

Care Quality Commission: Equality and human rights duties impact analysis (decision making and policies)

Equality Act 2010
Human Rights Act 1998

1.

Identifying Name (name of project, policy, work, or decision)	2018/19 Provider fees consultation
Intended outcomes (include outline of objectives or aims)	Enables CQC to recover fees to meet the costs of its regulatory activity and functions that is not covered through grant in aid from the Department of Health. It is intended a revised scheme of fees will take legal effect from 1 April 2018.
Who will be affected? (People who use services, CQC staff, the wider community)	All registered providers.

2.

<ul style="list-style-type: none"> Does the work affect people who use services, employees or the wider community? (This is not only refers to the number of those affected but also by the significance of the impact on them) 	Possibly, but not quantifiable
<ul style="list-style-type: none"> Is it a major piece of work, significantly affecting how functions are delivered? 	No
<ul style="list-style-type: none"> Will it have a significant effect on how other organisations deliver their functions in terms of equality or human rights? 	No
<ul style="list-style-type: none"> Does it relate to functions that previous engagement has identified as being important to particular protected groups or human rights? 	No
<ul style="list-style-type: none"> Does or could it affect different protected groups differently? 	No
<ul style="list-style-type: none"> Does it relate to an area with known inequalities or breaches of human rights? 	No
<ul style="list-style-type: none"> Does it relate to an area where equality objectives have been set by CQC? 	No
<ul style="list-style-type: none"> Does or could it impact upon personal privacy? For example by: <ul style="list-style-type: none"> Using personal data (information about identifiable individuals) in new or significantly changed ways, or for new purposes. Collecting new identifiers (i.e. information which identifies people, such as name, D.O.B., NHS number, postcode etc). Combining anonymised data sources in such a way as to risk identifying individuals? Disclosure or publication of personal data or identifiers. New or additional information technologies with substantial potential for privacy intrusion (e.g. surveillance, image or video recording of individuals, tracking or monitoring of individual). Observing or monitoring with potential for privacy intrusion (e.g. observing intimate personal care). 	No

If the work does or could impact upon personal privacy, explain how (for example: what additional information is being collected, used or shared?)
If there is no anticipated impact upon personal privacy, skip this box and continue below.

3.

Do the answers above indicate that this work is relevant to equality or human rights?
If yes skip this box and continue below.
If no, document the reasons below and forward this EHRDIA to the EDHR team for sign-off

The fees consultation and its proposals have no direct impact on equality or human rights.

The main proposal sets out the fees charges for 2018/19. Now that we have met the government requirement (that fee-setting bodies are at full chargeable cost recovery) for most sectors, we are reviewing the fees scheme to ensure that fees are charged and distributed fairly, and that the structure of the fees scheme captures current developments within each sector. The sectors most in need of this review are community social care, NHS trusts and NHS GPs. We are making proposals for each of these.

Our proposals will change the fees for individual providers in these sectors. However, apart from the required increase to community social care providers (in their third year of the four year trajectory to full chargeable cost recovery), no sector sees an increase in their total fees. We remain of the view that the fees scheme does not directly affect any of the characteristics protected in the Equality Act (age, disability, gender, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion and belief, and sexual orientation), or privacy.

Where fees increase for providers, this policy has the potential to interfere with the right to possession of under article 1 of protocol 1 because it makes changes to the fees that providers are obligated to pay.

In changing the fee providers are required to pay, there is the potential for the loss of property to result although such a loss would only occur in rare circumstances. However, CQC has concluded that the changes to the fees are necessary, proportionate and justified under the ECHR and HRA. For community social care providers, fee increases are in line with a key government policy for government arms-length bodies to recover the costs of their chargeable regulatory activities from fees from providers rather than from grant in aid. We have undertaken this for all other sectors. Where fees increase for providers because of a change in approach, this is to ensure that larger providers pay a fee appropriate to their size, complexity and ability to pay. CQC is therefore justified in taking steps to make changes to the fees it charges providers to offset its reliance on grant in aid.

Sign off by:

Executive Director of Strategy and Intelligence

Equality, Diversity and Human Rights Manager