Oxfordshire County Council

Equalities Impact Assessment

Adult Social Care Contributions Policy

July 2026

Contents

Section 1: Summary details

Directorate and Service Area	Adult Social Services
What is being assessed (e.g. name of policy, procedure, project, service or proposed service change).	Adult Social Care Contributions Policy
Is this a new or existing function or policy?	Existing
Summary of assessment Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community? (following completion of the assessment).	The Adult Social Care Contributions Policy is being reviewed to create a fairer, more consistent and financially sustainable charging framework, while bringing Disability Related Expenditure, transport and telecare charging into one coordinated policy approach. The proposals may increase assessed contributions for some adults receiving care and support, particularly disabled people, older people, people on low incomes, rural residents, carers and people who use telecare or council-arranged transport. **Summary assessment** • The proposals are likely to have identifiable impacts for some groups, but these impacts are mitigated through individual financial assessment, retention of the Minimum Income Guarantee, DRE reassessment routes, waiver arrangements and targeted review of high-risk cases. • On the evidence available, the proposals are considered proportionate because they support financial sustainability while retaining safeguards to ensure that individual affordability and disability-related costs can be considered. • The final equality impact will depend on the outcome of individual reassessments and implementation data. Indicative modelling suggests that the DRE change may affect around 3,500 adults receiving care in the

	community; the transport proposal may affect approximately 669 people, and the telecare proposal may affect approximately 1966 current telecare users. • The proposals do not target any protected characteristic; however, because adult social care users include higher proportions of older people, disabled people and people with long-term conditions, the financial impacts may fall more heavily on those groups. • The assessment therefore identifies potential negative impacts but concludes that these can be managed through proportionate safeguards, clear communication, accessible consultation, individual review, monitoring of service uptake and escalation where affordability or risk concerns arise.
Completed By	Jake Finlay
Authorised By	Level Chingalembe
Date of Assessment	05/03/2026 Reviewed in July 2026 following consultation

Section 2: Detail of proposal

Context / Background Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions.	In contrast to health services, adult social care is not provided free at the point of delivery; it is subject to means testing. The Care Act 2014, alongside relevant national guidance, permits local authorities to levy reasonable charges for care, determined by an individual's financial circumstances. The Adult Social Care Contributions Policy explains how the council determines whether someone needs to pay towards the cost of their care, and how much they may be asked to contribute. This policy is reviewed annually to ensure charges reflect the current national and local policy guidance, the Council's budget and cost of the services. The review identified the need to update the Adult Social Care Charging Policy taking into account the significant budget pressures across the directorate and the need to ensure financial sustainability of services. The proposal is

	bringing together three previously separate charging areas, Disability Related Expenditure (DRE), Transport Charging and Telecare Charging, into one coordinated review and policy framework. Overall, the revised charging policy will help to ensure **fairness, sustainability, compliance, and financial viability**, while modernising and integrating previously separate charging arrangements.
Proposals Explain the detail of the proposals, including why this has been decided as the best course of action.	**Disability Related Expenditure (DRE):** Under the proposed policy, the person will be given an indicative DRE allowance of 25% of their disability benefit, which will change in line with any increases in benefits. This would be a reduction from the current 35% allowance. • Disability Related Expenditure (DRE) is the cost a person incurs due to their age or disability. This forms part of the overall financial assessment which determines how much a person can afford to contribute towards their care costs. DRE allowances are applied to non-means-tested benefits, including Personal Independence Payment and Attendance Allowance. They do not apply to the totality of a person's benefits. These benefits are awarded by central government to help cover the additional costs of living with a disability. Their intended use includes supporting payments for care, higher heating costs, laundry costs and similar disability-related expenditure. • The proposed Oxfordshire policy recognises that individuals may have different or unique disability-related costs and will therefore continue to offer individual assessments where the proposed initial 25% allowance is not sufficient. • If a person is not claiming disability benefits, no indicative allowance will be made for DRE. However, the council will support the person to make a claim for these benefits by referring them to the Department of Work and Pensions or Age UK. • If a person feels that their DRE is greater than the indicative allowance, they will be able to request an individual DRE assessment. This will ensure that the actual additional costs associated with their disability are considered. • The council has proposed this approach to align with current practice and modelling, which indicates that an initial 25% allowance is higher than what is offered by other authorities. It is a fairer, simpler, and less intrusive approach.

