



North

Yorkshire County Council

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

(Form updated May 2015)

Wellbeing and Prevention Services Review

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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 – Commissioning
Lead Officer and contact details	Caroline Townsend, NYCC HAS Commissioning Manager Caroline.townsend@northyorks.gov.uk
Names and roles of other people involved in carrying out the EIA	Caroline Townsend- Commissioning Manager, NYCC Health and Adult Services. Stacey Annandale – Commissioning Officer, NYCC Health and Adult Services
How will you pay due regard? e.g. working group, individual officer	Through review project governance, including the review Steering Group.
When did the due regard process start?	15 th May 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?)

North Yorkshire County Council’s Health and Adult Services currently holds a range of community-based prevention services with 11 different local voluntary sector and community organisations, which provide or facilitate access to a range of preventative support. The contracts primarily (but not exclusively) provide support to older people.

Support provided covers the following 3 key themes:

- Information, Advice and signposting
- Addressing social isolation and loneliness
- Maximising people’s independence in their own homes (e.g. support with shopping, cleaning).

The contracts currently deliver a wide range of different types of services including, but not limited to, befriending and home visiting schemes, lunch clubs and low level practical support such as support with shopping.

All of the existing contracts are due to end on the 30th September 2018 and the Council is required to re-procure service provision as continuing to extend these is no longer possible under EU procurement regulations. New services will need to be in place by the 1st October 2018.

In order to develop commissioning proposals a review of current services provided has been undertaken, which has informed the development of a proposed new model for future investment into services.

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 current Wellbeing and Prevention service contracts deliver a key element of the Council's approach to prevention, and help fulfil its responsibilities under the Care Act (2014¹) to prevent, reduce and delay the need for statutory health and adult social care services.

There are significant funding pressures on health and social care, with an estimated national funding gap in adult social care of £4.3 billion by 2020².

In order to address these challenges to health and social care there is a need to transform the way health and social care services are delivered, and invest in prevention, wellbeing and supporting people's independence³

The majority of the current wellbeing and prevention contracts have been in place for a number of years, with some services having been established in the mid-1990s and starting off as grant arrangements. There has not been a strategic review of commissioning approach to this provision across the County before and provision has instead developed organically over time. Consequently there is not an equitable distribution of the types of services or investment for these services across the County. Currently approximately 48% of the investment into these contracts is used for delivery of support in the Harrogate District Council area

¹ Care Act (2014) <http://www.legislation.gov.uk/ukpga/2014/23/contents>

² Local Government Association (2014). State of the nation: adult social care. (Online). Accessed 9th February 2017. Available from http://www.local.gov.uk/documents/10180/7632544/1+24+ASCF+state+of+the+nation+2016_WEB.pdf/e5943f2d-4dbd-41a8-b73e-da0c7209ec12

³ Think Local Act Personal (2016). Engaging and empowering communities: our shared commitment and call to action. (Online). Accessed 9th February 2017. Available from: http://www.thinklocalactpersonal.org.uk/_assets/Resources/BCC/EngagingAndEmpoweringfinal.pdf

The largest contract is held by provided by REACT (Reaching Everybody Age Concerns Together, a collaboration of local North Yorkshire Age UK's) for County-wide delivery of preventative support to older people. All of the other contracts are delivered on a locality rather than County-wide footprint, and are held with Community Care Associations and other community support organisations.

In order to understand the need within the North Yorkshire population and develop an equitable approach to delivery, a commissioning review has been conducted. The overall aim of this review is to develop future commissioning plans which will meet the needs of the North Yorkshire population and support strategic objectives.

The review has included a review of current services provided, and engagement and consultation with current and potential service providers, NYCC staff and other stakeholders.

Following engagement with stakeholders North Yorkshire County Council's Health and Adult Services has further developed and consulted on proposals for best use of the available investment in community-based support, to help adults in North Yorkshire stay well and independent in their local communities.

