

## Part A

### Initial Impact Assessment

**Proposal name**

AHSC Fees 2023-24

#### Brief aim(s) of the proposal and the outcome(s) you want to achieve

This EIA provides an overview of potential impacts of the proposed fee uplifts for providers of nursing/residential care, extra care, supported living, home care, respite care and day activities; and the proposed increased rates for personal assistants and to cover direct payment activities.

#### Proposal type

Budget

#### If Budget, is it Entered on Q Tier?

Yes

If yes what is the Q Tier reference

118

#### Year of proposal (s)

21/22

23/23

23/24

24/25

other

#### Decision Type

Coop Exec

**Committee (AHSC Policy Committee)**

Leader

Individual Coop Exec Member

Executive Director/Director

Officer Decisions (Non-Key)

Council (e.g. Budget and Housing Revenue Account)

Regulatory Committees (e.g. Licensing Committee)

**Lead Committee Member**

Councillors Angela Argenzio and George Lindars-Hammond

**Lead Director for Proposal**

Alexis Chappell

**Person filling in this EIA form**

Catherine Buntin

**EIA start date**

06/02/2023

### Equality Lead Officer

- |   |   |
|---|---|
| <input type="checkbox"/> Adele Robinson | <input type="checkbox"/> <b>Ed Sexton</b> <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Bashir Khan    | <input type="checkbox"/> Louise Nunn  |
| <input type="checkbox"/> Beverley Law   | <input type="checkbox"/> Richard Bartlett                                     |

### Lead Equality Objective ([see for detail](#))

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Understanding Communities | <input type="checkbox"/> Workforce Diversity | <input type="checkbox"/> Leading the city in celebrating & promoting inclusion | <input type="checkbox"/> <b>Break the cycle and improve life chances</b> <input checked="" type="checkbox"/> |
|--|--|--|--|

## Portfolio, Service and Team

Is this Cross-Portfolio  Yes  **No**

Portfolio:

Adults Care and Wellbeing

Is the EIA joint with another organisation (eg NHS)?

Yes  **No** Please specify

## Consultation

**Is consultation required (Read the guidance in relation to this area)**

**Yes**  No

**If consultation is not required, please state why**

**Are Staff who may be affected by these proposals aware of them**

Yes  No

**Are Customers who may be affected by these proposals aware of them**

**Yes**  No

**If you have said no to either please say why**

## Initial Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

## Identify Impacts

**Identify which characteristic the proposal has an impact on tick all that apply**

|   |  |
|---|--|
| <input type="checkbox"/> Health <input checked="" type="checkbox"/>     | <input type="checkbox"/> Transgender   |
| <input type="checkbox"/> Age <input checked="" type="checkbox"/>        | <input type="checkbox"/> Carers <input checked="" type="checkbox"/>                        |
| <input type="checkbox"/> Disability <input checked="" type="checkbox"/> | <input type="checkbox"/> Voluntary/Community & Faith Sectors                               |
| <input type="checkbox"/> Pregnancy/Maternity                            | <input type="checkbox"/> Partners <input checked="" type="checkbox"/>                      |
| <input type="checkbox"/> Race <input checked="" type="checkbox"/>       | <input type="checkbox"/> Cohesion  |
| <input type="checkbox"/> Religion/Belief                                | <input type="checkbox"/> Poverty & Financial Inclusion <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Sex <input checked="" type="checkbox"/>        | <input type="checkbox"/> Armed Forces  |
| <input type="checkbox"/> Sexual Orientation                             | <input type="checkbox"/> Other   |

## Cumulative Impact

**Does the Proposal have a cumulative impact**

Yes  No

|   |  |
|---|--|
| <input type="checkbox"/> Year on Year <input checked="" type="checkbox"/> | <input type="checkbox"/> Across a Community of Identity/Interest |
| <input type="checkbox"/> Geographical Area                                | <input type="checkbox"/> Other                                   |

*If yes, details of impact*

Fee rates agreed in 2023-24 provide a baseline for further fee increases in the future.

**Proposal has geographical impact across Sheffield**

Yes  No

*If Yes, details of geographical impact across Sheffield*

**Local Area Committee Area(s) impacted**

All  Specific

*If Specific, name of Local Committee Area(s) impacted*

## Initial Impact Overview

### Based on the information about the proposal what will the overall equality impact?

Fee rate proposals for 2023-24 have been informed by:

- Inflation modelling (applying proportionate increase to staffing costs, to reflect the difference between the wage levels calculated in the fee rate for 22/23 and the new National Living Wage for 23/24 (£10.42), and to non-staffing costs to reflect the Consumer Price Index (as at September's CPI – the month used by DWP for calculating pension contributions)
- Consultation and engagement with providers as part of tendering exercises for Homecare, Supported Living, Enhanced Supported Living, MH Support and Independence,

Setting fees rates is a critical factor in ensuring a sustainable market that enables access to appropriate provision, offers choice and control over the support individuals need to improve and better manage their wellbeing, and contribute to improved experiences and outcomes.

