

## EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

### Section A

#### 1. Name of Activity (EQIA Title):

**Service Based Approach to Fee Uplifts for Adult Social Care for 2023/24**

#### 2. Directorate

ASCH

#### 3. Responsible Service/Division

Business Delivery Unit

### Accountability and Responsibility

#### 4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Simon Wiltshire

#### 5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Helen Gillivan / Simon Mitchell

#### 6. Director of Service

Note: This should be the name of your responsible director.

Richard Smith

### The type of Activity you are undertaking

#### 7. What type of activity are you undertaking?

**Service Change** – *operational changes in the way we deliver the service to people.* Answer Yes/No

**Service Redesign** – *restructure, new operating model or changes to ways of working.* Answer Yes/No

**Project/Programme** – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

**Commissioning/Procurement** – *means commissioning activity which requires commercial judgement.* Answer Yes/No

Uplifting current prices for Commissioning contracts as part of the yearly process. Different rates to be applied by

service based on the need in each area of the market.

**Strategy /Policy** – includes review, refresh or creating a new document. Answer Yes/No

**Other** – Please add details of any other activity type here.

**8. Aims and Objectives and Equality Recommendations** – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

In the recent previous years during and since the COVID Pandemic, practice has been to increase provider fees across services at a standard, blanket, percentage rate, in accordance with stipulations in the contracts, either relating to average changes in the CPI (Consumer Price Index) or other review clauses.

Due to the various pressures facing the sector, this year we have departed from flat rate percentage approach in favour of a variable percentage in line with the budget availability and the Adult Social Care Making a Difference Every Day approach. Leads from Commissioning and Finance have scoped the impact of each service, applying the percentage award to fees based on contractual requirements.

The Homecare sector has the greatest current issues with supply and cost control owing to market pressures specific to it. This has led to an increasing reliance on non-contractual spend, with 45% of homecare packages purchased off contract in January 2023 compared to 18% at the beginning of the 2021/22 financial year.

Conversely, failing to increase fees for framework providers sufficiently leads to a reduction in framework capacity and supply, an increasing reliance on non-framework provision, and significantly increased costs. To a lesser extent, there have been similar impacts on the Older Person's residential and nursing care market. It is therefore proposed to apply differing standard percentage rates to different services to ensure markets are managed appropriately. The rates calculated, and the cost implications, are set out in Table 1 below.

*Table 1 – Price Uplift – Budget Impact 2023/2024*

<u>Proposed Allocations to Framework Providers</u>	<u>%</u>	<u>£k</u>
-		
Homecare	10%	2,843.2
Older People Residential	7%	5,040.5
Older People Nursing	7%	2,182.3
Learning Disability, Physical Disability & Mental Health Residential	6%	5,618.8
Supporting Independence & Supported Living	6%	5,061.8
Supported Accommodation	6%	234.4

Total - Direct Allocation to Framework Providers		20,981.0
Provision for Other Price Negotiations		6,342.1
Direct Payments Provision	7%	3,312.0
Total		30,635.1

The impact of the work is seen to be low negative for Age, Disability, Race and Carers, however, KCC's standard practices have been seen to be enough to mitigate the impact as much as possible.

The work is also seen to have positive impacts related to a more secure market and more secure / stable people we support, in line with the Adult Social Care *Making a Difference Every Day* approach.

## Section B – Evidence

*Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.*

**9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No**

Yes

**10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No**

Yes

**11. Is there national evidence/data that you can use? Answer: Yes/No**

No

**12. Have you consulted with Stakeholders?**

Answer: Yes/No

*Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.*

Yes

**13. Who have you involved, consulted and engaged with?**

*Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.*

- Senior Commissioners have been consulted with to ensure their knowledge of each area of the market is included in proposals.
- Finance colleagues have been consulted to ensure proposals are fiscally responsible during a time of limited council funding and the cost of living crisis.
- Commissioning colleagues engage with the market as part of their everyday responsibilities, including groups

such as KIKA and the Trade Association, and this market knowledge gained from these engagement activities has helped shape the approach.