The consultation feedback is now being reviewed to inform finalising the future commissioning model and development of service specifications and tender documentation. The tender for future contracts will then commence in March 2018.

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

Community-based Wellbeing and Prevention Services are seen as forming part of the Council's overall investment into 'targeted' prevention, which aims to support to people who may be at risk to help them avoid developing problems and needing long-term support from statutory social care services. The proposed future model has been designed to be better integrated with Care and Support delivery and the work of Stronger Communities, Living Well and Public Health services and programmes. It will build upon the approach of utilising community assets as part of early intervention and prevention, which has already been developed by Stronger Communities and Living Well.

It is proposed that future investment will be provided to organisations based in local communities, with local knowledge and experience in delivering community-based prevention services. They will work in partnership with NYCC Stronger Communities and Living Well teams developing an understanding of community-based prevention services and assets in local communities. This will enable providers to direct the funding towards gaps in local need.

Future investment will be continue to be focused around the following 3 core functions which reflect current provision and are in line with the available evidence base on community-based prevention.

- Information advice and signposting
- Social inclusion/social activities
- Low level practical support

Future investment into support will continue to have a focus on older people, given the need to prioritise support to those at risk and North Yorkshire population demographics, but with some flexibility in provision of support to working age population and other at risk groups.

Future support provided will be prioritised to those most at risk of requiring ongoing social care services and should reflect the local agenda to prevent, reduce and delay the need for statutory social care services. Service provision will be required to reflect the local population and demographics of North Yorkshire, which includes a growing ageing population and associated increase in people living longer with long-term conditions. However eligibility for support will not be restricted based on age or condition.

Because the contracting model will be different and because any procurement exercise means that the current providers may change it is likely that the funding will move to some or all new organisations. This may impact on the individuals who currently utilise the current services, but the overall impact on the population will not be impacted. Currently funded organisations have been directed towards appropriate sources of support, and plans have been developed to ensure appropriate support is available for organisations throughout the review process.

Because of the inequity in allocation of funding contributions across the County, a rationale for future investment across the County based on population need has been developed.

As part of the Council's savings programme an annual investment reduction in these services of £50,000 is proposed. Although this reduction in overall investment may impact on the amount of available support that can be provided through contracts, it is unlikely to adversely impact on any particular groups. Service monitoring information indicates that current support provided represents good value for money.

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?)

Engagement and consultation on proposals for future investment into support has taken place with current and potential providers, local older people’s forums and other stakeholders.

A copy of the engagement summary report is available from: <http://nypartnerships.org.uk/wellbeingpreventionreview>

The future investment proposals were further developed based on engagement feedback and then consulted on between December 2017 and January 2018. Two consultation events were held on the 8th and 9th January in Northallerton and Harrogate to explore the consultation proposals with stakeholders. In addition people were able to respond to the consultation by completing a survey online or in paper format, or by emailing Health and Adult Services.

All of the consultation feedback is now being reviewed, and will be used to finalise the future commissioning model and tender documentation for the procurement due to be launched in March 2018.

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

Reduced costs- it is anticipated that there will be an annual investment reduction in these services of £50,000.

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>Current services predominantly support older people. Based on contracts data from 2015-2016 89% of those accessing services were aged 65 and over, and 79% were aged 75 and over.</p> <p>The North Yorkshire population is currently on average older than the English</p>