	• Indicative modelling suggests that the proposed DRE change may affect around 3,500 adults receiving care in the community; the final impact will depend on individual financial reassessments. **Transport Charging:** We propose to introduce a flat charge of £10 per day when Adult Social Care arranges transport. • The proposed £10 flat charge would only apply when transport is arranged by Adult Social Care. • For people who receive DLA or PIP Mobility, we expect these benefits to help cover the cost of transport. If this is not enough, the cost can be considered as part of a financial assessment under Disability Related Expenditure (DRE). If the initial DRE allowance is not enough, we can look at a person's individual situation. In exceptional cases, the charge may be reduced or waived. • The only exception to the above would be for young people who have transport provided by Adult Social Care to attend their school or college placement. Young people who have transport provided by Adult Social Care to attend an educational institution will not be charged. However, if a younger person uses Local Authority transport to attend other activities such as a day service separate from their education provision, then the £10 charge per day would apply. The charge is reviewed annually when the council sets its budget, fees and charges. • Rural residents may have fewer alternatives, so a flat charge may affect access to day services, appointments and social participation. We will therefore seek to ensure that adequate options are available for those residents and where costs of transport cannot be met, it will be included in their support plan. • Indicative modelling suggests that the transport proposal may affect approximately 669 people across all age groups. This includes people with learning disabilities, mental health needs, physical disabilities and those who access community support activities, respite and outreach services. **Telecare Charging:** The telecare service helps people stay safe and independent in their own homes. It uses equipment such as sensors, alarms and pendant alarms, which connect people to a 24-hour monitoring centre and an emergency

	response service. Telecare is not a service that councils are legally required to provide. Because of this, many councils charge for telecare. The current charging arrangements for telecare in Oxfordshire are: • People who receive certain benefits are not charged for telecare, • People who do not receive these benefits either have a financial assessment to work out how much they should pay or choose to pay the full cost. We propose that everyone who uses telecare pays the full cost of the service where it is not meeting an assessed care need. • Currently, this cost is £9.87 per week, but it may change in future. The charge is reviewed annually when the Council sets its budget, fees and charges. • Where telecare is being used to support a discharge from hospital, we propose to offer a free 6-week trial of telecare as part of a reablement package. After this 6-week trial period, the person can decide if they want to continue paying for the service or stop using the service and return the equipment. • For people who already receive other adult social care services, the new telecare cost would be treated as Disability Related Expenditure (DRE). The proposed 25 per cent DRE allowance should cover this cost. If it does not, we will offer an individual assessment. In exceptional cases, the charge may be reduced or removed. • Cancellations will be monitored with Livity Life, the supplier, to ensure that the risk to people is monitored. • Indicative modelling suggests that the proposed telecare changes may affect approximately 1,966 people who currently receive an alert service only and do not receive any other statutory council services. Although the proposed amendments do not target any one group, current data shows that around 45% of people who receive support in the community are aged 18 to 65, while around 55% are aged over 65. We expect more people over the age of 65 to be affected by these changes.

