



Date: Wednesday, 25 July 2018

Time: 12.30 pm

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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## CABINET

### TO FOLLOW REPORT (S)

#### **8 Minimum Income Guarantee - Outcome of Consultation (Pages 1 - 20)**

Lead Member – Councillor L Chapman – Portfolio Holder for Adult Services, Health and Social Housing

Report of the Director of Adult Services

Contact: Andy Begley      Tel: 01743 258911

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Committee and Date CABINET  25 JULY 2018
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## The Minimum Income Guarantee (MIG)

**Responsible Officer:** Andy Begley

e-mail: Andy.begley@shropshire.gov.uk

Tel: 01743 258911

### 1. Summary

- 1.1 The Minimum Income Guarantee (“MIG”) is the amount of money that a recipient of Adult Social Care services must be left with to pay for everyday living costs after they have contributed to the care they receive in a non-residential setting. From April 2015 the level of MIG has been determined by Government as an absolute figure (rather than a percentage). Councils are able to set their own MIG higher than the statutory minimum if they choose to do so but cannot go below it. The MIG affects the level of the non-residential care contribution levied by the Council, and therefore the level of income which the Council can receive.
- 1.2 People who receive care which is funded by the Council are supported through a financial assessment to see if they can afford to pay something towards the cost of their care. The Council makes sure that any charges to individuals are not more than they can afford and if a person’s income is very low they will not be charged anything for their care. This financial assessment process protects the people who are most financially vulnerable. The proposed changes to the MIG will therefore only affect people who have been assessed as being able to afford to pay towards their care.
- 1.3 Shropshire Council, like other local authorities, is facing a significant increase in the cost of adult social care due to increasing demand, demographic pressures and rising contract costs; the cost of adult social care purchasing expenditure is forecast to increase by an average of 8% per year over the next five years. In such circumstances it is inevitable that the Council must seek to maximise its income in a fair and transparent manner.
- 1.4 Since 2016 Shropshire Council has taken a different approach to the MIG for people of pensionable age compared to those of working age. The MIG for people of working age has always been set at the Government’s statutory level whereas the MIG for people of pensionable age was set higher. This means that people of pensionable age in Shropshire have been able to keep more of their income before being charged towards the cost of their care than other groups of people in the County. For example, in 2017/18 the Government’s rate of MIG for people of pensionable age was £189.00 per week. In Shropshire they were able to retain £194.50 per week which is 2.9% higher than the Government’s statutory level. No other cohort of people received any concession.

- 1.5 Shropshire Council's current approach differs from many other local authorities. In February 2018 respondents to a poll of the National Association of Financial Assessment officers confirmed that the majority of local authorities have adopted the Government's recommended MIG rates for all cohorts.
- 1.6 On 21<sup>st</sup> March 2018 Cabinet agreed to consult on two options for lowering the Minimum Income Guarantee for people of pensionable age in Shropshire. The results of the consultation and recommendations are set out in the following report.

## **2. Recommendations**

- 2.1 That the Council set the Minimum Income Guarantee for people of pensionable age in line with the Government's statutory Minimum Income Guarantee level in order for the Council to be seen as consistent in its approach to charging for care.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

- 3.1 Shropshire Council, like all other local authorities, is facing a significant increase in the cost of adult social care. Demographic change, the ageing population and increasing complexity and cost of care mean that the cost to Shropshire Council of commissioning adult social care is forecast to increase by £7m in 2018/19, and by an average of £8.3 million per year over the next 5 years. This represents an increase in adult social care purchasing expenditure of 8% per year.
- 3.2 The growth model for Adult Services has also demonstrated that the proportion of care costs that Shropshire Council is recovering from individuals for their care is reducing, as costs are increasing at a faster rate than income being recovered by the Council is increasing. Currently the council is charging inequitably across age demographics so any decision to increase care costs needs to take this imbalance into account.
- 3.3 Public consultation has taken place on 2 options as set out in the background information below; both options will result in people of pensionable age who are eligible to pay towards their care having less disposable income after paying their charges. However, all charges to individuals are based on a financial assessment to ensure individuals can afford to contribute to their care. If a person's income is very low (below the MIG) they are not charged anything for their care. This financial assessment process protects the people who are most financially vulnerable.
- 3.4 The consultation has evidenced a preference for the lower increase in charges represented by option 1 however the percentage of preference is not

significant and the Council need to consider this in the light of the inconsistency of the current charging practice across age groups and the significant issues facing the ASC budget as a whole.