			<p>population and the population is ageing at a quicker pace to the rest of England overall. If the projections are accurate, this demographic change is likely to continue for the next two decades; with a predicted increase in people aged over 65 from 133,000 in 2013 to 211,000 by 2037, and a predicted increase in people aged over 85 from 17,500 to 47,000.</p> <p>Depression and social isolation affect one in seven people over 65 and there is increasing recognition that social isolation adversely affects long-term health.</p> <p>Loneliness puts individuals at greater risk of cognitive decline, and one study concluded that lonely people have a 64 per cent increased chance of developing clinical dementia. It is predicted that between 2008 and 2031 the increase in the number of 65-74 years olds living alone will be 44 per cent and the increase in those aged 75 plus living alone will be 38 per cent (Campaign To End Loneliness).</p> <p>Research indicates that interventions which promote active social contact, encourage creativity, and use mentoring, are more likely to positively affect health and wellbeing.</p> <p>It is thought likely that future investment into support will continue to have a focus on older people, given the need to prioritise support to those at risk and North Yorkshire population demographics (as noted in section 3). Hence it is not anticipated that the planned changes will have any adverse impact on this protected characteristic.</p>
Disability	X		<p>Data on current services indicates that many people currently accessing these services in North Yorkshire do have a physical disability or are physically frail.</p> <p>An ageing population brings with it an increased prevalence of certain conditions including obesity, diabetes, stroke and dementia. The numbers of people in North Yorkshire aged 65 and over with a long-term illness whose day-to-day activities are limited a little is set to increase from 35, 130 to 48,879 (increase of 37%) by 2030. The numbers of those aged aged 65 and over with a long-term illness whose day-to-day activities are limited a lot is set to increase from 27,262- 40,250 (increase of 47%) during the same time period.</p>

				It is not anticipated that there will be any adverse impact on this protected characteristic. However the implementation of new contracts provides an opportunity to review how support for people with disability is addressed within services delivery.
Sex (Gender)		X		<p>Current services are used by more women than men. Between 1/10/2015 and 30/09/2016 882 men and 2389 women were recorded as accessing services.</p> <p>The higher uptake of support by women is a historical, and linked to many of activities provided being likely to be more appealing to women- although in more recent years there has been more attempts to deliver activities and support which men may be more likely to take up.</p> <p>Developing interventions and support that cater for men as well as women's needs will be addressed as part of the implementation and monitoring of new contracts.</p>
Race	X			<p>The vast majority of people accessing current services are White British. In 2011 4.6% of North Yorkshire were from a non-white British ethnic group which is significantly below the national average.</p> <p>The ethnic diversity varies between districts with Harrogate having the biggest number of people identifying as non-white; Asian British and mixed /multiple ethnic group make up the major part of this diversity in Harrogate. Asian British is the largest group of non-white people in Craven and Richmondshire. Harrogate and Selby also have the largest White, Non-British Ethnic groups; equating to 4.7% and 2.9% of the overall population respectively.</p> <p>It is not anticipated that there will be any adverse impact on this protected characteristic as a result of the changes. However the implementation of new contracts provides an opportunity to review how support for people from minority ethnic groups is addressed within services delivery.</p>
Gender reassignment	X			It is not anticipated that there will be any adverse impact on this protected characteristic as a result of the changes.

Sexual orientation	X			It is not anticipated that there will be any adverse impact on this protected characteristic as a result of the changes.
Religion or belief		X		<p>The 2011 census shows the majority of the population within North Yorkshire state they identify with Christianity as their religion, however the following areas have a higher percentage of the population stating another religion or belief as follows:</p> <p>Richmondshire: 0.7% Buddhist, 1 % Hindu Craven: 0.9% Muslim Scarborough: 0.5 % Muslim Harrogate: 0.4% Muslim</p> <p>It is not anticipated that there will be any adverse impact on this protected characteristic as a result of the changes. However the implementation of new contracts provides an opportunity to review how support for people of different religions or beliefs is addressed within services delivery.</p>
Pregnancy or maternity	X			It is not anticipated that there will be any adverse impact on this protected characteristic as a result of the changes.
Marriage or civil partnership	X			It is not anticipated that there will be any adverse impact on this protected characteristic as a result of the changes.

