

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	Paying for Community Based Commissioned Care During COVID-19		
Directorate	Adult Social Care Directorate		
Service	Commissioning		
Responsible Officer	Kerrie Allward		
Proposal planning start	Emergency plan commenced 23 March 2020 due to COVID-19 Latest review November, 2020	Proposal start date (due or actual date)	Retrospectively 23 March 2020

1	What is the purpose of the proposal?	Yes / No	New / revision
	Interim change to the way community based commissioned care providers are paid during COVID-19 – to pay providers against the value of service users support plan		
	Policy	N	N
	Procedure	Y	Y
	Guidance	Y	Y
	Is this a service to customers/staff/public?	Y	Y
	If yes, is it contracted or commissioned?	Commissioned	
	Other - give details	Interim proposal replacing current contractual payment arrangements	
2	What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change? <p>In line with Government guidance and as part of the Adult Social Care's response to COVID-19, a number of measures were adopted in May 2020, to enable providers of commissioned care services to be paid in a way that supports their cash flow and sustainability. Our recommendation to Cabinet in November is to extend the continuation of the Adult Social Care provider payment option of 'payment by plan' (except where there is no evidence of care having taken place) for domiciliary care services until the 31 March 2021 with an estimated total additional cost of £1,359,324 for 2020/21. This will be funded from the COVID-19 Response and Support Package funding provided by central government.</p> <p>The priority is to ensure as per Government guidance – community based commissioned care providers are supported in terms of cash flow and sustainability during this period. Thus ensuring our vulnerable service users continue to receive care</p>		

	to sustain their independence.																																											
3	Who is the proposal likely to affect?																																											
	People in Walsall	Yes	Detail																																									
	All	Y	All citizens of the borough who have received a statutory community care assessment, where it has been determined they have assess needs requiring services in the community within which they live. All staff who process payments to care providers will be required to change the way and the frequency of payments. Meaning payments will be paid at much greater pace. Systems development staff will be required to temporarily reconfigure social care systems to enable payment processes to temporarily change																																									
	Specific group/s	Y																																										
	Council employees	Y																																										
Other (identify)																																												
4	Please provide service data relating to this proposal on your customer's protected characteristics.																																											
	<ul style="list-style-type: none">The vulnerable Adult Social Care service user group who receive community based services either directly commissioned through Walsall Council or via a Direct Payment by age banding are as follows:<table><tr><td>15</td><td>Day Care</td><td>18 - 65</td></tr><tr><td>407</td><td>Direct Payment</td><td>18 - 65</td></tr><tr><td>84</td><td>Direct Payment</td><td>66 - 75</td></tr><tr><td>228</td><td>Direct Payment</td><td>76 +</td></tr><tr><td>164</td><td>Dom Care – CM (CM electronic monitoring tool care recorded)</td><td>18 - 65</td></tr><tr><td>130</td><td>Dom Care – CM</td><td>66 - 75</td></tr><tr><td>542</td><td>Dom Care – CM</td><td>76 +</td></tr><tr><td>43</td><td>Dom Care - Non CM</td><td>18 - 65</td></tr><tr><td>40</td><td>Dom Care - Non CM</td><td>66 - 75</td></tr><tr><td>131</td><td>Dom Care - Non CM</td><td>76 +</td></tr></table>The vulnerable Adult Social Care service user group who receive community based services either directly commissioned through Walsall Council or via a Direct Payment by gender are as follows:<table><tr><td>9</td><td>Day Care</td><td>Female</td></tr><tr><td>6</td><td>Day Care</td><td>Male</td></tr><tr><td>394</td><td>Direct Payment - Client</td><td>Female</td></tr><tr><td>325</td><td>Direct Payment - Client</td><td>Male</td></tr></table>			15	Day Care	18 - 65	407	Direct Payment	18 - 65	84	Direct Payment	66 - 75	228	Direct Payment	76 +	164	Dom Care – CM (CM electronic monitoring tool care recorded)	18 - 65	130	Dom Care – CM	66 - 75	542	Dom Care – CM	76 +	43	Dom Care - Non CM	18 - 65	40	Dom Care - Non CM	66 - 75	131	Dom Care - Non CM	76 +	9	Day Care	Female	6	Day Care	Male	394	Direct Payment - Client	Female	325	Direct Payment - Client
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540	Dom Care – CM (Care recording tool)	Female
296	Dom Care - CM	Male
132	Dom Care - Non CM	Female
82	Dom Care - Non CM	Male
<ul style="list-style-type: none"> The vulnerable Adult Social Care service user group who receive community based services either directly commissioned through Walsall Council or via a Direct Payment by ethnicity @ May 2020 are as follows: 		
6	Day Care	Asian/Asian British
1	Day Care	Black/Black British
8	Day Care	White
133	Direct Payment	Asian/Asian British
30	Direct Payment	Black/Black British
		Mixed/Multiple ethnic groups
6	Direct Payment	Other Ethnic Groups
5	Direct Payment	White
545	Direct Payment	Asian/Asian British
79	Dom Care – CM (CM electronic care recording tool)	Black/Black British
21	Dom Care – CM	Mixed/Multiple ethnic groups
8	Dom Care – CM	NULL
6	Dom Care – CM	Other Ethnic Groups
5	Dom Care – CM	White
717	Dom Care – CM	Asian/Asian British
12	Dom Care - Non CM	Black/Black British
3	Dom Care - Non CM	No ethnicity recorded
1	Dom Care - Non CM	Other Ethnic Groups
2	Dom Care - Non CM	White
196	Dom Care - Non CM	
5	Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).	