- 3.5 There is a risk of challenge from individuals affected by increased charges for the cost of their care. The views of individuals affected by the proposals have been considered as part of this report and an Equalities and Social Inclusion Impact Assessment has been carried out. The ESIIA evidenced that the proposed changes, whether option 1 or option 2, are acknowledged to be likely to be considered to have a negative impact across the Protected Characteristic groupings, particularly the groupings for Age, Disability, and Social Inclusion, those who will enter this age group in the future; those with associated disabilities including seen and unseen disabilities; and those who are at risk of social inclusion such as low income households, households where members have caring responsibilities, and rural households for whom there are greater costs associated with accessing facilities and services. All other groupings are currently assessed to show a low negative impact.
- 3.6 There is a risk that the current inconsistency of charging practice across cohorts is maintained by choosing option 1. Consequently option 1 increases a risk of challenge from persons of working age that the council does not apply concessions equitably across all age groups.

#### **4. Financial Implications**

- 4.1 Both MIG options would assist in raising income for the Council, however Option 2 would have a greater positive budget impact.

- Option 1 would generate estimated additional income of £250,000 per annum for the Council.
- Option 2 would generate estimated additional income of £467,000 per annum for the Council.

£200,000 additional income in 2018/19 as a result of the MIG review has been assumed within the Council's 2018/19 revenue budget, as a result of the approval of the MIG review saving within the 10<sup>th</sup> January 2018 Financial Strategy. Therefore:

- Option 1 would deliver £50,000 savings per annum over and above the required saving as per the Financial Strategy.
- Option 2 would deliver £267,000 savings per annum over and above the required saving as per the Financial Strategy.

Changes to the MIG cannot be implemented retrospectively so a part year budget impact is expected in 2018/19. As only a part year effect of any additional MIG income approved would be realised within the year, Option 2 would ensure that the required £200,000 saving is met in year, as Option 1

would result in a saving less than £200,000 in 2018/19, for example £146,000 if implementation were to take place from 1<sup>st</sup> September.

## 5. Background

- 5.1 The consultation on the two options was launched on 30<sup>th</sup> May 2018 and closed on the 11<sup>th</sup> July 2018. The options for the consultation were as follows:

### **Option 1: Retain existing MIG for people of pensionable age and increase care contributions in line with benefits increases.**

Option 1 increases care contributions to the Council by increasing charges to individuals in line with the 2018/19 pension increase. A single older person receiving pension credit would receive a weekly increase of £7.15 in their income, and their contribution would increase by £6.39, leaving them with typically 76p additional income per week. One of a couple would receive £4.43 additional pension but would incur increased charges of £4.01, leaving them with typically 42p additional income per week. Therefore, if Shropshire Council's level of MIG were to remain the same as in 2017/12018, the financial consequence for service users over retirement age would be that their weekly increase in pension would be absorbed almost entirely by the increase in their contribution to their care and support. This option would mean that people of pensionable age in Shropshire are still able to keep more of their income than people of working age.

### **Option 2 – Decrease the MIG for people of pensionable age to the Governments statutory minimum therefore maximising care contributions.**

Under option 2, affected individuals will have an increase in their contribution that would see their actual income in 2018/2019 fall. This would be typically by £4.74 a week for a single person and £3.35 a week for one of a couple. This option will leave people who are charged for their care with less income than option one. This option would mean that the Council have a more equitable charging policy across all cohorts of people because the council have already implemented the statutory Government MIG for people of working age.

