

# Equality Analysis Report – Domiciliary Care Fees (including Direct Payments)

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Details of proposal: (Clearly identify the proposal give details of relevant service provision and the demographics covered by the policy or service)

The proposal relates to the fees payable to Domiciliary Care Providers during the 2022/23 financial year.

The specific detail of the proposal is a 7.25% increase to the Domiciliary Care hourly rate and increases to the sleep-in rates, which would also be applied to Direct Payment rates where the Direct Payment Recipient utilises a Care Quality Commission (CQC) registered Domiciliary Care Agency to deliver their care and support.

The proposal encompasses the implementation of the following fee rates for contracted Domiciliary Care services;

*Table 1 - Proposed Domiciliary Care 2022-23 Fees*

Duration / Service Element	2022/23 Proposed Rates	2021/22 Rate
1 Hour	£17.89	£16.68
45 Minutes	£13.42	£12.51
30 Minutes	£8.95	£8.34
15 Minutes	£4.47	£4.17
Sleep-in (8 Hour Night)	£87.40	£81.97
Waking Night (8 Hour Night)	£143.12	£133.44

The proposal also encompasses the implementation of the following rates for Direct Payment Recipients that utilise an Agency;

*Table 2 - Proposed Direct Payment (Agency) Rates*

<b>Duration / Service Element</b>	<b>2022/23 Proposed Rate</b>	<b>2021/22 Rate</b>
1 Hour (Domiciliary Care & Community Support)	£17.89	£16.68
Sleep-in (10 Hour Night)	£109.25	£102.47
Waking Night (10 Hour Night)	£178.90	£166.80

For those Direct Payment recipients that utilise a Personal Assistant (PA) to deliver their assessed care and support needs, the proposal is to hold the rate paid at the current rate of £13.00 per hour, as it has been assessed that this rate is still sufficient for recipients to employ a Personal Assistant and meet all associated costs with that employment. However, the Direct Payment (Personal Assistant) Sleep-in rate would increase to the following (as this rate is calculated based on the National Living Wage rate plus 15%);

*Table 3 - Proposed Direct Payment (Personal Assistant) Sleep-in Rate*

<b>Duration / Service Element</b>	<b>2021/22 Rate</b>	<b>2020/21 Rate</b>
Sleep-in (10 Hour Night)	£109.25 (£9.50 per hour + 15% x 10 hours)	£100.28

Domiciliary Care Providers provide services for the following client groups:

- Older People
- Mental Health
- Alcohol / Drugs
- Learning Disabilities
- Physical Disabilities
- Terminal Illness

The demographics of Service Users accessing these services are;

**Age Group**

Table 4 - Age Groups of Domiciliary Care and Direct Payment Service Users

	<b>Total</b>	<b>%</b>
<b>Adults</b>	981	30.04%
<b>Age 65-74</b>	472	14.45%
<b>Age 75-84</b>	824	25.23%
<b>Age 85-94</b>	853	26.12%
<b>Age 95+</b>	136	4.16%
<b>Sum:</b>	<b>3266</b>	

### Gender

Table 5 - Gender of Domiciliary Care and Direct Payment Service Users

	<b>Female</b>	<b>%</b>	<b>Male</b>	<b>%</b>
<b>Adults</b>	523	16.01%	458	14.02%
<b>Older People</b>	1465	44.86%	820	25.11%
<b>Sum:</b>	<b>1988</b>		<b>1278</b>	

