

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

(Form updated May 2015)

Proposals for an inflation increase to provider organisations for packages of Community Based Services
2017-2018

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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 – Community Based Services
Lead Officer and contact details	Kathy Clark, Assistant Director, Commissioning.
Names and roles of other people involved in carrying out the EIA	Janine Tranmer, Head of Quality and Monitoring Tony Law, Head of Performance and Intelligence Becky Naisbitt, Quality Assurance and Procurement Officer

<p>How will you pay due regard? e.g. working group, individual officer</p>	<p>The EIA will be undertaken by lead officers with input from other colleagues via discussions with Independent Care Group, Health and Adult Services Leadership Team (HASLT), HAS Equality and Community Engagement Officer and wider engagement with providers.</p> <p>A consultation on the proposal for an inflation increase with providers of care services will be undertaken between 2 August 2016 and 27 September 2016 (a period of 8 weeks).</p>
<p>When did the due regard process start?</p>	<p>February 2017.</p>

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

This EIA seeks to assess the impact of the proposed inflation increase for Community Based Services support packages to cover 2017/18. The proposed increase aims to address known increased costs for providers, including the National Living Wage which from 1 April 2017 rises from £7.20 per hour to £7.50 per hour for over 25s.

Between 2 August 2016 and 27 September 2016 the Council carried out a consultation on fees and inflation payments for the period from 2 April 2016 – 31 March 2020. All comments received were presented to HAS Executive Member on 28 October 2016. After full and careful consideration of the information presented the Executive Member agreed proposals which were ratified at NYCC Executive on 6 December 2016. Correspondence from the Independent Care Group regarding the providers invited to participate in the consultation was also circulated. The following recommendations for Community Based Services were agreed:

- 3.3% increase on current rates, which were in place prior to 2 April 2016.
- For support packages commissioned after 2 April 2016 and where new rates have been set to apply after 2 April 2016, no further increase will be applied.
- Annual inflationary increases for community-based care for 2017-2020 based on the increases to living wage rates and general inflation rates.

For the purposes of this proposed inflation increase and this Equality Impact Assessment, community based services are:

- Day care;
- Supported employment services;
- Supporting people services;
- Other non-regulated services;
- Services purchased under block contract with no specific uplift criteria identified within the contract terms.

For 2017/2018, the Council proposes an inflation increase of 3.21% for both in county and out of county providers. This increase includes day care, sitting services and block contracts (as detailed in the bullet points above) and goes towards covering increased costs to the provider such as the National Living Wage, pension responsibilities and staff training.

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

The North Yorkshire population is, on average, older than the English population and the population is ageing at a quicker pace, with a predicted increase in people aged over 65 from 133,000 in 2013 to 211,000 by 2037, and in people aged over 85 from 17,500 to 47,000. If population trends continue, the population of those living to over 85 years will grow by more than a third, and the number of people aged 75 and over with dementia is forecast to nearly double by 2030 (Director of Public Health Annual Report 2014).

The BME community in North Yorkshire, though small, has doubled between the 2001 and 2011 Census to more than 50,000 across North Yorkshire and York. 25 of the 195 Wards have a BME population that is 10% or higher. In the most diverse ward in the County, the BME population exceeds 35% (Hope, Control and Choice, 2016).

It is estimated that 78,000 adults in North Yorkshire have experienced depression. Approximately 36,000 people in North Yorkshire accessed secondary mental health services in 2013. The risk of social isolation and loneliness is high particularly amongst older people – over a third (37%) of people aged 65 and over in North Yorkshire are living alone. (DPH Annual Report 2014).

The Council purchases Community Based Services by accepting providers onto an Approved Provider List which may remain in place for up to five years. The current Approved Provider List for Non-Regulated Services commenced on 1 March 2017. A number of providers have applied to join the List and the process to approve pending applications is ongoing. New providers may apply to the list at any time during the term. As part of the application to join this List, Providers have the opportunity to set their own fee levels for new business.

The aim of the proposed inflation increase is to ensure:

- the fees paid by the Council will have been agreed having paid due regard to the cost of providing community based services in North Yorkshire, including the impact of the Living Wage, work based pensions etc. to enable a stable provider market;
- there is a positive impact on the stability of employment for care workers in the independent provider sector and support providers to meet their obligations following the implementation of the Living Wage from 1 April 2016 and pension commitments.