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>Outside urban centres and market towns, North Yorkshire is sparsely populated with 16.9% of the population living in areas which are defined as “super sparse” (fewer than 50 persons/km).</p> <p>Just under 60% of those aged 65+ live in rural areas, of which 8% of this population is in a dispersed sparse setting, meaning that the need for personal transport is likely to be high in these areas. The total number of those aged 65+ in North Yorkshire is just under 130,000 people.</p>

				<p>Those who live in more rural communities can be more socially isolated as they are unable to see family and friends often (Centre for ageing better, 2015).</p> <p>The proposed changes provide an opportunity to improve access to support for this protected characteristic, as the aim is that future contracts will have an increased focus on developing partnerships with other local organisations and groups to maximise access to support.</p>
...have a low income?	X			<p>It is not anticipated that there will be any adverse impact on this protected characteristic as a result of the changes. Some organisations do charge for elements of support provided through contracts (i.e. for refreshments or as contribution towards travel costs) however it is expected that any charges should be based on what is affordable for those who would benefit from support.</p> <p>The implementation of new contracts provides an opportunity to review how support for people with low income is addressed within services delivery.</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.**

None identified.

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.	

<p>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)</p>	
<p>4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.</p>	
<p>Explanation of why option has been chosen. (Include any advice given by Legal Services.)</p> <p>The core functions for future contracts mirror current services delivery, and due to prioritisation of support to those most at risk, it is expected that future service delivery will continue to have a focus on supporting older people. Reallocation of resources across the County based on population need will ensure more equitable access to support for those who require it.</p> <p>In order to mitigate against any potential adverse impact on people as a result of currently funded organisations not receiving funds to deliver support future contracts, support will be made available from the NYCC Stronger Communities team and Community First Yorkshire, in order to look at alternative sustainability and funding options.</p>	

<p>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?)</p> <p>Any impact as a result of changes will be assessed throughout implementation and after. People using services will be informed of planned changes to services prior to new services being implemented. Any changes to service delivery will be monitored and reviewed as part of contract monitoring arrangements. Feedback from people using services will be gained during and following service implementation to understand any impacts from changes.</p>

<p>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.</p>				
Action	Lead	By when	Progress	Monitoring arrangements

Service specifications to support delivery of services that maximises successful outcomes for all groups	Caroline Townsend (HAS Commissioning Manager)/Marie-Ann Jackson (Head of Stronger Communities)	01/03/2018	Service specifications to be developed	Through project steering group.
Dialogue with providers on how they will ensure equitable provision for specific groups (e.g. those in rural areas). This will be as part of the evaluation of provider bids, and will also be included in post-contract award negotiations with the successful provider(s).	Caroline Townsend (HAS Commissioning Manager)	Following contracts award, to commence by July 2018.	Development of tender documentation, including evaluation model to be developed once final model agreed.	Through project steering group/contract implementation meetings
Regular service delivery and performance monitoring of contracts with providers	Caroline Townsend (HAS Commissioning Manager)/HAS Quality and Monitoring Team	Following start of new contracts on the 1/10/18	Outcome and performance monitoring requirements to be finalised and shared as part of tender documentation.	Contract implementation and contract monitoring meetings.
Explore options for obtaining additional data on specific protected characteristics as part of future contracts monitoring.	Caroline Townsend (HAS Commissioning Manager)/HAS Quality and	Following contracts award, to commence by July 2018.	Outcome and performance monitoring requirements to be finalised and shared as part of	Contract implementation and contract monitoring meetings.

	Monitoring Team		tender documentation.	
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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.

The reconfiguration of investment into wellbeing and prevention contracts provides an opportunity to deliver a more equitable offer in terms of support available. There are no particular impacts identified for protected characteristics, but as part of the implementation of new contracts arrangements will be established to ensure the needs of protected characteristics are addressed throughout the term of new contracts, and these will be monitored through contract monitoring arrangements.

Section 13. Sign off section

This full EIA was completed by:

Name: Caroline Townsend
Job title: Commissioning Manager
Directorate: Health and Adult Services
Signature: Caroline Townsend

Completion date: 25/01/18

Authorised by relevant Assistant Director (signature): Kathy Clark

Date: 25th January 2018