

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

<b>Proposal name</b>	Update 2 on Supplier Relief Payments to Contracted and Non-contracted Adult Social Care Providers		
<b>Directorate</b>	Adult Social Care Directorate		
<b>Service</b>	Commissioning		
<b>Responsible Officer</b>	Kerrie Allward		
<b>Proposal planning start</b>	Emergency plan commenced 23 March 2020 due to COVID-19	<b>Proposal start date (due or actual date)</b>	ongoing

<b>1</b>	<b>What is the purpose of the proposal?</b>	<b>Yes / No</b>	<b>New / revision</b>
	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	<b>N</b>	<b>N</b>
	Procedure	<b>Y</b>	<b>Y</b>
	Guidance	<b>Y</b>	<b>Y</b>
	Is this a service to customers/staff/public?	<b>Y</b>	<b>Y</b>
	If yes, is it contracted or commissioned?	<b>Commissioned</b>	
	Other - give details	Interim proposal replacing current contractual payment arrangements	
<b>2</b>	<b>What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change?</b>		
	<p>In line with Government guidance and as part of the Adult Social Care's response to COVID-19, a number of measures have been adopted, to enable providers of commissioned care services to be paid in a way that supports their cash flow and sustainability.</p> <p>In May 2020, cabinet approved £200k and a further £500k in August 2020 for additional supplier relief to contracted and non-contracted Adult Social Care providers to support with Covid-19 related additional expenditure.</p> <p>Since the start of the Covid-19 pandemic the Council has received over £1,099,119.22 worth of claims from 52 providers and paid £691,068.95 funded from the approved £700,000 supplier relief, the Infection, Prevention and Control Grant funding and the recovery of unspent direct payments.</p> <p>The £700,000 previously approved additional supplier relief budget has now been exhausted however the pandemic is continuing to have a significant impact on providers</p>		

	<p>and Adult Social Care commissioners do not foresee an end to the additional cost in the near future.</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 to sustain their independence.</p>																																													
<b>3</b>	<b>Who is the proposal likely to affect?</b>																																													
	<b>People in Walsall</b>	<b>Yes</b>																																												
	<b>All</b>	<b>Y</b>																																												
	<b>Specific group/s</b>	<b>Y</b>																																												
	<b>Council employees</b>	<b>Y</b>																																												
	<b>Other (identify)</b>	<p>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.</p> <p>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.</p> <p>Systems development staff will be required to temporarily reconfigure social care systems to enable payment processes to temporarily change</p>																																												
<b>4</b>	<b>Please provide service data relating to this proposal on your customer's protected characteristics.</b>																																													
	<ul style="list-style-type: none"> <li>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 @ May 2020: <table border="0"> <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> <tr> <td>269</td> <td>Supported Living</td> <td>18 - 65</td> </tr> <tr> <td>24</td> <td>Supported Living</td> <td>66 - 75</td> </tr> <tr> <td>7</td> <td>Supported Living</td> <td>76 +</td> </tr> </table> </li> <li>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 @ May 2020: <table border="0"> <tr> <td>9</td> <td>Day Care</td> <td>Female</td> </tr> <tr> <td>6</td> <td>Day Care</td> <td>Male</td> </tr> </table> </li> </ul>		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 +	269	Supported Living	18 - 65	24	Supported Living	66 - 75	7	Supported Living	76 +	9	Day Care	Female	6	Day Care
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7	Supported Living	76 +																																												
9	Day Care	Female																																												
6	Day Care	Male																																												

394	Direct Payment - Client	Female
325	Direct Payment - Client	Male
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
104	Supported Living	Female
196	Supported Living	Male
<ul style="list-style-type: none"> <li>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 are as follows @ May 2020:</li> </ul>		
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	White
79	Dom Care – CM (CM electronic care recording tool)	Asian/Asian British
21	Dom Care – CM	Black/Black British
		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	White
12	Dom Care - Non CM	Asian/Asian British
3	Dom Care - Non CM	Black/Black British
1	Dom Care - Non CM	No ethnicity recorded
2	Dom Care - Non CM	Other Ethnic Groups
196	Dom Care - Non CM	White
33	Supported Living	Asian/Asian British
5	Supported Living	Black/Black British
		Mixed/Multiple ethnic groups
7	Supported Living	Other Ethnic Groups
2	Supported Living	White
253	Supported Living	White
<b>5</b>	<b>Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).</b>	

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.