The introduction of the Care Act 2014 brought in nationally agreed eligibility criteria for adults with care and support needs meaning that local authorities can no longer decide their own level of eligibility criteria.

Also, within the Care Act, there is a responsibility on local authorities to ensure there is a sufficient and quality market for all people in their locality and to prepare for and respond to provider failure.

Projections for the population in general along with the number of people with Learning Disabilities, Personal Care Physical Disabilities and Mental Health to 2030 are available from PANSI (Projecting Adult Needs Service Information) and POPPI (Projecting Older People Population Information) and are detailed below:

Tables produced on 14/03/17 from www.pansi.org.uk

Limiting long term illness

People aged 65 and over with a limiting long-term illness, by age, projected to 2030

Show next five years

	2014	2015	2020	2025	2030
People aged 65-74 whose day-to-day activities are limited a little	15,524	15,898	16,708	16,625	18,537
People aged 75-84 whose day-to-day activities are limited a little	13,866	14,115	16,234	19,755	20,939
People aged 85 and over whose day-to-day activities are limited a little	4,956	5,117	6,135	7,581	9,403
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	34,346	35,130	39,077	43,961	48,879
People aged 65-74 whose day-to-day activities are limited a lot	8,840	9,053	9,515	9,468	10,556
People aged 75-84 whose day-to-day activities are limited a lot	10,447	10,635	12,231	14,884	15,776
People aged 85 and over whose day-to-day activities are limited a lot	7,336	7,574	9,081	11,222	13,918
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	26,623	27,262	30,826	35,573	40,250

Figures may not sum due to rounding
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Mobility

People aged 65 and over unable to manage at least one mobility activity on their own, by age and gender, projected to 2030. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

Show next five years

Mobility	-	all	people	2014	2015	2020	2025	2030
Show by gender								
People aged 65-69 unable to manage at least one activity on their own				3,685	3,701	3,328	3,625	4,112
People aged 70-74 unable to manage at least one activity on their own				4,140	4,354	5,402	4,898	5,340
People aged 75-79 unable to manage at least one activity on their own				4,377	4,422	5,049	6,318	5,748
People aged 80-84 unable to manage at least one activity on their own				4,525	4,637	5,342	6,188	7,851
People aged 85 and over unable to manage at least one activity on their own				8,290	8,545	10,160	12,485	15,370
Total population aged 65 and over unable to manage at least one activity on their own				25,017	25,659	29,281	33,514	38,421

Figures may not sum due to rounding
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LD - Moderate or severe

People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

[Show ages 18 to 85 and over](#)

[Show next five years](#)

Show percentage change	2014	2015	2020	2025	2030
People aged 65-74 predicted to have a moderate or severe learning disability	263	269	281	281	313
People aged 75-84 predicted to have a moderate or severe learning disability	93	95	109	133	138
People aged 85 and over predicted to have a moderate or severe learning disability	33	34	41	51	63
Total population aged 65 and over predicted to have a moderate or severe learning disability	389	398	431	464	514

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LD - Moderate or severe

People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

[Show ages 18 to 85 and over](#)

[Show next five years](#)

Show percentage change	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a moderate or severe learning disability	274	271	249	243	262
People aged 25-34 predicted to have a moderate or severe learning disability	333	335	344	336	316
People aged 35-44 predicted to have a moderate or severe learning disability	428	417	394	417	431
People aged 45-54 predicted to have a moderate or severe learning disability	485	484	440	380	370
People aged 55-64 predicted to have a moderate or severe learning disability	400	405	450	464	423
Total population aged 18-64 predicted to have a moderate or severe learning disability	1,920	1,912	1,878	1,841	1,802

Figures may not sum due to rounding
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Mental health problem

People aged 18-64 predicted to have a mental health problem, by gender, projected to 2030

[Show next five years](#)

Mental health - all people	2014	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	56,214	56,053	55,040	53,824	52,178
People aged 18-64 predicted to have a borderline personality disorder	1,570	1,566	1,537	1,503	1,457
People aged 18-64 predicted to have an antisocial personality disorder	1,229	1,225	1,204	1,177	1,145
People aged 18-64 predicted to have psychotic disorder	1,396	1,392	1,367	1,337	1,296
People aged 18-64 predicted to have two or more psychiatric disorders	25,165	25,093	24,646	24,099	23,376

Figures may not sum due to rounding
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Population by gender/age

Population aged 18-64 by age and gender, projected to 2030

[Show next five years](#)

