

Forward Plan reference number: FP/421/05/22

Report title: Health and Care Act 2022 – Adult Social Care Reforms	
Report to: Cabinet	
Report author: Councillor John Spence, Cabinet Member for Health and Adult Social Care	
Date: 19 July 2022	For: Decision
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County Divisions affected: All Essex	

1. Everyone's Essex

- 1.1. Everyone's Essex sets out our strategic aim to improve the health and wellbeing of adults across Essex and, in doing so, to level-up health outcomes across Essex, support people to live independently, improve the support offer to those who provide unpaid care, improve working between adult social care and other partners and services in local places, and prevent avoidable ill-health through promoting healthier lifestyles.
- 1.2. Around 17,000 people across Essex each year depend on adult social care services to help them with their daily living activities, maintain or improve their quality of life, and keep them safe from harm or neglect. From October 2023, major reforms to adult social care charging will be implemented. These will introduce new national financial eligibility criteria and a new cap on eligible lifetime costs. As a result of the new national eligibility for the financial assessment process under the Care Act 2014, significantly more people will be eligible to receive social care commissioned by Essex County Council and there will be more financial support for individuals towards their care costs.
- 1.3. From April 2023, a new national assurance regime will also be introduced for local authorities in respect of their adult social care duties, with the Care Quality Commission (CQC) undertaking this work.
- 1.4. In addition to these changes the Council is also required to undertake a Fair Cost of Care exercise and produce market sustainability plans across the residential and domiciliary care sector.
- 1.5. This decision sets out the Council's proposals to prepare for two elements of the reforms to be introduced by the Health and Care Act 2022, specifically the charging reforms and the new national assurance regime. It seeks approval for investment to ensure that the Council can implement these changes successfully and for the benefit of Essex residents. This decision will address the one-off funding required for resources up until October 2023 to put in place these new arrangements. However, there will be an ongoing

requirement to increase our structure on a permanent basis to meet the increased requirement on the Council. Resources requiring permanent funding will be included in the Medium Term Resource Strategy (MTRS) at the next opportunity and will be subject to a separate decision.

- 1.6. The reforms to social care charging are complex and this report has attempted to explain them as clearly and simply as possible.
- 1.7. This paper is focused on the resources required to prepare for and implement the social care reforms mandated by the Government, but in doing so it also flags the anticipated significant ongoing financial impact of the reforms in practice, in terms of both loss of income and additional expenditure, as more people are brought within the scope of local authority-funded support.
- 1.8. The outcomes we are seeking to achieve with the funding requested in this decision paper are:
 - a) Improved awareness of the reforms amongst the public, the care market, social care professionals and support services.
 - b) Reformed practice amongst our workforce enabled by an updated policy suite, practice library, case management system, training programme and quality assurance approach.
 - c) Improved technology infrastructure to enable us to meet the statutory requirements within the Act.
 - d) Capacity and capability to implement the reforms.
- 1.9. The new CQC assurance programme could potentially impact any area of adult social care and we need to undertake a significant amount of preparatory work to ensure we are best placed ahead of any inspection. The funding requested will resource the team leading these preparations. It will help ensure we have the capacity to focus more widely on assurance work and how we can further expand learning through practice improvements. These preparations will need to be undertaken whilst continuing to manage the day-to-day business.
- 1.10. The proposals in this paper do not create any additional climate impacts and are therefore consistent with our future net zero climate commitments set out in Everyone's Essex.

2. Recommendations

- 2.1. Agree to the drawdown of £2m from the Adult Transformation Reserve for the purpose of funding resources to support the Council to prepare for the changes arising from the Health and Care Act 2022 in relation to charging reform and the CQC assurance framework related to Adult Social Care as set out in section 6.1.3
- 2.2. Agree to the drawdown of £3.3m from the Council's Transformation Reserve for the purpose of funding resources to support the Council to prepare for the changes arising from the Health and Care Act 2022 in relation to charging reform and the CQC assurance framework.

- 2.3. Note that any further government funding received in relation to implementation of these reforms will be applied to replenish the draw on the Corporate Transformation Reserve.
- 2.4. Note the scale of work required to prepare for, and implement, these reforms and that any ongoing resource requirement will be considered as part of the future MTRS work once the final guidance is fully understood and learning from our implementation is able to inform future need.