Evidence / Intelligence	The proposals have been informed by analysis of current practice within Oxfordshire County Council, a benchmarking exercise supported by the National Association of Financial Assessment Officers and national guidance set out in the Care Act. The benchmarking exercise carried out showed there is no fixed national rate for DRE allowances – councils can set a standard amount or assess each case individually, so long as they follow the mandatory national minimum for general living allowances. By contrast, the Minimum Income Guarantee (MIG) for people receiving care at home and the Personal Expenses Allowance (PEA) for care home residents are set by the government. This exercise showed that the proposed reduction is still higher than the initial DREs offered by many other local authorities, which provides assurance that people will still have the financial resources to support themselves. **Consultation and engagement activity** A key source of evidence was the public consultation carried out from 11 May to 21 June 2026, and associated engagement activity, which included • Direct communication with approximately 3,500 people identified through DRE and community care modelling, via letters outlining the proposals and inviting feedback, • Engagement with stakeholders and representative organisations, including voluntary sector and advocacy groups, and online forums with residents held on 26/05/2026 and 03/06/2026, • Provision of accessible materials (Easy Read, large print, alternative formats) to support participation Consultation feedback was collected through: • Online and postal survey responses • Stakeholder engagement channels • Information sessions and enquiries The consultation generated 512 responses from individuals receiving services, carers, residents, providers and other stakeholders, providing both quantitative and qualitative evidence regarding the likely impact of the proposed changes. Respondents expressed concerns about increased financial pressure, affordability, social isolation, reduced independence, impacts on wellbeing, and potential risks to personal safety if individuals reduced or ceased

	use of services as a result of increased charges. Many respondents emphasised the importance of protecting vulnerable residents and ensuring that individual circumstances are taken into account when determining contributions. These concerns directly informed the assessment of potential impacts on protected and disadvantaged groups. In particular, the EIA considered the consultation evidence alongside service-user data and equality information to assess potential impacts on disabled people, older people, carers, people on low incomes, rural residents, and individuals who rely on Disability Related Expenditure allowances, telecare services, or council-arranged transport. The consultation findings reinforced the view that these groups may experience disproportionate impacts from increased charges and therefore require particular consideration within the assessment. The consultation evidence also informed the development and strengthening of mitigating actions. In response to concerns raised by respondents, the Council has considered and retained a range of safeguards, including means-tested financial assessments, retention of the Minimum Income Guarantee, continued availability of individual Disability Related Expenditure assessments, hardship and waiver arrangements, review and appeal mechanisms, and targeted support for individuals affected by the proposals. These measures are intended to ensure that the impact on individuals is assessed according to their personal circumstances and ability to pay. The consultation findings have therefore been considered alongside financial, legal and operational evidence in developing the final proposals and recommendations. The feedback received has informed both the identification of equality impacts and the mitigation measures proposed to reduce adverse effects. The EIA reflects the issues raised during consultation and demonstrates how the Council has had due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in accordance with its obligations under the Equality Act 2010. **Internal data and financial modelling** The proposals have been developed based on an analysis of current practice within Oxfordshire County Council. The proposed reduction in the initial Disability Related Expenditure (DRE) allowance from 35% to 25% will have a financial impact on adults who receive disability benefits and are assessed as able to contribute towards the cost of

	their care. This will include people with physical disabilities, learning disabilities, mental health needs, sensory impairments, long-term health conditions and older people with care and support needs. There will be no differential impact for any of these groups based on their protected characteristics. Any adverse impact is mitigated by the fact that the 25% allowance would remain an automatic, evidence-free deduction and would not prevent people from receiving a higher allowance where their individual disability-related costs are greater. The evidence indicates that the proposed 25% allowance remains a proportionate approach. Benchmarking undertaken through the National Association of Financial Assessment Officers reviewed DRE arrangements across 43 local authorities and found that Oxfordshire's current 35% allowance is significantly above typical practice. Some authorities provide fixed initial allowances of around £5 to £20 per week, while others provide no automatic allowance and instead rely on a full individual assessment. On current benefit rates, a 25% Oxfordshire allowance would still provide £28.65 per week for the highest relevant disability benefit rate, £19.18 for the standard or middle rate, and £7.58 for the lower rate. Nearby local authorities, such as Reading Borough Council, offer a DRE allowance of £11.50, which is considerably lower than the proposed change. This suggests that the revised allowance would continue to provide a comparatively favourable level of support while helping to ensure consistency, fairness and financial sustainability. The key mitigation is that the 25% allowance would operate as an initial allowance rather than a maximum entitlement. Existing individual DRE assessments would be retained. Further safeguards include consideration of affordability, involvement of social care staff in complex or high-risk situations, appeal and waiver arrangements, and the ability to reduce or remove contributions in exceptional circumstances. These measures are intended to reduce the risk of financial hardship and ensure that decisions remain person-centred, evidence-based and compliant with the Care Act charging framework. There is no fixed national rate for DRE allowances: councils can set a standard amount or assess each case individually, provided they follow the mandatory national minimum for general living allowances. By contrast, the Minimum Income Guarantee (MIG) for people receiving care at home and the Personal Expenses Allowance (PEA) for care home residents are set by government. In 2026–2027, a single adult of working age must be left with at least £173.40 per week for general living costs under the MIG.