### Ethnicity

Table 6 - Ethnicity of Domiciliary Care and Direct Payment Service Users

	<b>Adults</b>	<b>%</b>	<b>Older People</b>	<b>%</b>
Any other ethnic group	2	0.05%	10	0.27%
Arab	0	0.00%	2	0.05%
Asian/Asian British - Any other Asian background	2	0.05%	4	0.11%
Asian/Asian British - Bangladeshi	2	0.05%	0	0.00%
Asian/Asian British - Chinese	2	0.05%	6	0.16%
Asian/Asian British - Indian	0	0.00%	2	0.05%
Black/Black British - Any other Black background	19	0.51%	10	0.27%
Black/Black British - Caribbean	4	0.11%	1	0.03%
Information not yet obtained	45	1.20%	129	3.43%
Mixed - Any other mixed background	3	0.08%	1	0.03%
Mixed - White and Asian	8	0.21%	5	0.13%
Mixed - White and Black Caribbean	248	6.60%	188	5.00%
Not Recorded	1	0.03%	5	0.13%
Not Stated	280	7.45%	217	5.78%
Refused	0	0.00%	1	0.03%
White - Any other White background	8	0.21%	42	1.12%
White - British/English/Welsh/Scottish/Northern Irish	630	16.77%	1864	49.61%
White - Irish	5	0.13%	10	0.27%
White - Traveller of Irish Heritage	1	0.03%	0	0.00%
<b>Sum:</b>	<b>1260</b>		<b>2497</b>	

## Primary Support Reason

Table 7 - Primary Support Reason of Domiciliary Care and Direct Payment Service Users

	Female		Female		Male		Male	
	Adults	%	Older People	%	Adults	%	Older People	%
Learning Disability Support	98	2.61%	2	0.05%	102	2.71%	10	0.27%
Mental Health Support	77	2.05%	40	1.06%	94	2.50%	42	1.12%
Missing data	12	0.32%	4	0.11%	6	0.16%	2	0.05%
Physical Support - Access and Mobility Only	95	2.53%	164	4.37%	78	2.08%	78	2.08%
Physical Support - Personal Care Support	219	5.83%	1099	29.25%	167	4.45%	598	15.92%
Sensory Support - Support for Dual Impairment	0	0.00%	2	0.05%	0	0.00%	1	0.03%
Sensory Support - Support for Hearing Impairment	1	0.03%	1	0.03%	0	0.00%	0	0.00%
Sensory Support - Support for Visual Impairment	5	0.13%	7	0.19%	2	0.05%	3	0.08%
Social Support - Substance Misuse Support	7	0.19%	18	0.48%	3	0.08%	15	0.40%
Social Support - Support for Social Isolation / Other	145	3.86%	145	3.86%	139	3.70%	78	2.08%
Support with Memory and Cognition	8	0.21%	121	3.22%	2	0.05%	67	1.78%
Sum:	667		1603		593		894	

## Ramifications of Proposal:

The proposals relate to the fees paid to contracted Domiciliary Care Providers, with the proposals also linking to Direct Payment rates.

The specific proposals relating to contracted Domiciliary Care Providers are that for the 2022/23 period it will introduce the following fees;

Table 8 - Proposed 2022/23 Domiciliary Care Rates

Duration / Service Element	2022/23 Proposed Rates	2021/22 Rate
1 Hour	£17.89	£16.48
45 Minutes	£13.42	£12.36
30 Minutes	£8.95	£8.24

<b>Duration / Service Element</b>	<b>2022/23 Proposed Rates</b>	<i>2021/22 Rate</i>
15 Minutes	£4.47	<i>£4.12</i>
Sleep-in (8 Hour Night)	£87.40	<i>£81.97</i>
Waking Night (8 Hour Night)	£143.12	<i>£131.84</i>

In addition, Direct Payment rates Direct Payment Agency rates are aligned (in terms of how they are calculated) to the contracted Domiciliary Care rates. In order to maintain this, it is therefore proposed that the Direct Payment Agency rates are increased to the following;

*Table 9 - Proposed 2022/23 Direct Payment (Agency) rates*

<b>Duration / Service Element</b>	<b>2022/23 Proposed Rate</b>	<i>2021/22 Rate</i>
1 Hour	£17.89	<i>£16.68</i>
Sleep-in (10 Hour Night)	£109.25	<i>£105.14</i>
Waking Night (10 Hour Night)	£178.90	<i>£166.80</i>