Show percentage change	2014	2015	2020	2025	2030
Males aged 18-24	24,600	24,400	22,700	22,000	23,400
Males aged 25-34	32,400	32,800	33,900	33,400	31,600
Males aged 35-44	33,600	32,700	31,100	33,100	34,600
Males aged 45-54	45,300	45,000	40,100	34,200	32,900
Males aged 55-64	39,900	40,400	44,600	45,800	41,500
Total males aged 18-64	175,800	175,300	172,400	168,500	164,000
Females aged 18-24	19,300	18,900	16,800	16,300	17,600
Females aged 25-34	29,700	30,000	30,400	29,300	27,400
Females aged 35-44	35,700	34,800	32,500	34,000	34,500
Females aged 45-54	47,600	47,600	43,600	37,500	35,600
Females aged 55-64	41,500	42,000	46,700	49,200	45,700
Total females aged 18-64	173,800	173,300	170,000	166,300	160,800

Figures may not sum due to rounding
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Population by gender/age

Population aged 65 and over by age and gender, projected to 2030

[Show next five years](#)

Show percentage change	2014	2015	2020	2025	2030
Males aged 65-69	21,200	21,400	19,100	20,900	23,500
Males aged 70-74	15,000	15,700	20,100	18,100	19,800
Males aged 75-79	11,800	12,000	13,900	18,000	16,400
Males aged 80-84	7,900	8,200	9,700	11,500	15,100
Males aged 85-89	4,400	4,500	5,700	7,000	8,600
Males aged 90 and over	2,000	2,100	2,900	4,100	5,700
Total males 65 and over	62,300	63,900	71,400	79,600	89,100
Females aged 65-69	22,100	22,100	20,000	21,700	24,800

Females aged 70-74	16,500	17,400	21,200	19,300	21,000
Females aged 75-79	14,100	14,200	16,100	19,800	18,000
Females aged 80-84	10,700	10,900	12,400	14,200	17,700
Females aged 85-89	7,300	7,500	8,300	9,800	11,400
Females aged 90 and over	4,800	4,900	6,000	7,400	9,400
Total females 65 and over	75,500	77,000	84,000	92,200	102,300

While not every adult with a learning disability, physical disability, mental health issue or older person will require Community Based Services, the data predicts that the number of adults in North Yorkshire living with a moderate or severe learning disability, personal care disability or mental health issue will not change significantly, however, it also predicts that there may be a significant increase in the number older people who will be living with limiting long term illnesses or mobility issues by 2030.

Between the ages of 18-64 the population is fairly evenly split by gender, however, there is a higher number of females over the age of 65 compared to males although the number of both is predicted to increase fairly significantly by 2030.

The Council has a responsibility to ensure there is a sufficient and quality market for all people within the County and to prepare for and respond to provider failure, taking into account any potential increase in demand for services in the future.

The Council has not undertaken a Cost of Care exercise for Community Based Services because the market sets the rates based on the locality being served. Also, a proportion of the market in North Yorkshire is based and actively works within the boundaries of other local authorities. Therefore the Council needs to be mindful that it does not negatively impact on other local authority areas.

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

The Council has to balance its wider duty of obligations to the service user to meet their needs with its duty to the tax payer to ensure financial prudence and allocate budgets proportionately in order to meet the council's statutory duties. This is within the context of the Public Sector Equality Duty.

The Council currently purchases community based services via a number of different methods including block contracts and an Approved Provider List for Non-Regulated Services. The current Approved Provider List commenced on 1 March 2017 and applications to join the list are being received and processed. As part of the application to join this List, Providers have the opportunity to set realistic fee levels for new business. This List may remain in place for a maximum of five years.

People who may need social care support are entitled to a community care assessment. This assessment takes account of their individual needs, including those that are linked to protected characteristics. For those people who then go on to receive a local authority

funded service such as a community based service, their package of support will be based on this assessment. This does not change under this proposal. Some community based services provide prevention based support. These services may be accessed by people without an eligible need and where access to a prevention service could reduce, prevent or delay their need for a longer term support package.

Historically, adult social care has found it hard to recruit carers due to the cost of living in the area and the alternative employment opportunities that are available. Rurality has made it difficult to find independent providers to deliver services which then presents difficulties in preparing some support packages, even with enhanced payments.