- 5.2 Consultation process and coverage. The consultation process included writing to all of the people who would be affected to directly canvass their views, the public consultation was also promoted through online resources, voluntary sector bodies, newspaper articles and a variety of other contact methods – (Please see appendix 1 for full details) Prior to any consultation going out the correspondence was vetted by service user groups for accessibility and understanding.

233 people returned the survey, this represents 12% of the people who were directly contacted. This percentage is considered to be an average level of

response to a survey of this nature. The majority of people who responded to the consultation have indicated that they read the background papers and are responding in an informed capacity. The results of the survey evidence responses from an expected spectrum of individuals and is reflective of the anticipated cohort impact analysis from the Impact Assessment.

- Age - 84% of respondents were of pensionable age - Due to the nature of the survey cohort (service users paying for support from ASC of a pensionable age) this is what we would expect and evidences that the consultation reached the right group of people.
- Working status - 84% of the people responding are retired, this is the working status profile is as we would expect and evidences that the consultation reached the right group of people.
- Relevance of cohort - 64% of respondents were people who use social care services the rest were representing of caring for people who use services. This is reflective of the survey cohort.
- Gender - The respondent gender balance is representative of the survey cohort (35% Male, 65% female)
- Marital status - 66% of respondents were single and 34% part of couple. Due to the nature of the survey cohort (service users paying for support from ASC of a pensionable age), we would expect to see more respondents living as single individuals, which is as seen in the respondent profile.
- Disability - 84% of respondents have a disability or health problem which has lasted, or is expected to last, at least 12 months. Due to the nature of the survey cohort (service users paying for support from ASC of a pensionable age) this is expected.
- Ethnic background - 97% White (British, Irish, Polish, Gypsy or Irish Traveller, Other White) the respondent ethnic background profile is representative of the overall Shropshire profile
- Geographical - The postcode map of all responses shows good coverage from across Shropshire and surrounding areas.

5.3 Results of consultation. The results of the consultation evidence that 57% of respondents preferred option 1 and 43% preferred option 2. In regards the impact of the proposals:

- 81% of individuals receiving care or their representatives stated that they would be affected by option 1 and 80% of individuals receiving care or their representatives would be affected by option 2.

- 70% of respondent's state that option 1 would be either manageable or would only affect them a little and 59% saying option 2 would be manageable or only affect them a little.
- 21% said that option 1 would affect them a lot or that they would need help and advice to manage and 31% said option 2 would affect them a lot or that they would need help and advice to manage.
- 8% of respondents said option 1 would prompt them to consider whether they continue to have support from ASC and 10 % said that option 2 would do so.

Comments on options were also invited:

- Alternatives to the options were suggested as follows: Increase council tax to raise income (3 people) / Make no additional charges (2 people)/ phase in changes (2 people) / Reduce inefficiencies to save money (3 people)
- Option 1 comments - 14 people stated that they can afford the increase, 5 said they cannot afford it, 11 people said they would have less money, 2 people commented this was a fairer option.
- Option 2 comments - 11 people said that they can afford the increase, 2 said that they cannot afford the increase and 22 people said they would have less money, 4 people commented that this was a fairer option.

Option 1 is the preferred option by 12% however there is only a 1% difference in regards which option will affect people. The majority of respondents said that both the Options put forward would negatively affect their finances which is expected with any increased charge.

## 6. Additional Information

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

- Personal Budgets Contributions Policy 2016-17
- Cabinet papers May 2016
- Cabinet papers March 2018
- ESSIA May 2018
- Consultation raw data and results July 2018
- Consultation papers, processes and Consultation promotions summary Jun/ July 2018

**Cabinet Member (Portfolio Holder)**

Cllr Lee Chapman, Portfolio Holder for Health and Social Care.