	Current data from the council's financial assessment system was used to provide an estimation of the impact of each proposal. The full impact will not be known until financial reassessments for all those affected are complete, should the policy changes be agreed. **Impact of Disability Related Expenditure Proposal** The change in assessing Disability Related Expenditure would apply to both new and existing users of Adult Social Care services. Indicative modelling suggests that, out of approximately 3,500 people, around 66% may see an increase in their assessed contribution, while around 34%, mainly full-cost and nil-cost clients, may see no change. These figures are planning estimates only; the full impact will not be known until individual financial reassessments are completed. After an assessment is completed, people can appeal the outcome of the financial assessment. The Financial Assessment Team will first check that the assessment is correct and that all allowances have been fairly applied and any additional expenditure and personal circumstances accounted for. If this does not resolve the matter the service has in place a forum to decide whether to agree to a temporary or permanent waiver of the persons contribution should be made. During annual reviews, all Disability Related Expenditure incorporated on the support plan will also be reviewed to ensure that any changes are updated. **Impact of Transport Charging** The charge would apply only to transport arranged by Adult Social Care and would be reviewed annually through the council's budget, fees and charges process. Current operational data indicates that OCC provides 520 internal trips per week for people attending day services, with a further 2,682 trips arranged externally. Indicative modelling suggests that, on average, approximately 669 people use council-arranged transport. Of these, 240 already pay for other services, while 429 do not currently pay for any services. These figures are planning estimates and will be refined through implementation and individual review. All existing transport users will be assessed to ensure that those with an eligible need can continue to access the community. Each person's care and support plan should

	clearly record the need for transport, including why public or community transport cannot meet their needs, and the purpose of the transport provided. **Impact of Telecare Charging** Several local authorities have consulted on telecare charging. Oxfordshire's indicative modelling suggests that the proposed changes may affect approximately 1,966 people who receive an alert service only and no other statutory council services; at least 500 receive additional council services; and around 28 already pay the full cost of care. Therefore, the people most likely to experience a direct financial impact are those receiving an alert service only. These figures are indicative modelling estimates and may change. Experience from other local authorities, including Lancashire, suggests that changes to telecare charging can reduce service uptake. A 50% reduction has been used as a planning benchmark to test potential risk, rather than as a forecast of Oxfordshire cancellations. Actual drop-off in Oxfordshire may be lower because some people already pay for telecare. **Current service usage** - Activity data suggests that most pendant alarm activity is not related to prevention of health decline or emergency response. On average, nearly two thirds of the c.6,500 calls received from pendant alarms each month relate to false alarms, accidental activations, routine testing or system checks. False alarms, including accidental pressing of a pendant, account for around 30% of all calls and are consistently the most common reason for an activation. Emergency calls account for less than 10% of monthly call activity. Of those emergency calls, around half are passed to the 24/7 mobile responder service for triage; where there is a clinical concern, an ambulance response is usually required. This suggests that, at a population level, the pendant alarm service is used more often for reassurance, contact and alerting than for direct emergency response. **Falls** - The service can support some people following a fall, particularly older residents who are uninjured and able to use the pendant. However, currently only a small proportion (13%) of the c.300 calls passed to the mobile

responder service each month result in a responder lifting someone from the floor. As responders are non-clinical, the service is limited to situations where the person does not report an injury. This means the falls-related benefit of telecare is most relevant to a defined group of people, rather than across all telecare users. This will be considered as part of the risk management approach below. Any changes in falls-related incidents will be monitored through the existing Oxfordshire system falls group.