There is ongoing engagement with our regional authorities to determine the approaches being undertaken by other local authorities in the payment of providers.

Engagement has taken place with Association of Directors of Adult Social Care to seek a steer and understand guidance being issued nationally.

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.

Engagement and approval sought on approach being proposed and adopted via Gold Command.

### Consultation Activity

<b>Type of engagement/consultation</b>	<p>Affected staff engagement - face to face; conference calls</p> <p>weekly conference calls to commissioned care providers including day care and social club providers</p> <p>Engagement and escalation of proposed approach through bronze to gold command</p>	<b>Date</b>	<p>All commenced 20 March, 2020 and continues</p>
<b>Who attended/participated?</b>	<p>Adult Social Care staff; Corporate Finance Payment Team; Community Based Care externally commissioned care providers (circa 200)</p>		
<b>Protected characteristics of participants</b>	<p>The officer participants are representative of the make-up of the council organisation</p> <p>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</p>		
<b>Feedback</b> <ul style="list-style-type: none"> <li>• Provider feedback was overwhelmingly positive in response to the proposed interim change</li> <li>• 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</li> </ul>			

<b>6</b>	<b>Concise overview of all evidence, engagement and consultation</b>			
	<p>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.</p> <p>Full Cabinet report and associated documentation that is linked directly to this EQIA</p>			
<b>7</b>	<b>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</b>			
	<b>Characteristic</b>	<b>Affect</b>	<b>Reason</b>	<b>Action needed Yes</b>
	<b>Age</b>	<p>The intention of this interim change during COVID-19 was aimed at ensuring we meet our market management responsibilities in that providers are supported to remain financial viable and able to resume business as usual when the pandemic is over. Our approach supports providers to ensure community based service users receive a level of 'safe' care, even though was unlikely to be at the usual level as per their individual care and support plan.</p> <p>It is also intended that services users who contribute towards the cost of their care, continue to make payments in line with the community based charging policy – meaning payment was against care received.</p>		
	<b>Disability</b>			
	<b>Gender reassignment</b>			
	<b>Marriage and civil partnership</b>			
	<b>Pregnancy and maternity</b>			
	<b>Race</b>			
	<b>Religion or belief</b>			
	<b>Sex</b>			

	<b>Sexual orientation</b>	
	<b>Other (give detail)</b>	
	<b>Further information</b>	
<b>8</b>	<b>Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details.</b>	(Delete one) <b>Yes</b>
	<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 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 stability. 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>	
<b>9</b>	<b>Which justifiable action does the evidence, engagement and consultation feedback suggest you take?</b>	
	<b>A</b>	<b>A change required due to urgent needs</b>
	<b>B</b>	<b>Adjustments needed to remove barriers or to better promote equality</b>
	<b>C</b>	<b>Continue despite possible adverse impact</b>
	<b>D</b>	<b>Stop and rethink your proposal</b>

**Action and monitoring plan**

Action Date	Action	Responsibility	Outcome Date	Outcome
February 2021	Consider and accept the EQIA alongside the Cabinet report and associated documentation	To refresh as required		

Update to EqIA	
Date	Detail
May 2020	£200k approved by Cabinet to support the provider Additional Expenses process
August 2020	£500k approved by Cabinet to support the provider Additional Expenses process
<p>Since March significant support both financial and other has been offered to the provider market. It is believed that this support continues to contribute to the stability of the market as to date there has been no provider failure</p>	

### Contact us

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