3. Background and Proposal

- 3.1. The Health and Care Act 2022 introduces reforms that have a significant impact on adult social care, the care provider market, and on Essex residents who currently are – or in the future will be – in need of adult social care support. This report follows decision FP/399/05/22, which went to Cabinet in June, in relation to the Act's reforms to the NHS and the establishment of integrated care systems.
- 3.2. The Act introduces two main reforms affecting adult social care:
 - a. Implementing changes to adult social care eligibility and the charging regime and introduces a cap on eligible care costs. This is currently scheduled to start in October 2023.
 - b. Introduces a new assurance regime for local authorities in respect of their Care Act 2014 (Part 1) duties. This will be undertaken by the Care Quality Commission (CQC). This is also expected to start from April 2023.

National policy context

- 3.3. Adult social care provides care and support to people over the age of 18 who have problems with undertaking daily living activities. This can include services provided in a person's own home (domiciliary care) or in a designated setting such as a residential care home. Services can be provided both long-term (for people with ongoing and life-limiting conditions) or for a short period of time (helping people to recover and regain their strength and confidence after an adverse life incident).
- 3.4. Local authorities have statutory responsibilities under the Care Act 2014 (and other relevant legislation) to assess and meet eligible need; to promote wellbeing; to help prevent, delay, or reduce the onset of care needs; and to safeguard people from harm or neglect.
- 3.5. Unlike services provided by the NHS, social care is not free at the point of delivery for everyone. Eligibility for most Council-funded support is based on a Care Act needs assessment and on a financial means-test assessment. In Essex, about 17,000 individuals each year currently receive all or part of their care funded by Essex County Council. It is estimated from market data that over half of all purchased care in Essex is purchased by people who arrange

and contract for their own social care and who pay the full cost of that care to the provider without the Council being involved.

- 3.6. There has long been concern nationally that some individuals have to pay the full costs of their care regardless of cost or how long it is required, and they may face losing their home and their assets to fund their care. A review by Sir Andrew Dilnot in 2011 recommended introducing a cap on care costs to protect people from unlimited costs. This was scheduled to be introduced in 2015 but the reform was dropped by the then Government due to the financial cost of the reform.
- 3.7. There has also long been concern from local authorities that the current adult social care system is not sustainable. With an ageing population, and with more people living for longer with complex conditions, local government has been seeking a long-term and sustainable funding approach for adult social care.
- 3.8. In September 2021, the Government announced proposals to introduce a new Health and Care Levy from April 2022 (effectively an increase in National Insurance contributions paid on earned income) to provide additional funding for the NHS and social care and also announced plans to reform adult social care charging and introduce a cap on eligible care costs from October 2023. It is anticipated that the Levy will provide £5.4bn for adult social care over three years to implement major reforms of how adult social care is paid for and to introduce a cap on unlimited care costs for individuals over the course of their lifetime.
- 3.9. The Health and Care Act 2022 takes forward elements of the Government's vision and reform agenda for adult social care, as set out in the white papers *Building Back Better: Our Plan for Health and Social Care (September 2021)* and *People at the Heart of Care: Adult Social Care Reform White Paper (December 2021)*.
- 3.10. The Government's vision for adult social care revolves around three objectives:
 - i. People have choice, control, and support to live independent lives.
 - ii. People can access outstanding quality and tailored care and support.
 - iii. People find adult social care fair and accessible.

Reforms to adult social care charging

- 3.11. The Act makes the following amendments to the Care Act 2014 in respect of adult social care charging. This is set out in the guidance document on care charging reforms that was published for consultation:
 - i. **Introduces new financial means test eligibility criteria**, which will make more people eligible for their care needs to be met by the local authority and will make the financial assessment process, which determines how much an adult contributes to the cost of their care, more generous to the adult:

- a. **Total assets over £100,000 (the current equivalent is £23,250)** – individual will pay full fees ('self-funders'). If by contributing towards care costs the value of a person's remaining assets falls below £100,000, they are likely to be eligible for some financial support. Once the £86,000 cap on eligible care costs is reached, Local Authorities will pay for all eligible personal care costs.
- b. **Total assets between £20,000 and £100,000 (the current equivalent is a much narrower range of £14,250 - £23,250):** subject to a financial assessment, people will contribute no more than 20% of their chargeable assets per year towards their care costs, along with an assessed contribution based on their income.
- c. **Total assets below £20,000 (the current equivalent is £14,250):** subject to a financial assessment, people pay nothing from their assets but may need to make a contribution from their income.