With respect to the Direct Payment Personal Assistant rate, it is proposed that the current rates are held and not increased, apart from an increase to the sleep-in rate to take into account the increase to the National Living Wage, thus resulting in the following increase;

*Table 10 - Proposed 2022/23 Direct Payment (Personal Assistant) Sleep-in Rate*

<b>Duration / Service Element</b>	<b>2021/22 Rate</b>	<i>2020/21 Rate</i>
Sleep-in (10 Hour Night)	£109.25 (£9.50 per hour + 15% x 10 hours)	<i>£102.47</i>

The proposals do not include any changes to how sleep-in rates are calculated, as outlined in the consultation.

There is the possibility that some Provider's may face difficulties adapting their services and could then become unviable which would lead to them withdrawing from the market. This could therefore reduce the availability of services that meet specific Service User needs.

There is also the possibility that Direct Payment recipients who employ a Personal Assistant may not be able to recruit and retain staff to deliver their care and support.

Are there any protected characteristics that will be disproportionately affected in comparison to others?

*The protected characteristics under the Equality Act 2010 are:*

- *Age*
- *Disability*
- *Gender Reassignment*
- *Marriage and Civil Partnership*
- *Race*
- *Religion or Belief*
- *Sex*
- *Sexual Orientation*
- *Pregnancy and Maternity*

If the fee proposals were to be implemented and the above ramifications were to materialise then the following protected characteristics may be affected;

- **Age** - as the majority of current service users are aged over 65
- **Gender** - as the majority of current service users are female

### Consultation:

The consultation period commenced on 28<sup>th</sup> February 2022 and will be until up to 10<sup>th</sup> April 2022. As part of this consultation process the Council wishes to particularly receive and consider your feedback in relation to the following questions;

1. Whether the level of proposed fees set out in the proposals and tables above will cover the cost of delivering Domiciliary Care for the period from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.
2. If you do not agree with the above rates, in particular if you consider that they will not cover the cost of delivering services, please provide budgeted costings, together with evidence of actual expenditure and a breakdown of your hourly rate, in support of your comments.

In addition, a dedicated section of the Sefton Council website was set up to publish information on the consultation. This includes a running commentary of Questions and Answers to ensure that providers were able to ask questions and receive a response which is anonymised and shared with all providers.

The website also has the notes and presentations from consultation meeting held with providers,

together with the initial EIA.

The consultation responses were analysed, together a range of factors such risks raised in relation to additional costs, regional averages and this resulted in the fee increases being increased from those originally proposed at the commencement of the consultation.

### Is there evidence that the Public Sector Equality Duties will be met ?

*The Equality Act 2010 requires that those subject to the Equality Duty must, in the exercise of their functions, have due regard to the need to:*

- 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- 3. Foster good relations between people who share a protected characteristic and those who do not.*

*The Act explains that having due regard for advancing equality involves:*

- Removing or minimising disadvantages suffered by people due to their protected characteristics.*
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.*
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.*

The options proposed do not involve any change to the criteria for Domiciliary Care, as assessed via the Council's eligibility criteria nor do they involve any changes to the capacity of services or how payments for sleep-in services are formulated.

Each Service User will continue to have an individual care plan which is reviewed each year in accordance with the Care Act 2014. In assessing the care needs of Service Users Sefton Council is required to have regard to its public sector equality duty.

With respect to the above;

#### **Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.**

Domiciliary Care services will continue to be provided on the basis of assessed need.

Performance monitoring of contracts regularly takes place and Social Workers and families / advocates give feedback as to the treatment of Service Users. In addition, the Council monitors data on contracts to ensure that there is fair access to all that meet the eligibility criteria.

#### **Advance equality of opportunity between people who share a protected characteristic and those who do not.**

Domiciliary Care packages are based on a person's individual need and offers opportunities for people to live as independently a life as possible and under an enabling approach.

Under current eligibility assessments, Service User's religious and cultural needs are taken into account and where specific needs are identified these are met, thus enabling them to participate in public life.

**Foster good relations between people who share a protected characteristic and those who do not.**

Domiciliary Care services support people with disabilities to continue to live within the community thus making sure that disability is accepted and understood by the wider community.

All Provider's must evidence of how they will treat Service Users with respect and dignity, and deliver services in a way which is free from discrimination, bullying and harassment for Service Users and Domiciliary Care staff.

In addition;

- The Council will continue to work with Provider's to ensure that they provide appropriate services to disabled people on a contract and service specification basis and monitoring of service delivery.
- The Council as commissioning agent will remind service Provider's, when undergoing changes to their services to treat their staff in accordance with Equality and Employment law.
- Service Users are and will continue to be assessed in a qualitative manner in accordance with national guidance and Care Act 2014.
- Under Section 47 of the National Health Service and Community Care Act 1990, individual services provided will be privy to regular review to assess if those services are meeting assessed needs.
- The current service specification contains specific requirements relating to equalities.
- Domiciliary Care is a program designed, costed and targeted to support disabled people.

**What actions will follow if proposal accepted by cabinet & Council ?**

*Include details of any mitigating action and ongoing monitoring to address any of the equality impacts highlighted above*

- Ongoing consultation with Domiciliary Care Providers will include obtaining provider views on the economic impact of the implementation of any decision and this information will in turn be used to ascertain any possible economic impacts on clients or regulatory impacts on individual Providers.
- Central Government have announced reforms which will be introduced from 2022-23 and will impact on Adult Social Care fee rates and fair cost of care exercises. Work will take place on implementation of these reforms for the Domiciliary care sector and further consultation and engagement with Providers will take place
- Future commissioning arrangements will be devised including assessments on;
  - Change in demand for services and strategic objectives
  - Service delivery issues – such as any issues with delivery in specific Sefton geographical areas



- New contractual and payment arrangements – such as block bookings
- Workforce development and support
- Recruitment and retention of staff
- Further implementation of enabling approach and Provider Trusted Assessor role
- Implementing new I.T. systems for better recording of care delivery
- Linkages to other initiatives such as greater use of Technology Enabled Care solutions
- The demand for services will also be monitored, such as changes to the demographic profile of the borough and the demand for more specialist services.
- Risk management work will be conducted which will include analysis of the capacity within the market and the ability of the market to ‘absorb’ individual Providers withdrawing from the Sefton market. This analysis will also be informed by performance information on numbers of Domiciliary Care package commissioned and ability to meet demand and individual needs
- Regular liaison with the Care Quality Commission will also continue and as part of this any issues identified with respect to the financial viability of individual Providers will be monitored. The impacts of any potential financial difficulties identified would be assessed, especially with respect to the impact on the wider Sefton Domiciliary Care market, meeting demand for services and capacity in the market. To this end the capacity of current services will be monitored regularly to assess capacity levels.
- The Care Act 2014 gives responsibilities to CQC for assessing the financial sustainability of certain care providers, it also gives them new powers to request information from those providers and to request a provider who they judge to be in financial difficulty to develop a sustainability plan and arrange an independent business review, to help the care provider remain financially sustainable. The Council will continue to work with CQC if and when they share concerns about care providers operating in Sefton.
- With respect to any potential impacts of the decision on the quality of service provided, regular monitoring will continue to take place. This will include monitoring of factors such as meeting Service User needs, the quality and retention of staff, staff training and overall management of services. Monitoring of Safeguarding referrals and regulatory notifications will also continue.
- Ongoing monitoring of Direct Payment accounts will continue to take place to both ensure that Recipients continue to have sufficient funding to commission services and to also monitor the level of surplus recoveries being made from Direct Payment accounts. As part of this work engagement with Sefton Carers Centre will continue to take place.
- Ongoing work will take place to assess sleep-in services, including rates paid for them.