/A.
### Socio-economic status: Consider those who are from low income or financially excluded backgrounds

<table>
<thead>
<tr>
<th>Please tick (✓) the relevant box:</th>
<th>Overall impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>The overall impact is expected to be positive in terms of the financial reforms from April 2016. There will be a new “care cap” and higher capital thresholds, with the intention that no-one will have to lose all their savings or assets when they develop a care need. There will also be a national deferred payment scheme from April 2015, meaning no-one will need to sell their home during their lifetime to pay for care, subject to the conditions within the scheme.</td>
</tr>
<tr>
<td>Neutral</td>
<td>Therefore there will be greater protection in terms of an individual’s capital and revenue assets. This is expected to protect from depletion of assets meaning negative financial impact will be capped.</td>
</tr>
<tr>
<td>Negative</td>
<td>It is also expected that more people will be eligible for council support.</td>
</tr>
</tbody>
</table>

### Evidence:

Changes to the amount of savings and assets taken into account for calculating whether a person is eligible for public funding will mean that a number of people who previously would not have been eligible for public funding will now qualify. The consequence of this will be an increased universality of service provision. Whereas previously publicly funded social care was restricted to less well-off people, from April 2016, when the changes are introduced, people with higher levels of wealth will qualify for funding. For example, under the current regime, people in residential care with savings and assets over a threshold of £23,250 are required to pay the full cost of their care. From April 2016, this threshold will increase to £118,000.

In Havering current projections are that there will be 139 older people who are currently self-funding their care either in residential homes or in the community who will qualify for public funding. This is based on data received from the Care Homes survey and estimates of wealth levels based on the Government’s published Regional Wealth profiles for London adjusted to reflect Havering’s relative wealth. The thresholds also apply to working age adults receiving care although because the majority of these receive some level of public funding already. Following a review of the asset levels of current younger adult clients it is estimated that the changes will affect 20 people.

A key feature of the Care Act is the introduction of a cap on the total amount of care costs any individual will be liable for. This has initially been set at £72,000 and means that anybody paying for care, whether they are receiving public funding or fully funding their own care, will have their costs capped. The cap is unlikely to have as great an impact as the change in thresholds. This is because few people are likely to incur the amount of relevant care related expenditure. However, modelling the impact is problematic because of the lack of relevant data to use. Initial estimates are that in Havering around 27 people a year could reach the cap from 2017-18.

### Sources used:

- Local financial modeling encompassing-2011 Census
- Current list of older adult service users from Swift DWP data
- Regional wealth indicators
- Self funders survey
**Action Plan**

In this section you should list the specific actions that set out how you will address any negative equality impacts you have identified in this assessment.

<table>
<thead>
<tr>
<th>Protected characteristic</th>
<th>Identified negative impact</th>
<th>Action taken to mitigate impact*</th>
<th>Outcomes and monitoring**</th>
<th>Timescale</th>
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* You should include details of any future consultations you will undertake to mitigate negative impacts

** Monitoring: You should state how the negative impact will be monitored; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

**Review**

In this section you should identify how frequently the EIA will be reviewed; the date for next review; and who will be reviewing it.