Financial assessments are subject to national rules set out in the Care and Support Guidance (Department of Health and Social Care). Included within the assessment are sources of income, savings and property.

- ii. **Introduces a new £86,000 cap on eligible care costs** for the amount anyone in England will need to spend on their personal care over their lifetime. Once the cap is exceeded, a person will have their care costs funded by the local authority in which they are ordinarily resident. This will be subject to a care assessment, care plan and personal budget. The costs met would be those incurred in providing support to meet needs which meet the eligibility criteria, and which are not being met by a carer.

The cap does **not** cover:

- i. Any care costs accrued before the introduction of the cap (expected to begin in October 2023)
 - ii. Local authority contributions towards care costs
 - iii. Daily living costs such as rent, food and utility bills, which will remain the responsibility of individuals. These will be set at a national, notional amount of £200 per week in 2021/22 prices – or £10,400 per year. This also applies to people in care homes.
 - iv. Any "top-ups" to fees paid (for example, to secure additional services or a larger or better equipped room).
- iii. **Requirement on local authority to operate 'care accounts'** so that money that people have paid and that is eligible to count towards the £86,000 care cost limit can be logged and tracked. The local authority will need to provide statements twice a year to individuals and must inform the individual when costs have exceeded the £86,000 cap. This applies to private funders also, not just people currently receiving Council-funded support. In order to achieve this, the local authority will

be required to carry out an assessment of needs and a care and support plan for everyone receiving social care services, no matter how sourced.

- iv. **A clear right for anyone – including those with assets over £100,000 - to approach the local authority to arrange care for them at the rates that the local authority would pay.** The purpose of this reform is to ‘tackle persistent unfairness in the social care system’ where ‘under the current system, people who fund their own care often pay more than people who are funded through their local authority for equivalent care’ (September 2021 white paper). This will have the greatest impact on those in need of residential care who will be able to ask ECC to arrange the care using ECC contracts. This will have some impact on the economic balance of the care market. Evidence suggests that local authority rates are below rates paid by self-funders and so the cost implications to the market and to the Council could be significant.

- 3.12. The cap is scheduled to come into effect from October 2023. Only costs accrued after this date will be counted towards the cap; any costs incurred before the date of introduction of the cap will not be counted.

Implications

- 3.13. Essex County Council has welcomed the principle of the reforms and supports the aim of the reforms to establish a fairer and more equitable system and to protect individuals from unlimited care costs.
- 3.14. The Council has argued that the reforms need to be adequately funded to ensure they succeed without destabilising Council finances or care providers. This remains our view. National modelling through the County Councils Network (CCN) with Laing Buisson and Newton Europe has indicated that reforms will have a greater financial impact on local authorities than was estimated in the Government’s Impact Assessment over the 10-year period (£29bn - £32bn vs. £19bn). The reforms to adult social care charging are significant and the implications include the following:
- a) More people will be eligible for their needs to be met under the Care Act 2014, and for part or full funding from ECC as a result of the new means-test criteria. The Department of Health and Social Care impact assessment estimates that the proportion of people receiving state-funded support will grow from 50% to 65%. This will reduce income for ECC from fees and charges (currently c£90m a year). The CCN and Newton Europe have undertaken some national modelling to quantify the impact of changing the eligibility thresholds. The Essex specific data from this national modelling would suggest 34%-40% of the care population have assets of between £23,350 and £100,000 and would therefore become eligible for some LA support through these increased thresholds. The national modelling would suggest a financial impact to ECC of £10m for 2023/24 rising to £32m by 2024/25 and increasing significantly year on year (with the impact of the cap not expected until 2026/27). This is not yet built into the Medium-Term Resource Strategy.