Carers, friends and family

- Telecare can provide reassurance to unpaid carers, family members and friends, particularly where they do not live with the person or cannot always provide support. If someone cancels the telecare service, this may increase anxiety for carers or create an expectation that family or friends provide additional informal support. The level of impact will depend on the person's support network, level of need and pattern of telecare use. The majority of people who use telecare have an identified Next of Kin, and management of those who do not will be considered through the targeted risk review approach below.

Risk management

While the clinical risk and effectiveness of the service at responding to emergency is low, the County Council is developing a risk management plan to support people who may be impacted as a result of this policy change.

- The Council will work with the telecare provider to monitor people who cancel the service as a result of this policy change
- Operational colleagues are developing an approach to review the risks associated with people who cancel the service. This will include working with the telecare provider to identify people who meet key criteria, including whether they regularly use the service, have frequent falls-related calls, or have no named Next of Kin. These people will be reviewed by exception to assess whether further support is needed.
    - These reviews will be resourced as follows:
        - Where telecare forms part of a wider care package, Locality teams will complete the review.
        - Where telecare is the only support provided by OCC, the Assistive Technology team will complete the review.

	- All people cancelling because of cost will receive clear information about alternative provision, including standalone assistive technology, off-the-shelf equipment and local private telecare providers. We will also provide clear information to people on how to reinstate the service if their circumstances change. - Cancellation trends, complaints, safeguarding concerns and re-referrals will be monitored throughout the implementation period.
Alternatives considered / rejected Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option.	**1. Do nothing / retain current charging arrangements** **Consideration:** Maintain the existing contributions approach across Disability Related Expenditure (DRE), transport and telecare, with no changes. **2. Partial changes (single workstream approach)** **Consideration:** Implement changes in only one or two areas (e.g. DRE only), rather than a combined policy across DRE, transport and telecare. **3. Alternative charging levels / models** **Consideration:** Different options were explored through financial modelling, including: • Maintaining a higher DRE allowance (e.g. retaining 35%) • Introducing different transport charging approaches (e.g. variable or cost-recovery models) • Phased or partial charging for telecare All of these options are being explored, alongside feedback from the consultation process.

Section 3: Impact Assessment - Protected Characteristics

Protected Characteristic	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
Age	☐	☐	☒	People over 18 years in receipt of non-residential Adult Social Care services will be impacted by increased contributions, including DRE changes and new charges for transport and telecare.	Individual financial assessments; hardship considerations; access to support; clear communication and reassessment before any changes implemented.	Head of Social Care Finance Payment Management – OCC Head of Joint Commissioning, Age Well – OCC Head of Service for Learning Disability & Provider Services - OCC	Ongoing through consultation, implementation and postimplementation monitoring (2026 onwards), including review of complaints and service uptake.

Disability	☐	☐	☒	People with disabilities will be affected by the reduction in the initial DRE allowance and introduction of charges.	Retention of individual DRE assessments; financial assessments; hardship provisions; targeted engagement with disability groups; accessible consultation materials.	Head of Social Care Finance Payment Management – OCC Head of Service for Learning Disability & Provider Services - OCC	Ongoing, with equality impacts reviewed through consultation feedback and incorporated into final Cabinet decision and postimplementation monitoring.
Gender Reassignment	☒	☐	☐	No specific differential impact identified based on gender reassignment. Impacts relate primarily to service need rather than gender identity	No specific mitigations required beyond general equality monitoring	ASC Finance Teams, OCC	Monitor through standard equality and complaints monitoring.
Marriage & Civil Partnership	☒	☐	☐	No direct impact identified. Charging is based on individual financial assessment rather than marital or partnership status.	Standard application of financial assessment processes.	ASC Finance Teams, OCC	Ongoing monitoring through standard processes.