Proposed Fee rates increases in 2023-24 are at least in line with inflation modelling to avoid a situation where fee increases don't keep up with the cost pressures that providers face, as this would be likely to have the following adverse impacts:

- Quality of care – under funding can lead to reduced staff training, lower staffing levels, loss of trained staff to other sectors, and a lack of investment in the care provision.
- Availability and choice of provision – under funding reduces the financial viability of the market increasing the risk of provider exit and reducing the likelihood that new providers will open in the City. This can lead to a reduction in choice and an increased risk of delayed care, unavailable care or – in residential care - increased out of area placements.
- Poorly paid staff – many providers pay national minimum wage or close to it for staff such as carers and support workers. If funding does not at least increase in line with inflationary pressures this situation is unlikely to change and may result in more providers only paying National Minimum wage. This would be of particular concern for people with a learning disability/autism who need continuity of care if there is a significant increase in churn of key workers. In terms of day services, this may have a negative impact on family carers where their son or daughter still lives at home e.g. if it leads to a change in behaviours or means that there is a reduction in services due to low staff levels and as a consequence means that their caring responsibilities increase.
- Private Fee Rates – if council funding does not at least keep up with increased cost pressures, then it is likely that providers will place some of the additional burden onto Private fee payers by increasing their fees.

By proposing fee increases at least in line with inflation, together with commissioning strategies already in train, we seek to address and mitigate cost pressures providers face, the risk of these adverse impacts is reduced, and there are more opportunities for ongoing improvements and development work to improve outcomes for people, with a particular focus on reducing inequalities and disproportionality.

Those who make contributions to their care will see an increase with Council fee rate increases, and this takes place in a context where many people are impacted by the cost of living crisis, and the impact of this falls disproportionately across protected characteristics.

Where provider costs remain higher than the rate paid, costs may be passed on to private fee payers.

Is a Full impact Assessment required at this stage?  Yes  No

If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.

## Initial Impact Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes  No

Date agreed 07/03/2023

Name of EIA lead officer Ed Sexton

Update reviewed and agreed

## Part B

### Full Impact Assessment

#### Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes  No *if Yes, complete section below*

#### Staff

Yes  No

#### Customers

Yes  No

#### Details of impact

Proposed fee increases in 23/24 are based on inflation modelling applied to staffing and non staffing costs, with some additional investment in some markets. These are provided alongside new commissioning and delivery models designed to improve the continuity of care and outcomes for people in Sheffield.

There may, however, be a negative impact on those people who are private fee payers if provider costs that aren't covered by proposed fee levels are passed on to them by providers. This would see their disposable income reducing. This is most likely to impact of people privately paying for homecare or Care Homes. Less is known about private fee payers and any disproportionate impact this may have, though the commissioning strategy for Care Homes will continue to work towards improved provider models to support wider market sustainability and reduce the likelihood of this.

Comprehensive Health Impact Assessment being completed

Yes  Yes

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes  No

**Name of Health  
Lead Officer**

## Age

### Impact on Staff

Yes  No

### Impact on Customers

Yes  No

#### Details of impact

Older people represent the vast majority of people who draw on AHSC. The majority of homecare and care homes are for older people, 84% of adult care home capacity is for over 65s compared to 16% of working age. The care home population is also ageing with 59.2% being over 85 in 2011, compared to 56.5% in 2001. *Changes in the Older Resident Care Home Population between 2001 and 2011 - Office for National Statistics (ons.gov.uk).*

Ensuring that fee rates are sufficient to sustain a quality market, with choice means that people can expect to receive continuity of care, and high quality support.

Those who pay for their care may see an increase in their contributions, and this is more likely to be the case for older people receiving homecare.

There are also implications for the provider workforce, which includes a proportion of older workers. As part of the wider commissioning work, and alongside fee increase in 23-24, we will work with providers to develop plans toward achieving the foundation living wage.

## Disability

### Impact on Staff

Yes  No

### Impact on Customers

Yes  No

#### Details of impact

Many people with disabilities have a need to draw on AHSC services.