- b) The Council's existing fees and charges policies will need to be reviewed and updated as necessary. The Council will undertake any consultation on changes as required.
 - c) Impact to the wider care market due to self-funders accessing local authority rates for residential care. Self-funders often pay more than local authorities because they buy as an individual rather than benefitting from economies of scale. The impact of this will be better understood once the Fair Cost of Care findings are known and will be reported as part of the market sustainability plan.
 - d) ECC will need to undertake many more Care Act needs assessments and more financial assessments as private funders approach the Council to set up their care accounts, to provide them with an independent personal budget. Existing workforce capacity will not be able to meet this demand. Previous analysis within ECC suggests the need for an additional 54 people capable of carrying out assessments. This is not yet built into the Medium-Term Resource Strategy.
 - e) ECC will need to implement upgrades to key financial and case management systems to enable the Council to operate a 'care account' from October 2023. The timescales for this are challenging for local government and the Council has suggested the Government consider a phased introduction to allow councils and the market to prepare.
 - f) There is concern from Essex County Council and from the wider local government sector that the reform is under-funded. The Government has set aside £3.6bn over three years to fund the care charging and fair cost of care reform but analysis by the Health Foundation (October 2021), Laing Buisson (March 2022) and the County Councils Network and Newton Europe (May 2022) has estimated that the cost of the care charging reforms and paying the fair cost of care will be significantly more than currently modelled through the Government's impact assessment. Laing Buisson have estimated a funding shortfall for ECC alone of approximately £34m a year from 2023/24 by moving local authority residential and nursing placements to a fair cost of care. This is not yet built into the Medium-Term Resource Strategy.
- 3.15. These reforms require a considerable amount of work to be undertaken in preparation. Relevant policies and documents need updating; the workforce needs training on the new policies; key systems need upgrading; and the Council needs to ensure that residents, the workforce and care providers understand the new rules. It is estimated that £2.5m of new resource (approx. 36 fte) will be required to support the preparations to October 2023, including financial assessors (16 fte), data and insight capacity, policy resource, project management and additional legal resource. This cost will be spent on internal resources or on backfilling staff redeployed to support this project. The ongoing resources required to support this process after October 2023 have not yet been built into the Medium-Term Resource Strategy.

- 3.16. The Government has asked local authorities to undertake a Fair Cost of Care exercise to help prepare the care market for the reforms and to support local authorities towards paying providers a fair cost of care. The Government has allocated £4m to Essex County Council in 2022/23 to support this work. The Council has commissioned an independent consultant, Laing Buisson, to support the delivery of the Fair Cost of Care exercise with our domiciliary and residential providers across Essex. All stakeholders are working hard to engage with and support our market to obtain the maximum number of returns for robust output. The outcome of our findings is due in September 2022 alongside our Market Sustainability Plan. This work is due to be returned to Central Government on 14 October 2022. A separate decision paper setting out the spend plan for the £4m grant will be taken by the Cabinet Member for Adult Social Care & Health.
- 3.17. This report seeks Cabinet approval for additional resources to support the Council to plan for, and implement, the required reforms. It does not set out, nor ask for, the ongoing resource requirements as a result of these new burdens from October 2023. This will be considered as part of the MTRS once the final guidance is issued, fully understood and learning from our implementation can inform future need.

New statutory assurance regime

- 3.18. The Health and Care Act 2022 also introduces a new statutory assurance regime for local authorities in respect of their Care Act 2014 duties. The implementation date will be set by government in a Statutory Instrument, and this is expected to start in April 2023. This reform will mean that local authority adult social care functions will be regulated by the Care Quality Commission (CQC) in a comparable manner to local authority children's services functions, which are already regulated by OFSTED.
- 3.19. The CQC will rate local authorities and can refer any significant concerns about a local authority to the Secretary of State for Health and Social Care.
- 3.20. The assurance regime will assess how local authorities are meeting their social care duties under part 1 of the Care Act 2014, which includes:
- i. Promoting wellbeing
 - ii. Preventing, reducing, delaying onset of care needs
 - iii. Assessments of care needs
 - iv. Meeting care needs
 - v. Financial charging and personal budgets
 - vi. Safeguarding
 - vii. Provider failure
 - viii. Market oversight
- 3.21. CQC briefings inform us that it is intended that the inspection will initially look across four themes:
- i. Working with people (including assessing needs and supporting people to live healthier lives)

- ii. Providing support (including care provision and continuity and working with partners)
- iii. Ensuring safety (including safe systems and care pathways and safeguarding)
- iv. Leadership and workforce (including learning and improvement and equality and diversity)

3.22. There is a significant overlap between the charging reform and the CQC regulation because one of the areas that will be inspected will be the new financial assessment system created by the reform.