**Local Member**



All

**Appendices**

Appendix 1 – Consultation promotions summary

Appendix 2 - ESSIA

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**Appendix 1 - Consultation promotions summary**

<b>Date</b>	<b>Type</b>	<b>Method</b>
18.03.2018	Shropshire Star article	Article written by Shropshire Star
21.03.2018	Shropshire Star article	Article written by Shropshire Star
23.03.2018	Shropshire Star article	Article written by Shropshire Star
09.05.2018	Email to VCS Assembly members with link	Email to all VCS Assembly members (VCS only)
12.05.2018	Notice to say coming soon	Email to VCS Forums and Networks (contacts for 16 in total)
30.05.2018	Consultation opened	Launched on Have Your Say portal
30.05.2018	Press Statement	Article posted on Shropshire Council Newsroom
30.05.2019	News item	Article posted on Shropshire Council Newsroom/HWB
30.05.2019	Social Media	Twitter message about press release
06.06.2018	Email with summary of consultation and link	Email to VCS Forums and Networks (contacts for 16 in total)
07.06.2018	Website article posted with link etc.	Shropshire Disability Network
07.06.2018	Newsletter	SALC June Bulletin (Town and Parish Councils)
07.06.2018	Email to SPIC with all details	Emailed information to Shropshire Partners in Care
11.06.2018	Newsletter	VCS Assembly Newsletter (VCS and Public Sector)
15.06.2018	Newsletter	SPIC newsletter
13.06.2018	Email	Email to Age UK Network List
25.06.2019	Newsletter	VCS Assembly Newsletter (VCS and Public Sector)
25.06.2018	Email	Email to Age UK network list
02.07.2018	Reminder - Title/Link Only	VCS Assembly Newsletter (VCS and Public Sector)
05.07.2018	Link to Newsletter containing link to consultation	SPIC Newsletter
05.07.2018	Link to consultation	Email to Age UK network list
09.07.2018	Final reminder consultation summary and links	VCS Assembly Newsletter (VCS and Public Sector)

**Notes**

VCS newsletter has 300+ subscribers (over 250 VCS organisations)

SALC news has 177 Town and Parish Council contacts

Links to all VCS news are available here: <http://vcsvoice.org/category/local-news/>

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## **Shropshire Council Equality and Social Inclusion Impact Assessment (ESIIA)**

**Name of service change:** Proposals to amend the Minimum Income Guarantee (MIG) element of the Adult Services Personal Budgets contribution Policy 2018/2019

### **Contextual Notes 2016**

#### ***The What and the Why:***

The Shropshire Council Equality and Social Inclusion Impact Assessment (ESIIA) approach helps to identify whether or not any new or significant changes to services, including policies, procedures, functions or projects, may have an adverse impact on a particular group of people, and whether the human rights of individuals may be affected.

This assessment encompasses consideration of social inclusion. This is so that we are thinking as carefully and completely as possible about all Shropshire groups and communities, including people in rural areas and people we may describe as vulnerable, for example due to low income or to safeguarding concerns, as well as people in what are described as the nine 'protected characteristics' of groups of people in our population, e.g. Age. We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views when developing and implementing policy and strategy and when commissioning, procuring, arranging or delivering services.

It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. Carrying out ESIIAs helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision making processes. These are: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations.

#### ***The How:***

The guidance and the evidence template are combined into one document for ease of access and usage, including questions that set out to act as useful prompts to service areas at each stage.

## Shropshire Council Part 1 ESIIA: initial screening and assessment

*Please note: prompt questions and guidance within boxes are in italics. You are welcome to type over them when completing this form. Please extend the boxes if you need more space for your commentary.*

### Name of service change

***Proposals to amend the Minimum Income Guarantee (MIG) element of the Adult Services Personal Budgets contribution Policy 2018/2019:***

### Aims of the service change and description

***The Adult Social Care services in Shropshire Council currently arranges care in non-residential settings for 3,884 people in Shropshire, working with a range of providers to do so, and utilising a number of different mechanisms to help and support people to stay in their own homes for as long as they are able to.***

The Minimum Income Guarantee ("MIG") is the amount that a recipient of Adult Social Care services must be left with to pay for everyday living costs after they have contributed to the care they receive in a non-residential setting. The statutory minimum income is £189.00 per week for a single person and £144.30 per week for a member of a couple. People who do not meet this are not charged for their care.

Since the implementation of the Care Act 2014, the Department of Health and Social Care circular issued each year stipulates the minimum values for the MIG. The Department of Health and Social Care has not increased the statutorily required MIG since 2015. On 30 January 2018 the Department of Health and Social Care issued its circular advice that there will be no changes in the level of the Minimum Income Guarantee for 2018/2019.

Local authorities have the discretion to set its MIG at a higher rate than the statutory minimum if they wish to do so which allows people to keep more of their income and lessens council income. Shropshire Council Cabinet resolved in May 2016 that this Council would increase its MIG rate for pension aged Service Users to £194.50 a week for a single pensioner and £148.50 for one of a couple making it higher than the governments recommendation. These were £5.50 and £4.30 a week higher respectively than the legal minimum MIG set out by the Department of Health and Social Care. In September 2017 Cabinet resolved that during 2017/18 the MIG rates would remain as per the previous year.

The Councils MIG for working age people is currently set at the statutory level and no increased allowances for any other group of service users has been made: for working age service users the Council have always applied the statutory minimum.

The MIG affects the level of the non-residential care contribution levied by the Council, and therefore the level of income which the Council can receive. Further detail is provided on this below, but in summary, the lower the level of the MIG, the greater the income that can be levied by the Council in the form of non-residential care contributions from individuals.

Shropshire Council, like other local authorities, is facing a significant increase in the cost of adult social care due to increasing demand, demographic pressures and rising contract costs; the cost of adult social care purchasing expenditure is forecast to increase by an average of 8% per year over the next five years.

***As a large and sparsely populated rural authority with a significantly older age profile than the all-England average, these costs are exacerbated by the additional costs of***

***commissioning, arranging and delivering social care and other Council services to households across the county. The Council already works closely with other rural authorities and through MPs to make the case to Government for fairer funding in the light of sparsity factors, but is also required as a matter of financial prudence to take steps to ensure that income is maximised in ways that are fair and transparent as well as utilised in ways that will seek to benefit communities in Shropshire***

It is proposed that two options for retaining or reducing the current level of MIG are consulted upon.

**Option 1 - Retain existing MIG and increase care contributions in line with benefits increases.**

Option 1 would effectively cancel out a service user's increased pension. A single older person receiving pension credit would receive a weekly increase of £7.15 in their income, and their contribution would increase by £6.39, leaving them with typically 76p additional income per week. One of a couple would receive £4.43 additional pension but would incur increased charges of £4.01, leaving them with typically 42p additional income per week. Therefore, if Shropshire Council's MIG were to remain the same as in 2017/12018, the financial consequence for those over retirement age would be that their weekly increase in pension would be absorbed almost entirely by the increase in their contribution to their care and support.

This option would generate an estimated additional income of approximately £250,000 per annum for the Council.

**Option 2 – Change the level of the Minimum Income Guarantee to the level set by the Government. This will mean people receiving care will have to pay a little more towards that care.**

People affected by the changes would keep less of their money because more will go towards care. For example, rather than have 76 pence extra, as in Option 1, a single person will have £4.74 a week less and a couple will have £3.35 a week less. This option will mean people will have less income than option 1 but it would mean Shropshire Council will have an extra £467,000 each year to help towards providing care and support to those who need it most.

The Minimum Income Guarantee for people of working age is already set at the Government minimum level. Option 2 would mean people of pensionable age are treated in the same way as people of working age.

All those affected by the above proposals will be contacted as part of the formal consultation.