In light of the proposed inflation increase, the Council aims to achieve a positive impact on the stability of employment for care workers in the independent provider sector and support providers to meet their obligations following the implementation of the Living Wage from 1 April 2016 and pension commitments. Providers are now in direct competition for entry level posts with services such as tourism and hospitality. This, in turn, should have a positive impact on people receiving care who will benefit from an improvement in staff retention by seeing a consistent staff team providing their service.

There will be a positive effect on self-funders in that the measures to improve quality and transparency of providers will also benefit them.

There will be a positive influence for the general population who do not currently receive a service, in that measures to improve quality and transparency of providers via published inspection reports will also benefit them should they require a service in the future.

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?)

Organisations who have a contract following a procurement exercise are excluded from the consultation as their contract will have agreed expectations in respect of annual uplifts.

The Council will carry out a consultation on the proposal with providers of care services between 2 August 2016 and 27 September 2016 (a period of eight weeks). The Independent Care Group will be involved in discussions about the proposal. The Council will consider responses to the consultation before finalising the proposal.

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

Please explain briefly why this will be the result.

The proposal will increase the costs to Council budgets.

The Council has a number of statutory obligations relating to the provision of social care support. These include taking into account new duties under the Care Act 2014 to facilitate and shape the market for adult care and support, which came into force in April 2015.

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		x		<p>Approximately 7000 people currently receive community based support funded by the Council.</p> <p>People access services through an assessment process which takes account of their abilities and support network in order to identify their support requirements, including those related to protected characteristics. This process will not change as part of this proposal.</p> <p>People may benefit from a more stable and better trained workforce, enabling them to maintain their independence and remain in their own home for as long as possible.</p>
Disability		x		<p>People accessing community based care will do so because of a disability or condition, often linked to ageing.</p> <p>The assessment process takes account of their abilities and support network in order to identify their support requirements, including those related to protected characteristics. This process will not change as part of this proposal.</p> <p>People may benefit from a more stable and better trained workforce, enabling them to maintain their independence and remain in their own home for as long as possible.</p>
Sex (Gender)		x		<p>Typically, a higher number of people accessing adult social care in North Yorkshire are female. This reflects the gender profile of older people in North</p>

			<p>Yorkshire, but means the proposal will impact on more women than men.</p> <p>The assessment process takes account of their abilities and support network in order to identify their support requirements, including those related to protected characteristics. This process will not change as part of this proposal.</p> <p>People may benefit from a more stable and better trained workforce, enabling them to maintain their independence and remain in their own home for as long as possible.</p>
Race		x	<p>According to data currently on the PANSI (Projecting Adult Needs Service Information) website, the ethnicity of the population of North Yorkshire is largely 'White', however, the BME community, though small, has doubled between the 2001 and 2011 Census to more than 50,000.</p> <p>People with particular support requirements associated with their ethnicity or culture will have these identified through their social care assessment and included in their support plan.</p> <p>People may benefit from a more stable and better trained workforce, enabling them to maintain their independence and remain in their own home for as long as possible.</p>
Gender reassignment		x	<p>We do not collect data on Trans service users, however; the assessment and support planning process and Brokerage service, will take account of any specific needs relating to an individual's protected characteristics.</p>
Sexual orientation		x	<p>Research suggests that older LGBT people are more likely to be reliant on social care due to lack of family care and support.</p> <p>The assessment process takes account of People's abilities and support network</p>

				<p>in order to identify their support requirements, including those related to protected characteristics. This process will not change as part of this proposal.</p> <p>People may benefit from a more stable and better trained workforce, enabling them to maintain their independence and remain in their own home for as long as possible.</p>
Religion or belief		x		<p>The majority of people within North Yorkshire consider themselves Church of England/Scotland/Wales or Christian denomination while a small number of people identified themselves as not religious.</p> <p>The assessment process takes account of People's abilities and support network in order to identify their support requirements, including those related to protected characteristics. This may include taking into account support received from their religious community and/or requirements to maintain access to this community. This process will not change as part of this proposal.</p> <p>People may benefit from a more stable and better trained workforce, enabling them to maintain their independence and remain in their own home for as long as possible.</p>
Pregnancy or maternity	x			<p>The Council does not provide services directly to pregnant women or new mothers, however; that doesn't mean these people won't access services. The Council does not believe there will be an adverse impact on anyone who is pregnant or has recently given birth, from the proposal. Any individual needs would be met via the assessment and support planning process.</p>
Marriage or civil partnership	x			<p>The Council does not believe there will be an adverse impact on anyone's marital status, from the setting of the inflation increase. Any individual needs would be met via the assessment and support planning process.</p>