Dementia is especially prominent in the care home population. There has been an increase in the number of beds for residents with dementia in recent years, with 61 extra dementia registered beds in the city compared to a loss of 357 beds not registered for dementia in the past 5 years. The increase in acuity when older residents enter care has been a regular topic of concern in fees consultation. This will in part be due to residents staying at home longer and entering care when older.

The commissioning programme for the adults with disabilities framework includes a significant increase for Supported living, and provider-led submissions for activities costs (above the rate set for 1-1 support). This should ensure the ongoing stability of the market, which has been healthy in recent years, with ongoing work in partnership to develop new ways of working to promote independence and improve outcomes for adults with disabilities.

## Pregnancy/Maternity

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

No direct or disproportionate impact is identified at this stage.

## Race

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

People from BAME communities are underrepresented in the cohort of people drawing on formal social care services, with Direct Payments being a preferred option.

The proposed rates of increase for people receiving Direct Payments are in line with inflation modelling, and ongoing DP review and audit supports people with Direct Payments to be able to secure the support they need.

Most care home residents in Sheffield are White British.

Skills for Care estimate that 24% of staff working in Nursing Homes and 11% of staff in Residential Homes in Sheffield are Black African, Black Caribbean or Asian, this increases to 53% of registered nurses. This compares to 19% in Sheffield's population in the 2011 census. (Population and Census (sheffield.gov.uk))

## Religion/Belief

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

No direct or disproportionate impact is identified at this stage.

## Sex

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

The proposals will have a disproportionate impact on women, who form the majority of AHSC customers overall. Similarly, the significant majority of AHSC staff are female. Skills for Care estimate most workers in care homes in Sheffield are female (83% Nursing Homes and 85% Residential Homes).

Older people's care homes residents are mostly female. There was a ratio of 2.8 females to every male in the 2011 Census, however this gap is narrowing as there was 3.3 females to every male in 2001.

## Sexual Orientation

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

No direct or disproportionate impact is identified at this stage.

## Gender Reassignment (Transgender)

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

No direct or disproportionate impact is identified at this stage.

## Carers

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

Embedded in the commitments around which the market shaping approach is based, is that we will recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.

There is a risk to carers if services become unsustainable, particularly Short breaks.

## Voluntary, Community & Faith sectors

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

We know that, especially in the Care Home sector, different organisational structures can have a significant impact on financial health and delivery costs. It is important to have a varied provider market – including not for profit organisations. The fee rates proposed should be sufficient to ensure our markets continue to be sustainable, and wider work to support occupancy / business levels to continue to secure a varied market will continue.



## Partners

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

Health partners and the Voluntary and Community Sector are impacted by the fees rates that the Council sets. Differentials between Health and Council rates may have an adverse impact on the way the market operates. By continuing to work together and seek further integration with our commissioning, we seek to reduce or avoid such adversity.

The fee increases proposed reduce the risk of provider failure.

## Cohesion

### Staff

Yes       No

### Customers

Yes       No

### Details of impact

No direct or disproportionate impact is identified at this stage.

## Poverty & Financial Inclusion

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Please explain the impact

There is some evidence of self-funders subsidising council funded placements within older people's care homes. Self-funders are not evenly distributed throughout the city and are heavily concentrated in wealthier areas. Whilst subsidisation of council funded residents occurs, this is likely to have impacts on care homes or their residents in poorer areas with less self-funding residents.

For example - Lower average fee rates, leading the home to have less money to invest in the home or staffing and reduced financial viability, or private fee rates increasing faster than that of homes in wealthier areas to enable the home to achieve the required level of subsidisation from fewer self-funding residents.

## Armed Forces

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

No direct impact likely

## Action Plan and Supporting Evidence

**What actions will you take, please include an Action Plan including timescales**

1. Market oversight and sustainability monitoring to draw out equalities information and impacts
2. Further analysis on the self funding market and equalities characteristics
3. Review actions from EIAs relating to commissioning strategies and procurement for care provision
4. Monitor impact on workforce changes in provider markets
5. Update Market Analysis with any equalities data

**Supporting Evidence** (Please detail all your evidence used to support the EIA)

**Detail any changes made as a result of the EIA**

**Following mitigation is there still significant risk of impact on a protected characteristic.**  Yes  No

**If yes, the EIA will need corporate escalation? Please explain below**

### Sign Off

**EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?**

Yes  No

Date agreed **09/03/2023**

Name of EIA lead officer **Ed Sexton**

**Review Date**

09/06/2023