**Intended audiences and target groups for the service change**

***This will be the general public; those who are currently receiving care at home or in the community and of pensionable age who will be impacted by any changes to the Minimum Income Guarantee; their carers; those who receive care who are of working age; and their carers.***

## **Evidence used for screening of the service change**

- ***Statistics about the rurality of the County, its ageing population in statistical terms, and reference to the costs of arranging and providing services in a large rural county.***
- ***Any known evidence about the protected characteristic groupings of people who will be impacted by any changes to the MIG and of pensionable age, i.e. not just their age.***
- ***Reference that there are around 1300 people currently who would be impacted by any changes to MIG and of pensionable age***
- ***Numbers who are single and numbers who are in couples***
- ***Number this is expected to increase to over next five years to give perspective on the growth of this group and thus more weight to the rationale for the proposed service change***
- ***Numbers of working age who are receiving care and support at home or in the community in order to facilitate comparisons and give an overall picture.***

## **Specific consultation and engagement with intended audiences and target groups for the service change**

- ***Individual households, whether single people or couples, for whom there is considered to be an impact either now or in the future***
- ***All those who would be affected by any changes to the MIG in Shropshire at the moment***
- ***Shropshire Council councillors***
- ***MPs***
- ***VCSA***
- ***Town and parish councils***
- ***Health and social care providers***
- ***Shropshire Business Board and Marches LEP***

***This list is not intended to be exhaustive and will be amended and added to as appropriate, including as arrangements for consultation are further developed.***



## Potential impact on Protected Characteristic groups and on social inclusion

Using the results of evidence gathering and specific consultation and engagement, please consider how the service change as proposed may affect people within the nine Protected Characteristic groups and people at risk of social exclusion.

1. Have the intended audiences and target groups been consulted about:
  - their current needs and aspirations and what is important to them;
  - the potential impact of this service change on them, whether positive or negative, intended or unintended;
  - the potential barriers they may face.
2. If the intended audience and target groups have not been consulted directly, have their representatives or people with specialist knowledge been consulted, or has research been explored?
3. Have other stakeholder groups and secondary groups, for example carers of service users, been explored in terms of potential unintended impacts?
4. Are there systems set up to:
  - monitor the impact, positive or negative, intended or intended, for different groups;
  - enable open feedback and suggestions from a variety of audiences through a variety of methods.
5. Are there any Human Rights implications? For example, is there a breach of one or more of the human rights of an individual or group?
6. Will the service change as proposed have a positive or negative impact on:
  - fostering good relations?
  - social inclusion?

## Initial assessment for each group

Please rate the impact that you perceive the service change is likely to have on a group, through inserting a tick in the relevant column. Please add any extra notes that you think might be helpful for readers.

Protected Characteristic groups and other groups in Shropshire	High negative impact <i>Part Two ESIIA required</i>	High positive impact <i>Part One ESIIA required</i>	Medium positive or negative impact <i>Part One ESIIA required</i>	Low positive or negative impact <i>Part One ESIIA required</i>
<b>Age</b> (please include children, young people, people of working age, older people. Some people may belong to more than one group eg child for whom there are safeguarding concerns eg older person with disability)			X	
<b>Disability</b> (please include: mental health conditions and syndromes including autism; physical disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; HIV)			X	
<b>Gender re-assignment</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X
<b>Marriage and Civil Partnership</b> (please include associated aspects: caring responsibility, potential for bullying and harassment)				X
<b>Pregnancy &amp; Maternity</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X
<b>Race</b> (please include: ethnicity, nationality, culture, language, gypsy, traveller)				X
<b>Religion and belief</b> (please include: Buddhism, Christianity, Hinduism, Islam, Judaism, Non conformists; Rastafarianism; Sikhism, Shinto, Taoism, Zoroastrianism, and any others)				X
<b>Sex</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X
<b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				X
<b>Other: Social Inclusion</b> (please include families and friends with caring responsibilities; people with			X	

health inequalities; households in poverty; refugees and asylum seekers; rural communities; people for whom there are safeguarding concerns; people you consider to be vulnerable)				
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## Guidance on what a negative impact might look like

<b>High Negative</b>	Significant potential impact, risk of exposure, history of complaints, no mitigating measures in place or no evidence available: urgent need for consultation with customers, general public, workforce
<b>Medium Negative</b>	Some potential impact, some mitigating measures in place but no evidence available how effective they are: would be beneficial to consult with customers, general public, workforce
<b>Low Negative</b>	Almost bordering on non-relevance to the ESIIA process (heavily legislation led, very little discretion can be exercised, limited public facing aspect, national policy affecting degree of local impact possible)