Pregnancy & Maternity	☐	☐	☒	No specific impact identified. However, pregnant individuals or new parents receiving care services may experience financial pressures if contributions increase	Financial assessments and hardship provisions; case-by-case consideration	ASC Operations / Finance Teams, OCC	Ongoing through individual case management.
Race	☐	☐	☒	No direct impact identified; however, individuals from some ethnic minority groups may be disproportionately represented in lower income groups, meaning increased charges could have greater financial impact.	Accessible consultation materials (including alternative formats); targeted engagement; monitoring of consultation responses by demographic where available	Communications & Engagement Team, Oxfordshire County Council	During consultation and postimplementation equality monitoring.

Sex	☐	☐	☒	No direct policy impact identified; however, women (particularly older women) are more likely to be recipients of Adult Social Care and therefore may be disproportionately affected by increased contributions.	Financial assessments and protections; monitoring of impacts across service user groups.	ASC Finance Teams, OCC	Ongoing monitoring via service data and EQIA review.
Sexual Orientation	☒	☐	☐	No specific differential impact identified based on sexual orientation	General equality monitoring.	ASC Operations / Finance Teams, OCC	Ongoing
Religion or Belief	☒	☐	☐	No direct impact identified. Charging proposals are not linked to religious or belief practices	Ensure consultation materials remain inclusive and accessible to all groups.	Communications & Engagement Team	During consultation and ongoing equality monitoring.

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
Rural communities	☐	☐	☒	Individuals living in rural areas may be more reliant on council-arranged transport to access services due to limited public transport options. The introduction of transport charges may therefore disproportionately affect access to care, services and social participation for rural residents. This aligns with identified risks of reduced transport uptake and associated impacts on wellbeing	Hardship considerations; inclusion of transport costs within financial assessments (via DRE where appropriate); support to identify alternative local provision where available	ASC Operations / Finance Teams, OCC	Ongoing through implementation, with monitoring of service uptake and rural access impacts.
Armed Forces	☒	☐	☐	No specific differential impact identified. The policy applies based on care needs and financial assessment rather than Armed Forces status.	Standard equality monitoring.	ASC Operations / Finance Teams, OCC	Ongoing monitoring through standard processes.

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
Carers	☐	☐	☒	Carers may experience indirect impacts where increased charges affect the affordability of care for the person they support. This may increase reliance on unpaid care and place additional pressure on carers' wellbeing and capacity. Carers are identified as a key stakeholder group in the policy and consultation process	Engagement with carers through consultation; clear communication; access to support; consideration of individual circumstances within financial assessments.	ASC Commissioning / Engagement Team	During consultation and postimplementation monitoring (including feedback from carers and partners).
Areas of deprivation	☐	☐	☒	Individuals living in more deprived areas are more likely to experience financial hardship, meaning increases in care contributions may have a greater relative impact. There is a risk that increased charges could	Means-tested financial assessments; waivers or adjustments in exceptional cases; monitoring of impacts through consultation and ongoing service data	Finance Teams, OCC	Ongoing, with impact reviewed through EQIA updates, consultation feedback and service data analysis

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
				reduce access to services or increase financial stress.			
Refugees, Asylum seekers and Undocumented migrants (i.e. vulnerable migrants)	☒	☐	☐	No direct policy link; this is covered under Non-Recourse to Public Funds guidance.	Provision of advocacy and partner organisations; clear engagement routes; case-by-case assessment	Communications & Engagement / ASC Operations	During consultation and ongoing through service engagement and equality monitoring.
Socio-Economic Duty	☐	☐	☒	The proposals are likely to have an impact on individuals receiving care and support, as increases in contributions represent a reduction on disposable income. This reflects the broader context of financial pressures and affordability within Adult Social Care.	• Means-tested financial assessments to ensure affordability • Retention of individual DRE assessments where costs are higher • Hardship provisions and discretionary adjustments • Consideration of consultation feedback before final decision	Head of Social Care Finance Payment Management – OCC	Ongoing through consultation, Cabinet decision-making and postimplementation financial and equality monitoring.