**14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No**

No

**15. Do you have evidence/data that can help you understand the potential impact of your activity?**

Answer: Yes/No

Yes

**Uploading Evidence/Data/related information into the App**

*Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.*

## Section C – Impact

**16. Who may be impacted by the activity? Select all that apply.**

Service users/clients - Answer: Yes/No

Yes

Residents/Communities/Citizens - Answer: Yes/No

No

Staff/Volunteers - Answer: Yes/No

No

**17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No**

Yes

**18. Please give details of Positive Impacts**

Taking an approach to this year's uplifts that should ensure that the limited available funding is applied to the areas of the market that require it, should result in increased stability and support the Adult Social Care *Making a Difference Every Day* approach. This would reduce the number of hand-backs, where suppliers can no longer deliver their services. Reduced hand-backs mean a reduced impact on the people we support, meaning less interruptions of service and consistency. Furthermore, targeting the funds in this way could help combat inflation in fees prices across the market and ensure more value for money.

Applying a proportionally higher 10% increase to Care and Support in the Home (CSiH) would help ensure that individuals are enabled to live as well as possible with any illness or disability they may have within their own home. This should reduce hospital and residential care intake and help provide better outcomes to the people we support.

## Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

**19. Negative Impacts and Mitigating actions for Age**

**a) Are there negative impacts for Age? Answer: Yes/No**

(If yes, please also complete sections b, c, and d).

Yes
<b>b) Details of Negative Impacts for Age</b>
<ul style="list-style-type: none"> <li>- The services affected will include mainly older people, no under 18s, with specific services only being available to older people.</li> <li>- The people affected are more likely to be financially impacted more than the rest of the population due to KCC supporting people that cannot afford services themselves.</li> <li>- For residential care it is principally full cost clients who will be affected by this proposal as clients who pay a contribution towards the cost of their care will have that uplifted in the same way that it always is. It will also affect those who have a third party top for their care. For Non Residential care it will be those who are full cost or whose assessed contribution is greater than the full cost.</li> <li>- This would have a low negative impact upon those people that are affected by the uplift, due to the increase in cost.</li> </ul>
<b>c) Mitigating Actions for Age</b>
<ul style="list-style-type: none"> <li>- Each person has a financial assessment to determine the cost of their care based on their individual circumstances. In addition, there are processes and procedures in place to support people who might be are experiencing financial hardship. People can access this support by contacting their practitioner.</li> </ul>
<b>d) Responsible Officer for Mitigating Actions – Age</b>
Jim Beale
<b>20. Negative Impacts and Mitigating actions for Disability</b>
<b>a) Are there negative impacts for Disability? Answer: Yes/No</b> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
<b>b) Details of Negative Impacts for Disability</b>
<ul style="list-style-type: none"> <li>- People affected have a higher chance of having a disability as they are accessing an ASCH service, therefore, this proposal is more likely to affect disabled people.</li> <li>- The people affected are more likely to be financially impacted more than the rest of the population due to KCC supporting people that cannot afford services themselves.</li> <li>- This would have a low negative impact upon those people that are affected by the uplift, due to the increase in cost. There are fewer people with disabilities paying the full cost of their care than those receiving care owing to age.</li> </ul>
<b>c) Mitigating Actions for Disability</b>
<ul style="list-style-type: none"> <li>- Each person has a financial assessment to determine the cost of their care based on their individual circumstances. In addition, there are processes and procedures in place to support people who might be are experiencing financial hardship. People can access this support by contacting their practitioner.</li> </ul>
<b>d) Responsible Officer for Mitigating Actions – Disability</b>
Jim Beale
<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>a) Are there negative impacts for Sex? Answer: Yes/No</b> <i>(If yes, please also complete sections b, c, and d).</i>
No
<b>b) Details of Negative Impacts for Sex</b>