## Decision, review and monitoring

Decision	Yes	No
Part One ESIIA Only?	X	
Proceed to Part Two Full Report?		X

**Please now use the boxes below and sign off at the foot of the page.**

<b>Actions to mitigate negative impact or enhance positive impact of the service change</b>
<p><b><i>The proposed changes, whether option 1 or option 2, are acknowledged to be likely to be considered to have a negative impact across the Protected Characteristic groupings, particularly the groupings for Age, Disability, and Social Inclusion, with regard to those currently of pensionable age who would be impacted by any changes to the Shropshire MIG and their carers; those who will enter this age group in the future; those with associated disabilities including seen and unseen disabilities; and those who are at risk of social inclusion such as low income households, households where members have caring responsibilities, and rural households for whom there are greater costs associated with accessing facilities and services. It is possible that there will also be future mental health care needs that could arise from placing real or perceived financial stress on a household as a result of changes to the way the MIG is applied.</i></b></p> <p><b><i>All other groupings are currently assessed to show a low negative impact in recognition that this service change will cut across all groupings.</i></b></p>

**Efforts will be made during consultation on the proposals to seek views from communities as well as from service users and stakeholders.**

**Draft consultation documents and survey have been shared with service users for their feedback and comments. As a result of feedback changes have been made to the way information is presented, to the type of survey that will be issued, and in the design of the survey.**

**Please note- as consultation has not yet taken place actions to mitigate negative impact or enhance positive impact will depend upon decisions to be taken by Cabinet**

**Initial actions identified to date are as follows:**

**-undertake full consultation to allow people to share the concerns and impacts that the change will have**

**- ensure concerns are fully logged and reported to Cabinet to inform the final decision if the change is going to be implemented**

**It is recognised that there will then need to be ongoing efforts to engage with people in the Protected Characteristic groupings, particularly where low levels of responses to public consultation are received. Links may usefully also be made with specific target groups including older people, people with mental health problems, and people with physical disabilities, through projects and partnership initiatives already under way and through work with advocates. Actions may then be more readily identified from evidence gathered to mitigate the likely negative impact of the Strategy for these groupings, leading to better outcomes overall for communities in Shropshire.**

#### **Actions to review and monitor the impact of the service change**


**It is recognised that there will need to be clear communication and consistent messaging by the Council about where and how additional income to the Council would be utilised in provision of services, including geographical spread. People are being advised of changes that would impact on their personal finances, and they may consider that they are no longer perceiving personal benefit, in whichever of the Options being consulted upon. It will therefore be important for the Council to articulate and to emphasise the rural realities of arranging and providing adult social care services in what is the second largest inland county in England, and to set out in as much detail as may be possible where the additional money accruing to the Council is intended to be spent for the maximum benefit of these households, who may not otherwise perceive any tangible benefit.**

**Further actions will be identified following the public consultation, and developed in liaison with Shropshire Council councillors and with MPs as representatives of their**

**communities.**

**The Council will also share approaches with other local authorities including rural county authorities through organisations such as the County Councils Network and the Rural Services Network, in order to identify and develop best practice and to continue to make the case to Government for fairer funding for rural communities**

### Scrutiny at Part One screening stage

People involved	Signatures	Date
Lead officer carrying out the screening		
Any internal support*		
Any external support** <b>Mrs Lois Dale</b> <b>Rurality and Equalities Specialist</b>		30 <sup>th</sup> April 2018 <b>(commentary in bold and italics)</b>
Head of service		

*\*This refers to other officers within the service area*

*\*\*This refers either to support external to the service but within the Council, eg from the Rurality and Equalities Specialist, or support external to the Council, eg from a peer authority*

### Sign off at Part One screening stage

Name	Signatures	Date
Lead officer's name		
Head of service's name		

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