3.23. The CQC will also undertake assessments of the three integrated care systems (ICSs) that cover Essex to look at working between the NHS and local government. This means that the Council might face the prospect of supporting four inspections in a short space of time – three for the respective ICS systems and one in respect of adult social care.

3.24. Adult social care is working to prepare for, and ensure readiness for, the new statutory assurance regime. This is expected to start in April 2023 and new resource requirement of £2.9m (approx 29 fte) has been identified to support preparations and implementation, including additional operational capacity (16 fte), internal inspection team support and business support. The ongoing resources required to support this process have not yet been built into the Medium-Term Resource Strategy. This will be considered as part of the MTRS once the final guidance is fully understood and learning from our implementation is able to inform future need.

4. Links to our Strategic Ambitions

4.1 This report links to the following aims in the Essex Vision

- Enjoy life into old age
- Strengthen communities through participation
- Develop our County sustainably
- Connect us to each other and the world
- Share prosperity with everyone

4.2 Approving the recommendations in this report will have the following impact on the Council's ambition to be net carbon neutral by 2030:

- The decision does not have an adverse effect on the climate

4.3 This report links to the following strategic priorities in the emerging Organisational Strategy 'Everyone's Essex':

- Health wellbeing and independence for all ages

5. Options

5.1. **Option 1 (not recommended): use existing adult social care resources (as confirmed in the Budget for 2022/23) to prepare for these reforms.**

This option would stretch adult social care resources to the limit and could only be achieved by de-prioritising resources from other major initiatives (such as change programmes) which are not a statutory requirement, but which are crucial to improving outcomes for Essex residents and for supporting the Council's Medium-Term Resourcing Strategy. Adult Social Care believes this option is not feasible from a resource perspective and that it would leave the Council at risk of not being able to meet new statutory requirements from October 2023.

5.2. **Option 2 (recommended): invest in additional change resource via drawdowns from the Adults Transformation Reserve and the Councils Transformation Reserve to prepare for and implement the reforms.**

These are significant, statutory changes affecting adult social care and the Council, which requires extensive work to prepare for. There is no option to defer or delay this activity due to the new statutory requirements going live from October 2023. Operational policy and guidance will require revision, social care staff will need training, charging and financial assessment processes must be significantly changed to accommodate the changes to the financial thresholds and the need to run care accounts, brokerage functions need to be established and market management arrangements reviewed to ensure they will support the brokerage requirement. Additionally major operational systems such as Mosaic and A4W will need to be either updated or replaced to support the new requirements being placed on us. We will explore joint procurement and wider collaboration opportunities with other local authorities as part of our work.

6. Issues for Consideration

6.1. Financial implications

- 6.1.1. These reforms will require funding for a wide range of resources from across the Council to deliver the activities required for successful implementation. Where possible, and to achieve value for money, existing resources will be redirected to support the programme, for which no funding is requested. However, where this is not possible (for example where the skillset, experience or capacity required exceeds what is available within the Council), these resources will be sourced externally. The funding request for new resources totals **£5.4m** over two years and is set out in the table below:

	2022/23 £'000	2023/24 £'000	TOTAL Funding request £'000
Charging reform	1,416	1,068	2,484
CQC Inspection	1,225	1,666	2,891
TOTAL request	2,641	2,734	5,375

	2022/23 £'000	2023/24 £'000	TOTAL Funding request £'000
Adult Social Care	1,135	1,457	2,592
Corporate Services/Chief Executive office/People & Transformation	1,506	1,277	2,783
TOTAL request	2,641	2,734	5,375

