

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated October 2023)

HAS 1 – Reducing the cost of care

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services – Care and Support/Service Development
Lead Officer and contact details	TBC
Names and roles of other people involved in carrying out the EIA	Jo Waldmeyer, Head of Market Development Jonathan Prince, Head of Operational Support
How will you pay due regard? For example, working group, individual officer	Working Group (Budget & Scrutiny Group)
When did the due regard process start?	December 2023

Section 1. Please describe briefly what this EIA is about. (for example, are you starting a new service, changing how you do something, stopping doing something?)
This savings proposal has two key strands, each with a number of constituent workstreams/projects.

1. Demand management
 - Reduce the use of 1 to 1 in care homes

- Reviewing the approach to assessment and commissioning of the very highest cost packages of care, including working with NHS to ensure care matches need at affordable rates
- Review high-cost packages and improve use of strengths-based practice to reduce cost and improve outcomes for the person.
- Introduction of a new social care practice reflection conversation and indicative personal budgets, which will help to drive strength based/least restrictive practice, and ensure personal budgets are reflective of needs

2. Market Shaping:

- Reinstate negotiations on fees, using the APL rate as the ceiling
- Procure and implement iESE Care Cubed
- Annual inflationary uplift
- Introduce a Live in Care Framework
- Greater use of asset-based commissioning to reduce reliance on 'formal' social care
- Develop a new commissioning model for specialist care for dementia and for working age adults/people with lifelong disabilities

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (for example, to save money, meet increased demand, do things in a better way.)

The proposals have been developed in response to the financial challenges being faced by the Council and the Independent Sector Care market. The aims are to manage demand for social care, ensure commissioned care and support services offer the best possible value for money, ensure people who are entitled to health funding receive it, and improve outcomes for people with lived experience. Ultimately, this should help to reduce the cost of care.

Section 3. What will change? What will be different for customers and/or staff?

Success will be dependent on improving and embedding the use of asset and strengths-based practice within in social care. This will improve outcomes for people with lived experience.

The focus on high-cost packages will ensure people who are entitled to CHC funding to meet their health needs will receive it – this could have a positive financial impact on those individuals.

People who are receiving care may need to move to alternative services, or see a reduced level of support where it is in their best interest to do so. The person and their family/carers would be involved in the decision-making process, and it is envisaged the reduction in the use of restrictive one to ones or a move to an environment that supports their independence will have a positive impact.

Teams involved in strategic and individual commissioning (e.g.service development, contract management and brokerage) will develop and employ stronger negotiation skills and will have access to better information to support negotiations with care providers and the ICB.

New commissioning approaches for specialist care will improve the availability of value for money care and support and will improve outcomes for people with lived experience, all of whom will have one or more protected characteristics.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

Each constituent project has its own project plan that includes (or will include) stakeholder involvement and consultation. Where appropriate an EIA screening tool has been or will be completed.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

It is anticipated that this work will help reduce existing operational social care budget overspend by 3.5m over three years.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		Y		The demand management activities and new approach to commissioning for specialist care are more likely to impact on people who receive high cost care. This is more likely to be people with profound disabilities/mental ill health and/or advanced dementia The review of high cost packages may result in a change in service to better meet the person's needs. The decision to facilitate a move for someone will only be taken where it is in the persons best interest and will improve outcomes for them.
Disability		Y		People who are eligible for NHS CHC funding may have reduced financial contributions which would have a positive financial impact on those individuals.
Sex		Y		More women than men access social care services. Women are therefore more likely to experience the positive impacts described above.
Race	Y			Neutral impact
Gender reassignment		Y		People in the LGBTQ+ community are less likely to have informal support/carers and more likely to require social care support. They are therefore more likely to benefit from the positive impacts described above.
Sexual orientation		Y		
Religion or belief	Y			N/A
Pregnancy or maternity	Y			N/A
Marriage or civil partnership	Y			N/A

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
...live in a rural area?		Y		Market shaping activities may improve market capacity and sustainability rural areas
...have a low income?		Y		People who meet the eligibility criteria for CHC may have reduced financial contributions
...are carers (unpaid family or friend)?	Y			N/A
..... are from the Armed Forces Community	Y			N/A

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)

North Yorkshire wide	Y
Craven	
Hambleton	
Harrogate	
Richmondshire	
Ryedale	
Scarborough	
Selby	
If you have ticked one or more areas, will specific town(s)/village(s) be particularly impacted? If so, please specify below.	
N/A	

Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (for example, older women or young gay men) **State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

Not applicable.

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
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1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	Y
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.) Anticipated that this project will not impact the service that customers receive outside of existing processes. Behind the scenes changes should help to improve the timeliness of services and look to improve the value for money that NYC are achieving for care as the commissioner.	

Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?) The impact will be routinely reviewed through the project governance established for each workstream, with Equality Screening Tools/EIAs being completed or updated as required. The cumulative impact of demand and market management will be monitored at least annually through Prevention and Service Development Leadership Team and Transformation Board

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.				
Action	Lead	By when	Progress	Monitoring arrangements
Regular review of potential impact to people with protected characteristics	Jo Waldmeyer/Jonathan Prince	Ongoing		Existing project governance; PSDLT; Transformation Board

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

This is an overarching EIA that covers a number of workstreams that have been developed to reduce the cost of care in North Yorkshire. The assessment is that the overall impact on people with protected characteristics will be neutral or positive. While the overarching aim is to reduce the cost of care, we anticipate wider benefits for people receiving care and support service, particularly in terms of improving their independence and wellbeing. There may also be financial benefits for people who are eligible for CHC funding.

Where people's support needs to change, they/their representatives will be involved in decisions regarding new accommodation or provider and any decisions made on their behalf will be taken in their best interest.

Section 14. Sign off section

This full EIA was completed by:

Name: Jo Waldmeyer/Jonathan Prince

Job title: Head of Market Development/Head of HAS Ops

Directorate: Health and Adult Services

Signature:

Completion date:06/01/25

Authorised by relevant Assistant Director (signature):Abi Barron

Date: 07/02/25