Section 3: Impact Assessment - Additional Wider Impacts

Additional Wider Impacts	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
Staff	☐	☐	☒	The implementation of the contributions policy changes is expected to increase workload pressures for staff, particularly within financial assessment teams. This includes reassessments, increased enquiries, and managing consultation responses.	Clear communication materials and scripts; support and briefing for frontline staff; phased implementation; use of standardised processes where possible.	ASC Operations / Head of Social Care Finance Payment Management – OCC	Short-term increase during consultation and implementation phase (2026), with ongoing monitoring of workload and demand.
Other Council Services	☐	☐	☒	There may be indirect impacts on other council services, including: • Increased enquiries to customer services and front-door teams	Cross-service briefing; clear communications strategy; centralised handling of consultation queries; coordination with customer services and communications teams.	Head of Social Care Finance Payment Management – OCC /Communications & Customer Services Leads	During consultation and implementation, with monitoring of demand and feedback from internal services.

Additional Wider Impacts	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	Action owner* (*Job Title, Organisation)	Timescale and monitoring arrangements
Providers	☐	☐	☒	Providers (e.g. care providers, transport operators, telecare providers) may experience: • Changes in demand for services where individuals reduce uptake.	Engagement with providers through consultation and stakeholder briefings; clear communication; monitoring of service uptake; phased implementation.	Head of Joint Commissioning – OCC	Ongoing through consultation, implementation and contract monitoring arrangements.
Social Value [1]	☐	☐	☒	The proposals support financial sustainability of Adult Social Care services, helping the council to maintain provision in the longer term. However, there are potential negative social value impacts if: • Individuals reduce use of services that support independence and community participation	Strong focus on safeguards (financial assessments, Waiver policy; maintaining access to care; targeted engagement with affected groups; monitoring of outcomes including service usage and wellbeing impacts	Head of Social Care Finance Payment Management – OCC / SRO	Monitored through implementation and postimplementation evaluation, including service uptake, outcomes and feedback.

[1] If the Public Services (Social Value) Act 2012 applies to this proposal, please summarise here how you have considered how the contract might improve the economic, social, and environmental well-being of the relevant area

Additional Wider Impacts	**No Impact**	**Positive**	**Negative**	**Description of Impact**	**Any actions or mitigation to reduce negative impacts**	**Action owner*** (*Job Title, Organisation)	**Timescale and monitoring arrangements**
				• Increased financial contributions affect wellbeing or access for vulnerable groups There is therefore a balance between long-term sustainability benefits and short-term impacts on individuals and communities.			

Section 4: Review

The EIA will be reviewed after consultation feedback has been analysed, following any Cabinet decision, and again after implementation once sufficient operational data is available to assess actual impacts against the indicative modelling.

Post-implementation monitoring will include complaints, appeals, waiver requests, individual DRE reassessments, telecare cancellations, transport service uptake, financial hardship indicators, safeguarding or risk escalations, and equality impacts by protected characteristic where data is available.

Any material increase in cancellations, appeals, complaints, hardship requests or identified safeguarding concerns will be escalated to the responsible senior officer for review, with consideration given to further mitigation, operational adjustment or additional equality analysis.

Monitoring outcomes will inform future updates to the Adult Social Care Contributions Policy, operational guidance and any subsequent Cabinet or senior management reporting required.

Review Date	**Initial review following Cabinet decision and consultation analysis, with a formal post-implementation review within 6 months of implementation.**
Person Responsible for Review	**Sheldon O'Donaghue**
Authorised By	**Level Chingalembe**