- 6.1.2. The Government's impact assessment recognised that there would be a cost to implementing these reforms and therefore it is expected that there will be some government funding to support these reforms. The government has announced £15m nationally for 2022/23 to support preparations and ECC's allocation is £99,565. Insight suggests that there might be further funding available for 2022/23 although the allocation basis is unknown. In addition, further implementation funding will be made available for 2023/24 and the Government intends to consult on a proposed approach to distribution for this funding later this year.
- 6.1.3. £2m of funding was set aside in the Adults Transformation Reserve as part of the Quarter 3 finance report (FP/013/03/21) to support the preparation costs expected as a result of the reform and this decision seeks to draw down from this reserve in line with that decision.
- 6.1.4. For the remaining balance of funding required of £3.3m this decision seeks to draw down from the Corporate Transformation Reserve to support the implementation. Any surplus funding would be returned to this reserve should further government funding be forthcoming, as is anticipated.

Funding Summary

Funding Required	2022/23 £'000	2023/24 £'000	TOTAL Funding request £'000
Government Funding	100	-	100
Funding to be requested from Adult Transformation Reserve	1,135	865	2,000
Funding to be requested from Corporate Transformation Reserve	1,406	1,869	3,276
Total	2,641	2,734	5,375

- 6.1.5. The ongoing resource requirement for both charging reform and CQC inspection is not currently built into the MTRS. This will be considered as part of the MTRS once the final guidance is fully understood and learning from our implementation is able to inform future need.
- 6.1.6. These legislative changes will also have an ongoing impact on the MTRS in a number of ways which, without sufficient government funding, will put the financial sustainability of the Council at risk. These reforms will impact finances in the following ways:
- Loss of income as more people are eligible for Council-funded services through the threshold changes or as people reach the cap on costs ~ estimated at £10m for 2023/24 increasing to £32m in 2024/25 and rising significantly year on year (based on CCN/Newton Europe modelling), with the impact of the cap not expected until 2026/27
 - Increased costs paid to providers through the Fair Cost of Care – approximately £31m to £56m for residential care (based on CCN/Laing Buisson modelling) and £7m for domiciliary care.
 - Potential for increased bad debt from self-funders accessing ECC contracts. Value is unquantified at this stage.
 - Risk of legal challenge. Value unquantified at this stage.
 - Inflationary impacts that have not been built into national models. Value unquantified at this stage.
- 6.1.7. These reforms are complex, and the national modelling work undertaken has many variables that underpin it, which may not reflect the Essex-specific position. The assessment of ongoing resource requirements associated with these reforms will be refined as the Council works through the implementation approach and the affordability will be considered as the MTRS is developed.
- 6.1.8. Government funding is expected to be received to support these new burdens, however funding totals and allocation methodologies have not yet been determined. National modelling by CCN/Laing Buisson has suggested that the proposed government funding for the Fair Cost of Care changes is substantially below that which could be required by local authorities.
- 6.1.9. In the medium term there may be opportunities to realise benefits which could be used to offset the ongoing cost implications through service redesign, but this cannot be quantified at this stage.

- 6.1.10 These staff resources are calculated based on fixed term contracts which can historically be difficult to recruit to and there is a risk that agency workers will be required at a higher rate than assumed. New digital solutions may also be needed to deliver these requirements, when thinking about the increase in volume of activity. The financial impact of this is also not yet considered.

7. Legal Implications

- 7.1. The prospective changes to the law are described elsewhere in this report. It is clear that the Council will need to prepare for significant changes in order to successfully implement the legislation.
- 7.2. Work which will be needed is likely to include
- Reviewing policies
 - Considering whether amendments to service contracts are required for residential care and domiciliary care services
 - A review of the Council's practice around compliance with Care Act duties and evidence of processes being put in place to comply with the CQC national standards
 - Changes being made to the Council's current charging system and processes to embed the requirements of the charging reform, including systems relating to collecting information about those currently paying for care privately
 - Training.

8. Equality and Diversity Considerations

- 8.1. The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 8.2. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 8.3. The Equalities Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on

any people with a particular characteristic, and it is anticipated will have positive impacts for those affected by the proposals.

9. List of Appendices

- 9.1. Equalities Comprehensive Impact Assessment

10. List of Background Papers

- 10.1. Laing Buisson impact assessment of section 18(3) FCC
- 10.2. Newton Europe – Essex preparing for reform
- 10.3. Department of Health and Social Care – Adult Social Care charging reform: further details (Policy Paper, March 2022)