<b>c) Mitigating Actions for Sex</b>
<b>d) Responsible Officer for Mitigating Actions - Sex</b>
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>a) Are there negative impacts for Gender identity/transgender?</b> <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
<b>b) Details of Negative Impacts for Gender identity/transgender</b>
<b>c) Mitigating actions for Gender identity/transgender</b>
<b>d) Responsible Officer for Mitigating Actions - Gender identity/transgender</b>
<b>23. Negative Impacts and Mitigating actions for Race</b>
<b>a) Are there negative impacts for Race?</b> <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
<b>b) Details of Negative Impacts for Race</b>
<ul style="list-style-type: none"> <li>- Due to 12.86% of all people affected registering as having a non-British race, they could experience a low negative impact of having to deal with the increase in correspondence from the Council if English is not their first language.</li> <li>- This would have a low negative impact upon those people that are affected by the uplift, due to the increase in cost.</li> </ul>
<b>c) Mitigating Actions for Race</b>
<ul style="list-style-type: none"> <li>- Those KCC staff carrying out the correspondence are trained as standard in the appropriate form of communication (e.g. sourcing translations), so this is only registered as a low negative impact.</li> <li>- Each person has a financial assessment to determine the cost of their care based on their individual circumstances. In addition, there are processes and procedures in place to support people who might be experiencing financial hardship. People can access this support by contacting their practitioner.</li> </ul>
<b>d) Responsible Officer for Mitigating Actions – Race</b>

Jim Beale

**24. Negative Impacts and Mitigating actions for Religion and belief**

**a) Are there negative impacts for Religion and Belief?** *Answer: Yes/No*  
*(If yes, please also complete sections b, c, and d).*

No

**b) Details of Negative Impacts for Religion and belief**

**c) Mitigating Actions for Religion and belief**

**d) Responsible Officer for Mitigating Actions - Religion and belief**

**25. Negative Impacts and Mitigating actions for Sexual Orientation**

**a) Are there negative impacts for sexual orientation.** *Answer:*  
*Yes/No (If yes, please also complete sections b, c, and d).*

No

**b) Details of Negative Impacts for Sexual Orientation**

**c) Mitigating Actions for Sexual Orientation**

**d) Responsible Officer for Mitigating Actions - Sexual Orientation**

**26. Negative Impacts and Mitigating actions for Pregnancy and Maternity**

**a) Are there negative impacts for Pregnancy and Maternity?** *Answer: Yes/No*  
*(If yes, please also complete sections b, c, and d).*

No

**b) Details of Negative Impacts for Pregnancy and Maternity**

<b>c) Mitigating Actions for Pregnancy and Maternity</b>
<b>d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity</b>
<b>27. Negative Impacts and Mitigating actions for marriage and civil partnerships</b>
<b>a) Are there negative impacts for Marriage and Civil Partnerships?</b> <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
<b>b) Details of Negative Impacts for Marriage and Civil Partnerships</b>
<b>c) Mitigating Actions for Marriage and Civil Partnerships</b>
<b>d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships</b>
<b>28. Negative Impacts and Mitigating actions for Carer's responsibilities</b>
<b>a) Are there negative impacts for Carer's responsibilities?</b> <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
<b>b) Details of Negative Impacts for Carer's Responsibilities</b>
The change may result in increased charges to individuals so may result in the following:  Person may choose no longer receive care from KCC because of increased charges. This might result in needs being unmet and could have an impact on their safety and as a result, any carer may be required to provide more care, thereby affecting their economic, social and emotional wellbeing.
<b>c) Mitigating Actions for Carer's responsibilities</b>
- Each person has a financial assessment to determine the cost of their care based on their individual circumstances. In addition, there are processes and procedures in place to support people who might be are experiencing financial hardship. People can access this support by contacting their practitioner.
<b>d) Responsible Officer for Mitigating Actions - Carer's Responsibilities</b>
Jim Beale