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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?	x			<p>In many cases, a Person's access to services is through a comprehensive assessment process, therefore their location or income levels have no effect in deciding whether a person receives a package of support or not.</p> <p>It is accepted, however; that for those living in more rural areas, the choice of service may currently be more limited.</p> <p>For prevention services, where people may self-refer, or are referred by the Council, rurality may impact on the range of services available but would not impact on their ability to access prevention services in their locality.</p>
...have a low income?	x			<p>All people with eligible needs are entitled to a financial assessment, based on their individual circumstances, to determine the amount they should contribute to services. Therefore, they are not penalised for having a low income as the amount they would contribute to the cost of their care and support would likely be low or nil.</p>

<p>Section 8. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. 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.</p> <p>According to data currently on the PANSI (Projecting Adult Needs Service Information) website, the ethnicity of the population of North Yorkshire is largely 'White'.</p> <p>Care services are available to all people who are classed as eligible following an assessment of need regardless of any protected characteristic; any specific needs relating to protected characteristics will be taken into account via the assessment and support planning process, however; there is some potential for impact on older, White, disabled women in particular due to the profile of people accessing adult social care. This impact should be positive in terms of access to a sustainable and quality service, but there is potential for some adverse impact for some people, in relation to increases</p>
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in charges. This will be mitigated by the application of the council's charging policy and financial assessment.

Section 9. 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
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
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)	<input type="checkbox"/>
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	<input type="checkbox"/>
Explanation of why option has been chosen. (Include any advice given by Legal Services.) Option 1 has been chosen as it is anticipated that there will be no adverse impact on both the provider market and people who receive services. There is potential for a number of people with certain protected characteristics to see an improvement in the form of a more stable care market, staff consistency, better trained staff and more choice around the gender of staff providing care.	

Section 10. 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 Council obtains the views of people via the review process and reassessments. This information is considered alongside information from Safeguarding and the Quality & Monitoring Team. The Quality and Monitoring Team will use a Quality Assurance Framework to monitor the quality and effectiveness of community based services. If the cost of service was having a detrimental effect on the delivery of service this would be identified via these routes.

Also, in monitoring market activity the Council should be able to identify whether the fees it is paying is having a detrimental impact on the market. The Council monitors its market share and identifies the reasons for provider failure. It continues to review closures and the rates paid to those providers together with quality of service to ensure its understanding of any potential negative impact.

Section 11. 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
Renewal of Approved Provider List of Non-regulated Activity	Becky Naisbitt	Ongoing	Current list commenced 1 March 2017 for a maximum period of five years.	Client reviews/reassessments, QAF submissions, QAF Validation Visits
Development of user feedback tools	Kathy Clark/Janine Tranmer	TBC	Initial ideas and options for collection being gathered	Client reviews/assessments, complaints, Quality Assurance processes
Development of commissioning and monitoring of outcomes	Kathy Clark	TBC	Initial ideas and options for collection being gathered	Client reviews/assessments, complaints, Quality Assurance processes
Monitoring quality and effectiveness of services	Janine Tranmer	Ongoing	Further development of quality assurance processes	Baseline Assessments Service User feedback
Monitoring provider failure	Janine Tranmer	Ongoing	Further development of risks in provider market	Provider Risk Profiles

Section 12. 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.

For 2017/2018, the Council proposes an inflation increase of 3.21% for both in county and out of county providers. This increase includes day care, sitting services and block contracts (as detailed in the bullet points above) and goes towards covering increased costs to the provider such as the National Living Wage, pension responsibilities and staff training.

Providers of Community Based services, excluding those on block contracts who initially submitted tenders to deliver services, submit a price based on a person's individual assessed needs which takes into account the actual cost of delivering the service, including any elements relevant to protected characteristics, for example, disability. Therefore, the Council pays due regard to the actual cost of delivering care in accepting the price and seeks to add a level of inflation taking into account the costs given.

The proposals being considered represent an increase in the contribution paid for all fees and therefore represent continued additional investment in the market by the Council.

No adverse impact has been identified as an outcome of this proposal. It is anticipated that there will be a positive impact on both the provider market and people who receive services, by offering fee levels which support good care provision.

Section 13. Sign off section

This full EIA was completed by:

Name:

Job title:

Directorate:

Signature:

Completion date:

Authorised by relevant Assistant Director (signature):

Date: