North Yorkshire County Council

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 Domiciliary Care and Other Regulated Services
2017-2018

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.

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 – Domiciliary Care and Other Regulated Services
Lead Officer and contact details	Kathy Clark, Assistant Director, Commissioning, Health and Adult Services
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

How will you pay due regard? e.g. working group, individual officer	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. 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).
When did the due regard process start?	February 2017

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 Domiciliary Care and Other Regulated 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 Domiciliary Care and Other Regulated Services were agreed:

- Domiciliary care providers for adults and older people in North Yorkshire: flat rate increase of 60p per hour on current rates, for those support packages commissioned before the introduction of the new Provider List and where the provider had not implemented new rates at a level at or above a 60p increase.
- For support packages commissioned after the introduction of the new Provider List, the new agreed rates set through that process will apply.
- Annual inflationary increases for domiciliary care for 2017-2020, taking into account increases in Living Wages and general inflation.
- The increase of 60p per hour will apply from 2 April 2016 with payments backdated as appropriate.

CHC Packages – for packages and placements which have an element of Continuing Healthcare funding the increases detailed above relate to the social care element of the package/placement only.

For 2017/2018, the Council proposes an inflation increase of 64p per hour for both in county and out of county providers. This increase includes framework providers 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 Domiciliary Care and Other Regulated 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 Domiciliary and Other Regulated Services commenced on 1 July 2016. A significant number of providers have been accepted onto the new List although the process to approve pending applications is still 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.

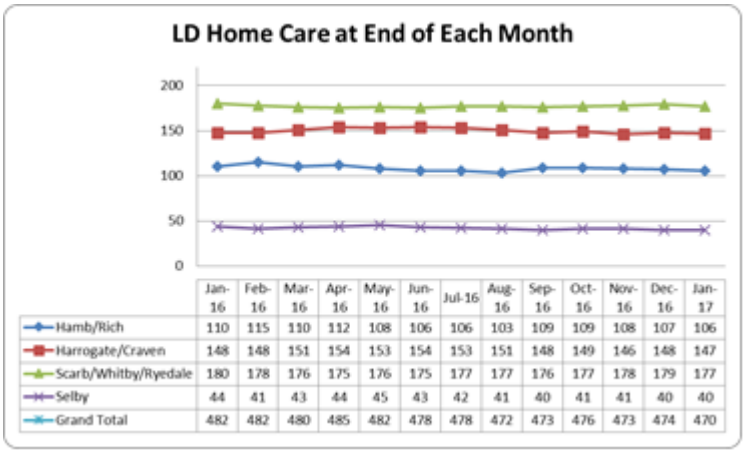
The aim of the proposed inflation increase is to ensure :

- the fees paid by the Council will have been agreed having paid due regard to the cost of providing domiciliary care and other regulated 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.

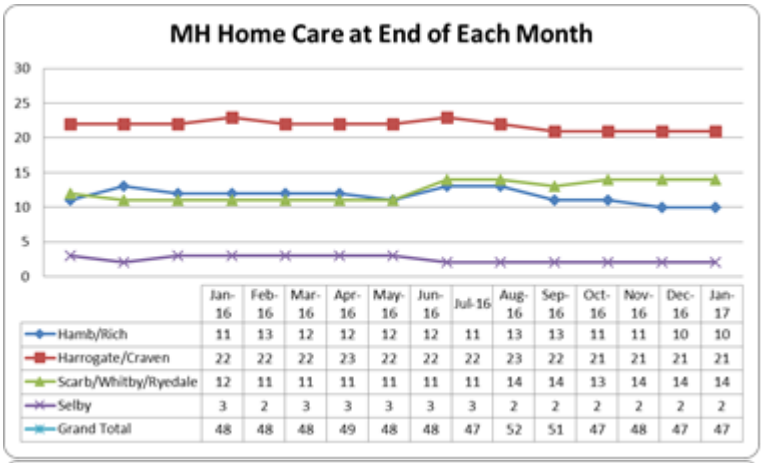
The introduction of the Care Act 2014 brought in nationally agreed eligibility criteria for adults with care and support needs meaning that local authorities can no longer decide their own level of eligibility criteria.

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.

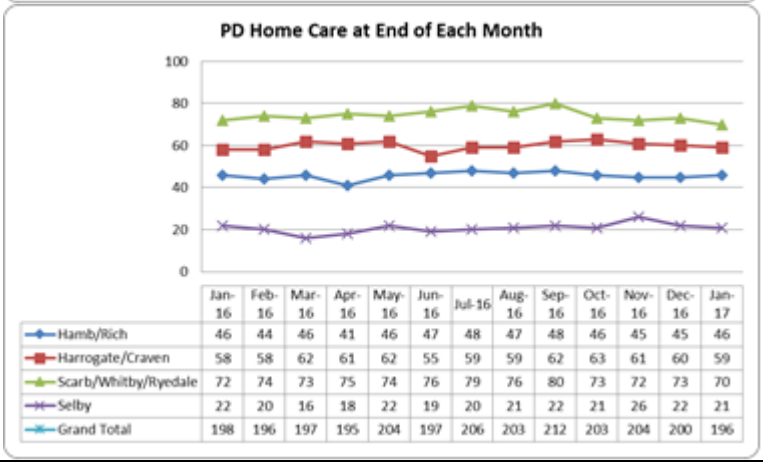
The following tables illustrate a breakdown of the number of people currently receiving Domiciliary Care within North Yorkshire (up to end of January 2017):



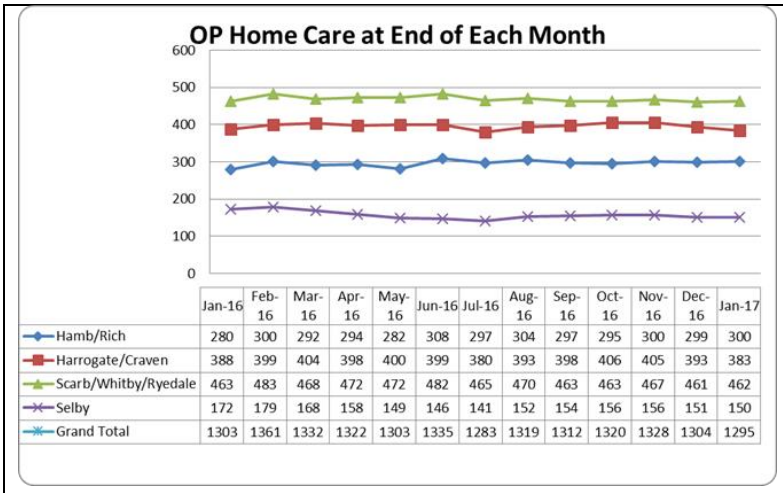
	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Hamb/Rich	110	115	110	112	108	106	106	103	109	109	108	107	106
Harrogate/Craven	148	148	151	154	153	154	153	151	148	149	146	148	147
Scarb/Whitby/Ryedale	180	178	176	175	176	175	177	177	176	177	178	179	177
Selby	44	41	43	44	45	43	42	41	40	41	41	40	40
Grand Total	482	482	480	485	482	478	478	472	473	476	473	474	470



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Hamb/Rich	11	13	12	12	12	12	11	13	13	11	11	10	10
Harrogate/Craven	22	22	22	23	22	22	22	23	22	21	21	21	21
Scarb/Whitby/Ryedale	12	11	11	11	11	11	11	14	14	13	14	14	14
Selby	3	2	3	3	3	3	3	2	2	2	2	2	2
Grand Total	48	48	48	49	48	48	47	52	51	47	48	47	47



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Hamb/Rich	46	44	46	41	46	47	48	47	48	46	45	45	46
Harrogate/Craven	58	58	62	61	62	55	59	59	62	63	61	60	59
Scarb/Whitby/Ryedale	72	74	73	75	74	76	79	76	80	73	72	73	70
Selby	22	20	16	18	22	19	20	21	22	21	26	22	21
Grand Total	198	196	197	195	204	197	206	203	212	203	204	200	196



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Hamb/Rich	280	300	292	294	282	308	297	304	297	295	300	299	300
Harrogate/Craven	388	399	404	398	400	399	380	393	398	406	405	393	383
Scarb/Whitby/Ryedale	463	483	468	472	472	482	465	470	463	463	467	461	462
Selby	172	179	168	158	149	146	141	152	154	156	156	151	150
Grand Total	1303	1361	1332	1322	1303	1335	1283	1319	1312	1320	1328	1304	1295

These tables show that over the last year, numbers of people in receipt of support in North Yorkshire have been fairly consistent, however, 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

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 Show by gender	**2014**	**2015**	**2020**	**2025**	**2030**
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

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**

Figures may not sum due to rounding

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

Personal care

People aged 18-64 predicted to have a moderate or serious personal care disability, by age, projected to 2030