<p>Detailed engagement has taken place with all community based providers of commissioned care and with direct payment support agencies on the proposal to support their cash flow and sustainability during this COVID-19 period and to empower them to work with service users differently during this period to ensure care is delivered proportionality across our whole community based service user cohort.</p> <p>Engagement with our regional authorities continues to ensure the approaches being undertaken by other local authorities in the payment of providers are understood and complement our approach.</p> <p>Engagement also continues with Association of Directors of Adult Social Care to seek a steer and understand guidance being issued nationally</p> <p>Internal staff engagement has taken place for those staff who's work practices will be changed during this period, recognising this is now a dispersed staff cohort working remotely, which brings additional challenges.</p> <p>Engagement and approval sought on approach being proposed and adopted via Gold Command prior to original implementation in May 2020.</p>																
<p>Consultation Activity</p> <table><tr><td>Type of engagement/consultation</td><td>Affected staff engagement - face to face; conference calls 3 weekly conference calls to commissioned care providers Engagement and escalation of proposed approach through bronze to gold command</td><td>Date</td><td>Since 20 March ongoing Since 20 March ongoing Since 23 March ongoing</td></tr><tr><td>Who attended/participated?</td><td colspan="3">Adult Social Care staff; Corporate Finance Payment Team; Community Based Care externally commissioned care providers (circa 65)</td></tr><tr><td>Protected characteristics of participants</td><td colspan="3">The officer participants are representative of the make-up of the council organisation The community based providers also represent the make-up of the local community and include both small scale independent provider and larger regional and more national providers</td></tr><tr><td colspan="4">Feedback<ul style="list-style-type: none">• Provider feedback continues to be overwhelmingly positive in response to the proposed interim change• Staff feedback was one of concern that usual validation processes would be deferred; limited timeline to mobilise all changes including significant system reconfiguration; concern the pace staff would need to work in order to deliver the refreshed payment timetable; this is mitigated by a dedicated resource in</td></tr></table>	Type of engagement/consultation	Affected staff engagement - face to face; conference calls 3 weekly conference calls to commissioned care providers Engagement and escalation of proposed approach through bronze to gold command	Date	Since 20 March ongoing Since 20 March ongoing Since 23 March ongoing	Who attended/participated?	Adult Social Care staff; Corporate Finance Payment Team; Community Based Care externally commissioned care providers (circa 65)			Protected characteristics of participants	The officer participants are representative of the make-up of the council organisation The community based providers also represent the make-up of the local community and include both small scale independent provider and larger regional and more national providers			Feedback <ul style="list-style-type: none">• Provider feedback continues to be overwhelmingly positive in response to the proposed interim change• Staff feedback was one of concern that usual validation processes would be deferred; limited timeline to mobilise all changes including significant system reconfiguration; concern the pace staff would need to work in order to deliver the refreshed payment timetable; this is mitigated by a dedicated resource in			
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6	commissioning to support provider compliance		
	6 Concise overview of all evidence, engagement and consultation		
7	Continued routine engagement takes place each week; with briefings as appropriate and communication material issued to the market as required. The expectation was that providers would communicate directly with service users.		
	Assessment and Care Management staff continue to engage with service users directly through safe and well checks – no concerns have been reported.		
	Full Cabinet report and associated documentation that is linked directly to this EQIA.		
	7 How may the proposal affect each protected characteristic or group? The effect may be positive, negative, neutral or not known. Give reasons and if action is needed.		
	Characteristic	Affect	Reason
			Action needed Yes / No
	Age	The intention of this interim change during COVID-19 was aimed at ensuring that community based service users receive a level of care, even though was unlikely to be at the usual level as per their individual care and support plan.	
	Disability		
	Gender reassignment		
	Marriage and civil partnership	In addition to this during this period to ensure our citizens in receipt of community based care remained safe and well – a care call assurance exercise was initiated by our assessment and care management staff teams – so service user and/or family check in could take place.	
	Pregnancy and maternity		
	Race		
	Religion or belief	It was anticipated that a number of service users and their families may decide to cease care during this COVID-19	
	Sex		

	Sexual orientation	<p>period, making it more important that safe and well calls are conducted.</p> <p>It was also intended that services users who contribute towards the cost of their care, would continue to make payments in line with the community based charging policy – meaning payment was against care received.</p>
	Other (give detail)	
	Further information	
8	Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details.	
	<p>(Delete one) Yes / No</p> <p>This proposal is aligned to community based market supplier relief and as such aligns to wider organisational work package focusing on executing government directive on supplier payment relief. It is clear that individual providers of commissioned care should not profiteer from the current COVID-19 situation; however emergency funding has been passed down from central government to local authorities recognising an anticipated increase in spend by care providers to the value of 10%.</p> <p>Adult Social Care does recognise that our community based commissioned care market is varies in make-up from independent local provision, to regional and national providers of care and this in turn will have an impact on ability to be flexible in delivering care and financially stable. Adult Social Care recognises that payment by support plan will not benefit all provider equally, in part because different levels of scrutiny are internally applied to different sectors of the market. Adult Social Care accept this position of a disproportionate effect across an unequal market and we seek to continue with this approach, endorsed by all providers of care.</p>	
9	Which justifiable action does the evidence, engagement and consultation feedback suggest you take?	
	A	A change required due to urgent needs
	B	Adjustments needed to remove barriers or to better promote equality
	C	Continue despite possible adverse impact
	D	Stop and rethink your proposal

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome

12 May 2020	Consider and accept the EQIA alongside the Cabinet report and associated documentation	To refresh as required		
30 November, 2020	Reviewed to align with Cabinet report of 9 December, 2020	To refresh as required		

Update to EqIA	
Date	Detail
Use this section for updates following the commencement of your proposal.	

Contact us

Community, Equality and Cohesion
Resources and Transformation

Telephone 01922 655797

Textphone 01922 654000

Email equality@walsall.gov.uk

Inside Walsall: http://int.walsall.gov.uk/Service_information/Equality_and_diversity