Show next five years

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a moderate personal care disability	263	259	237	230	246
People aged 18-24 predicted to have a serious personal care disability	176	173	158	153	164
People aged 25-34 predicted to have a moderate personal care disability	871	878	902	878	826
People aged 25-34 predicted to have a serious personal care disability	249	251	258	251	236
People aged 35-44 predicted to have a moderate personal care disability	2,013	1,958	1,844	1,946	2,001
People aged 35-44 predicted to have a serious personal care disability	416	405	382	403	414
People aged 45-54 predicted to have a moderate personal care disability	4,547	4,537	4,106	3,513	3,361
People aged 45-54 predicted to have a serious personal care disability	1,021	1,019	922	789	755
People aged 55-64 predicted to have a moderate personal care disability	7,163	7,242	8,026	8,360	7,674
People aged 55-64 predicted to have a serious personal care disability	1,384	1,399	1,550	1,615	1,482
Total population aged 18-64 predicted to have a moderate or serious personal care disability	**18,103**	**18,121**	**18,384**	**18,137**	**17,159**

Figures may not sum due to rounding

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 Show by gender	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

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

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 Domiciliary Care, 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 domiciliary care 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.

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 domiciliary care, their package of support will be based on this assessment. This does not change under this proposal.

Historically, adult social care has found it hard to recruit carers due to the cost of living in the area and the alternative employments 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?)

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 Council has a number of statutory obligations relating to the provision of domiciliary care. These include taking into account new duties under the Care Act 2014 to facilitate and shape the market for adult care and to prepare for and respond to provider failure. The proposal will increase the immediate costs to Council budgets but would be far outweighed should the market fail in the future.

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		1608 people currently receive domiciliary care support funded by the Council, of which 1295 are aged over 65, therefore the proposal will have an impact on more people aged over 65 than under. 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. 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.
Disability		x		People accessing domiciliary care will do so because of a disability or health condition, often linked to ageing, however, of the 1608 people currently receiving support, 313 are adults under the age of 65 whose primary condition is either a learning disability, physical disability or mental health issue. 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. 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.
Sex (Gender)		x		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 Yorkshire, but means the proposal will impact on more women than men. 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. 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. The majority of social care staff also tend to be women but the implementation of the National Living Wage and pension rights may make the market more attractive to male carers giving people in receipt of support a choice between receiving male or female carers.
Race		x		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. 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. 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.
Gender reassignment		x		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.
Sexual orientation		x		Research suggests that older LGBT people are more likely to be reliant on social care due to lack of family care and support. 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 process will not change as part of this proposal. 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.
Religion or belief		x		More than half of people in receipt of domiciliary care services identified themselves as Church of England/Scotland/Wales or Christian while a small number of people identified themselves as not religious. 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.

				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.
Pregnancy or maternity	x			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.
Marriage or civil partnership	x			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.

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			Access to services is through a comprehensive assessment process, therefore the location or income levels of a Person has no effect in deciding whether or not they receive support funded by the Council. It is accepted, however; that for those living in more rural areas, the choice of service may currently be more limited. This proposal does not directly affect the location of services, but may encourage some market development due to the increased fee level.
…have a low income?	x			All People are subject to a financial assessment, based on their individual circumstances.

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.

Rurality – regardless of protected characteristics there are still areas within the county that providers will not go to. This proposal on an inflation increase does not seek to address this issue, but new approaches to delivering care and support will look for innovative options to increase supply and choice.

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 domiciliary care service, but there is potential for some adverse impact for some people, in relation to increases 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.	√
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.)

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 Care Quality Commission (CQC) has a responsibility to regulate these services which are currently required to adhere to the Fundamental Standards. Providers receive an overall rating from CQC which can be:

- Outstanding
- Good
- Requires Improvement
- Inadequate

The Council obtains the views of people via the review process and reassessments. This information is considered alongside information from Safeguarding, CQC and the Quality & Monitoring Team. The Quality and Monitoring Team will undertake Baseline Assessment Visits to monitor the quality and effectiveness of Domiciliary Care and Other Regulated 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 for Domiciliary Care and Other Regulated Services	Becky Naisbitt	Ongoing	Current list commenced 1 March 2017 for a maximum period of five years.	Client reviews/reassessments, Baseline Assessment Visits.
Developing new approaches to care and support	Kathy Clark/Mike Rudd	Sept 17	Project initiation in progress. Summit with providers planned for Autumn	Project milestones and deliverables
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 64p per hour for both in county and out of county providers. This increase includes framework providers and goes towards covering increased costs to the provider such as the National Living Wage, pension responsibilities and staff training.

Any packages commissioned after the introduction of the new Provider List will be at the rates agreed with providers as a result of the application process. Providers have been given the option, within the application documentation, to provide a different rate for each urban and rural area within the county and in acknowledgement of the extreme rurality of some parts of the county, a rate for 'super rural' provision (services delivered outside of a defined rural area). The rates will take 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 continued 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: