

City of York Council
Equalities Impact Assessment

Who is submitting the proposal?

Directorate:	Adult Social care Integrated Directorate		
Service Area:	Adult Social care Integrated Directorate		
Name of the proposal :	Recommissioning of Sensory Services in York		
Lead officer:	Edward Njuguna		
Date assessment completed:	20/02/2024		
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Edward Njuguna	Commissioning Manager	City of York Council	Sensory and unpaid carers commissioner
Uzmha Mir	Contracts and Quality Manager	City of York Council	Sensory Contracts and Quality Manager, Equality and Diversity

Step 1 – Aims and intended outcomes

<p>1.1</p>	<p>What is the purpose of the proposal? Please explain your proposal in Plain English avoiding acronyms and jargon.</p>												
	<p>City of York Council (CYC) has a statutory duty to provide sensory support services for its residents under the Care Act 2014. Sensory services provide a wide range of support for adult customers with sight and / or hearing loss. This includes putting people in contact with other specialist services.</p> <p>As the current contract ends in September 2024, an EIA was conducted to measure the impact of customers and residents across York that may be impacted on the changes of service provision or if a new or existing provider comes in place.</p> <p>It is estimated that York is home to 38,735 people over the age of 65 which represents nearly a fifth of the total York population. Haxby and Wigginton ward comprises the highest number of older people with 3,804 residents. Fulford ward, with a total of 854 older residents, has the lowest representation.</p> <p>The York Joint Health and Wellbeing Strategy (2022-2032)¹² describes York’s <i>“changing demographics:</i></p> <ul style="list-style-type: none"> • <i>A growing and ageing population, with a 50% increase in the population over 80 in 2040.</i> • <i>Projected growth in healthcare use: 4% increase in hospital use (annually)</i> • <i>10% increase in social care (over 5yrs) 2.5% increase in GP use (over 5yrs).”</i> <p>York’s Joint Strategic Needs Assessment¹ projects care needs of some adults over the age of 65:</p> <table border="1" data-bbox="291 1141 1366 1404"> <thead> <tr> <th>Population</th> <th>2020</th> <th>2040</th> </tr> </thead> <tbody> <tr> <td>Living with dementia</td> <td>2,927</td> <td>4,291 (+47%)</td> </tr> <tr> <td>Needing care</td> <td>11,380</td> <td>15,207 (+34%)</td> </tr> <tr> <td>Providing unpaid care</td> <td>5,271</td> <td>6,592</td> </tr> </tbody> </table>	Population	2020	2040	Living with dementia	2,927	4,291 (+47%)	Needing care	11,380	15,207 (+34%)	Providing unpaid care	5,271	6,592
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¹ York JSNA, April 2023 [JSNA | York Health & Wellbeing \(healthYork.org\)](https://www.healthYork.org)

1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
	<p>The <i>Council Plan</i> stipulates an important outcome for our population of good health and wellbeing and is further supported by the key principles for the York Health & Wellbeing Board of:</p> <ul style="list-style-type: none"> • Ensure that we work together in true partnership for the good of the people of York • Involve local people in identifying the challenges and redesigning services (surveys and engagement) • Promote equality of opportunity and access for all communities, and challenge discrimination if it arises <p>In addition, one of the eight core outcomes within the <i>Council Plan</i>² is; “<i>Good health and wellbeing.</i>” The plan states that the Council aims to; “Use innovative strategies to support individuals’ independence, health and wellbeing”.</p> <p>As a local authority, the City of York Council (CYC) has a duty under the <i>Care Act 2014</i>, to prevent, reduce and delay formal intervention for people with care and support needs.</p> <p>The All-Age Commissioning Strategy, Market Sustainability Plan and the 10-year vision ‘People at the Heart of Care: adult social care reform paper’ clearly outlines that the Council will work with existing Providers within the market to provide sustainable, quality and value for money services.</p> <p>The Care Act 2014 statutory guidance outlines outcomes for individuals, groups and local populations and makes specific references to people with a sensory impairment.</p> <p>Maintenance of a Sight Register is a statutory requirement for the council. Under Section 77 of the Care Act 2014, local authorities are legally required to establish and maintain a register of sight-impaired and severely sight-impaired adults who are ordinarily resident in their area.</p>

² City of York Council Plan, 2019-2023, [City of York Council Plan 2021](#)

	<p>Sensory Support Services in York directly support the achievement of The Council Plan 2023 to 2027, One City, For All, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:</p> <ul style="list-style-type: none"> a) Health-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach. b) Equalities and Human Rights- Equality of opportunity c) Affordability- Tackling the cost-of-living crisis.
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<p>1.3</p>	<p>Who are the stakeholders and what are their interests?</p>
	<p>Stakeholders; <i>The Wilberforce Trust (YorSensory), MySight York, Specialist Teaching Team and Deaf Café, City of York Council Access Team, People with lived experience of sensory loss, North Yorkshire Sight Loss Council, Living 4 Moments, Community Links, York Older People’s Assembly, York and Scarborough Teaching Hospitals, Age Friendly York Older Citizens Group, York Disability Rights Forum, NHS Humber and North Yorkshire Integrated Care Board, Tees Esk Wear Valleys NHS FT, Age UK, Healthwatch, York Advocacy, Dementia Strategy Group, Carers Groups/Forums, York CVS, Other Stakeholders</i></p>

<p>1.4</p>	<p>What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023- 2027) and other corporate strategies and plans.</p>
	<p>Sensory Support Services in York directly support the achievement of The Council Plan 2023 to 2027, One City, For All, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:</p> <ul style="list-style-type: none"> • Health-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach. • Equalities and Human Rights- Equality of opportunity <p>This are related to the following outcomes for the service.</p> <ul style="list-style-type: none"> • Prevent, Reduce and Delay the need for ongoing Support- This are related to the statutory duty under Section 2(1) of the Care Act 2024 to contribute towards preventing or delaying the development by adults in its area of needs for care and support. This is related to Health and wellbeing and reducing inequalities within the council plan • Provide Excellent Experiences of Care and Support- focus on the provision of consistent / joined-up provision, effective promotion of the service, timeliness and responsiveness of the

	<p>service. Examples of publicity, awareness raising, marketing and promotional activities undertaken. This is related to Health and wellbeing and reducing inequalities within the council plan</p> <ul style="list-style-type: none">• Flexible, Choice and Control- focus on work undertaken to involve customers, families and their carers in the planning of their care and support, evidence of delivering support tailored to the needs of the individual rather than a one size fits all approach, evidence of remaining in ongoing contact with customers, how service provision is internally evaluated and monitored. This is related to Health and wellbeing and reducing inequalities within the council plan• Linkages and Connections; focus on work undertaken to strengthen the connections between sensory provision and other forms of support for sensory impaired customers - health, housing, voluntary sector provision, leisure, community initiatives etc. Evidence of strong and effective partnership working with a range of other agencies and support organisations. This is related to Health and wellbeing and reducing inequalities within the council plan• Provision of accessible daily equipment to support daily living with sensory impairments. This is related to Health and wellbeing and reducing inequalities within the council plan
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Our Priorities 2023 - 2024



ASC Vision

We will support people to receive good quality safe services in their own homes through assessment and appropriate support, we will aim to maximise peoples own potential and reduce inequalities across the city.

Values

We Work Together
We Improve
We make a difference

Partnerships

Through collaboration with partners and the sharing of ideas, assets, skills and knowledge, we will create a future for York that better meets all our needs.

Communities

We value local communities and will help them to provide care and support to their families, friends, neighbours and colleagues.

Accountability

We will ensure good governance and links with the ICS, strong performance management that will influence decision making, good financial oversight and control and transparent decision making through key health and social care boards.

MARKET SUSTAINABILITY

- Commission and provide services where possible jointly with health that are effective, efficient and of good quality
- Build on locality based delivery ensuring care and support is available to suit the needs of the locality.
- Commission services to support people to live longer healthier lives across all age groups.
- Budget Management

EARLY INTERVENTION & PREVENTION

- Support residents to access community opportunities at the right time in the right place.
- Ensure we have the right mechanisms in place to safeguard and protect our most vulnerable residents.
- Ensure that all residents have equal access to services they require and challenge areas of inequality.
- Ensure children and young people have a seamless transition into adulthood.

CO-PRODUCTION

- We will ensure that residents voice is heard and is part of the strategies going forward, building on the social care survey and JSNA.
- People who use services and their carers are fully involved in the design and implementations of future services.

WORKFORCE

- To develop a workforce development strategy with health partners.
- To strengthen and build upon recruitment and retention policies, working with the Principal Social Worker to develop flexible roles.
- Reduction in the use of agency and building strong high performing teams
- A review of the current ASC Workforce to be carried out to inform effective use of current delivery

Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.	
Source of data/supporting evidence	Reason for using	
Royal National Institute of Blind People(RNIB)- www.rnib.org.uk/datatool.	Source of data and is the UK's leading sight loss charity.	
Census Data 2021	Offers the latest figures on sight impairment in York	
2023 Sensory Customer Survey results	Offers an insight into the users of the service and their preferences	
York Open-Source Data	Source of data	
All Age Market Position Statement, City of York Council, 2023-2025 all-age-market-position-statement-2023-to-2025 (york.gov.uk)	Includes outcomes for City of York Population and outlines key priorities	
York Local Health and Wellbeing Strategy 2022-2032, York Joint Health & Wellbeing Strategy	Details the health and wellbeing priorities for the city will be and how these will be addressed	
York Dementia Strategy, 2022-2027, Annex A.pdf (york.gov.uk)	Dementia priorities and data	
City of York All Age Commissioning Strategy 2023-2025	Includes outcomes for City of York Population as well as detailing key priorities	
The Council Plan 2023 to 2027, One City, For All https://www.york.gov.uk/council-plan-1/one-city-2023-2027		

Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.	
Gaps in data or knowledge	Action to deal with this	

Step 4 – Analysing the impacts or effects.

4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	Impact identified: Positive: As the likelihood of becoming disabled increases with age the procurement will impact positively on older people. It will also benefit younger people who are disabled. Negative: No negative impact. The procurement will positively impact on the lives of older residents in York as sensory impairment increases with age.	Positive (+)	High (H)

subject to consultation with disabled residents no negative impacts have been identified.

Supporting Evidence:

The evidence below demonstrates through population data that we have an increasing ageing population and that our residents aged 18 – 64 account for 64.2% of York's population. York's current population is 202,821 (2021 census), due to rise to almost 215,000 people by 2030. It is estimated that York is home to 38,735 people over the age of 65 which represents nearly a fifth of the total York population. Haxby and Wigginton ward comprises the highest number of older people with 3,804 residents. Fulford ward, with a total of 854 older residents, has the lowest representation.

There has been an increase of 15.8% in people aged 65 years and over, an increase of 0.4% in people aged 15 to 64 years, and a decrease of 3.2% in children aged under 15 years.

- York's population is on the whole healthy, but this is not true of all communities and groups
- There are predicted to be large increases in the number of people with dementia.
- More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority.

By 2030, it is estimated that the 65+ population in York will have increased by 17% and the 85+ population in York will have increased by 27% from 2020. Within York, there are approximately 135,536 residents aged 18 – 64, which is 64.2% of the population.

	<p>York is already part of the UK Network of Age Friendly Communities. Age Friendly York will:</p> <ul style="list-style-type: none"> • enable people to live healthy and active lives • encourage communities to treat people with respect, regardless of their age <p>More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority.</p> <p>The Sensory service will provide more accessible care and support with a rehabilitation lead service where people of York will be enabled to return home with equipment, confidence, technology. There will also be a requirement for the Provider to sign post people who feel isolated and/lonely to be linked to community support, voluntary sectors and the Local Area Co-ordinator for the area they live in.</p> <p>Key findings from the Customer sensory survey conducted November 2023 to January 2024 was 66% of the respondents were age 65 and over. RNIB suggests that the older you are, the greater your risk of sight loss. The proportion of people aged 75 years and over in York is higher than the average for England - 9% of the population are aged 75 plus, compared to 9% in England.</p> <p>Mitigation:</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
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	The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.		
Disability	<p>Impact identified:</p> <p>Positive: This procurement aims to provide preventative services to people with sensory impairments that will promote their health, wellbeing and independence. It is designed to fulfil the needs they told us about when we consulted them.</p> <p>Negative: People with sensory impairments were consulted during development and there are no negative impacts. It does not divert resources from other groups of disabled people.</p> <p>Supporting evidence:</p> <p>The way that social care is organised and delivered can be a critical factor in disabled people being able to exercise their human rights over a large proportion of their adult lives. Independence is a fundamental human rights principle which underpins other human rights. The Joint Committee on Human Rights report on the rights of disabled people to independent Living (2012) reaffirms the importance of independent living principles for all disabled people.</p> <p>Information and guidance such as leaflets about the service must be available in different formats to enable residents to fully understand what the sensory rehabilitation service is; such as easy read, braille. This was feedback from the recent survey 'The sensory service website needs updating with more information. Leaflets should be provided to participants about what to expect and their entitlement'.</p>	Positive (+)	High (H)

Training for staff will be a requirement of the new contract and specification to enable them to support a wide range of disabilities so that our residents can access the sensory service and feel supported when receiving care.

Evidence below demonstrates that we have a population that has a variety of disabilities, and each person is an individual with their own needs.

In York, there are 1,035 people registered as blind or partially sighted. Roughly half are registered as blind and half as partially sighted.

In York RNIB estimate that 22,600 people have a moderate or severe hearing impairment, and 510 people have a profound hearing impairment.

An estimated 1,360 people are living with some degree of dual sensory loss in York. Of these people, it is estimated that 550 are living with severe dual sensory loss.

Table: Registered blind or partially sighted by age band

Age band	Registered blind	Registered partially sighted	Total
0-17	0	0	0
18-49	80	75	155
50-64	90	70	160
65-74	70	65	135
75+	255	325	580
Total	495	540	1,035

- Total population York: 211,012

- Proportion that are from BAME communities: 6% - lower than the national average.
- Proportion of people with “bad” or “very bad” health: 4.10% - better than the national average.

	<ul style="list-style-type: none"> • Proportion of people with a long-term health condition or disability: 15% - similar to the national average. <p>400 of the people registered as blind or partially sighted in York have also been recorded as having an additional impairment by the local authority.</p> <p>In 2020/21, 68 Certificates of Vision Impairment were issued in the York.</p> <p>In York, an estimated 260 adults have a learning disability and partial sight. A further 75 adults have a learning disability and blindness.</p> <p>Other work on population health management has looked at the issue of people who live with multiple long-term conditions (multimorbidity):</p> <ul style="list-style-type: none"> • 10.7% of the York practice population have multimorbidity; this represents 24,124 people. • 2.7% of the population have a physical and mental health comorbidity. • Number of people who are disabled in Yorkshire and The Humber (18.9%, 1.0 million). <p>According to MHA Around 4 million older people (40% of people aged 65 and over) have a limiting long-term illness or impairment and it is estimated that this will rise to over 6 million older people by 2030.</p> <p>Around 850,000 people (most of whom are aged 50 or over) are living with dementia in the UK, and Alzheimer's UK predicts that this figure will rise to 1 million people by 2025. Of these, around a third (288,000) are currently living in residential care settings.</p> <p>According to CQC, disabled people under 65 may use social care for long periods – even for the whole of their lives, whether they have a</p>		
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	<p>physical or sensory impairment, a learning disability or use mental health services.</p> <p>The National Autistic Society (NAS) has reported a 61% increase in the autism since 2005. According to the All Age Autism strategy 2017-2021 York, there are estimated to be 1,635 adults with autism in York, either diagnosed or undiagnosed and 388 children</p> <p>The All-Age Commissioning and Contract Team will monitor the performance of the contracts against the requirements set out within it.</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p> <p>Mitigation:</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Gender</p>	<p>Impact identified: As above</p> <p>The service would be available to both men and women and neither favours nor negatively impacts upon either group.</p> <p>Supporting Evidence</p> <p>The service is open to all genders. There could be cultural restrictions or preferences whereby a specific care worker is requested by gender.</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>This will be part of finding a care by the assessment team within the service but cannot always be guaranteed. This issue will be considered by the provider who will employ both female and male rehabilitation and support workers dependent on the availability of workforce within the market.</p> <p>From the survey carried out 49% of people that responded did not want to share their gender. 33% were female and 15% were male.</p> <p>According to mid-year population estimates published by the ONS in 2019, males account for 48.2% of York's 201,672 population, while females made up 51.8% of the total. Life expectancy: A gap between wards in York of 10.1 years (Male) and 7.9 years (Female).</p> <p>According to the recent Sensory Customer survey, 71% of the respondents were female compared to male.</p> <p>Mitigation: All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Gender Reassignment</p>	<p>Impact identified : As Above</p> <p>Supporting Evidence: The service is open to both men and women regardless of any possible previous gender reassignment / and transgendered people. Specifications will state that a person that uses the Sensory service must be treated with dignity and respect and receive person centred care. The Equalities Act 2010 identifies nine protected characteristics and Gender</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>Reassignment if one of them. In York those with protected characteristics are known as <i>Community of Identity</i>.</p> <p>The Council's Equalities Objectives:</p> <ul style="list-style-type: none"> • <i>Create opportunities for representatives of all sections of the community to participate in the work of the Council</i> • <i>Make a commitment to fair recruitment and employment policies</i> <p>The Council's Equalities duties state: advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it for our customers and people who work within the Health and Social Care system.</p> <p>City of York Council plans to establish further system-level, collaborative networks, such as the LGBTQIA. The network will improve the experience of working with CYC by raising awareness of LGBTQIA concerns across the council and in the community.</p> <p>CYC Workforce Development Unit- MyLo also offers LGBTQ, e-learning accessible for all ASC workforce the module will enable vulnerable individuals to feel respected, cared and dignified by our colleagues, team and customers.</p> <p>Mitigation: All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <hr/> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
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Pregnancy and maternity

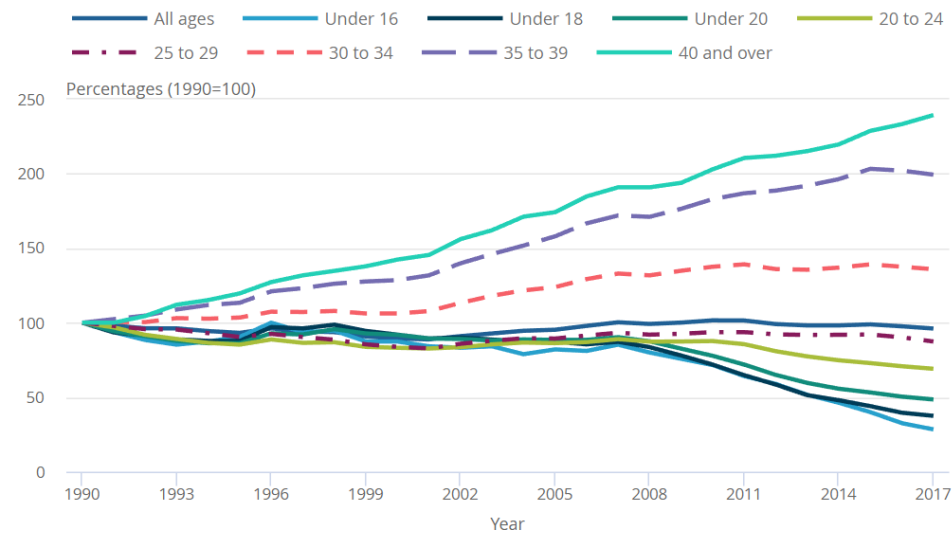
Impact identified: As above

Supported evidence:

Sensory service and rehabilitation is available for everyone over 18 (with eligibility criteria) there may be customers who receive the service that are childbearing age adults. There is limited data available on pregnant users of the sensory services. Between 2016 and 2017, conception rates increased by 2.6% for women aged 40 years and over. For the second year running, this was the only age group to see an increase. For the fifth year in a row, the largest percentage decrease in conception rates happened among women aged under 16 years (12.9%).

Figure 3: Continued rise in conception rates for women aged 40 years and over since 1991

Relative changes in age specific conception rates, England and Wales, 1990 to 2017



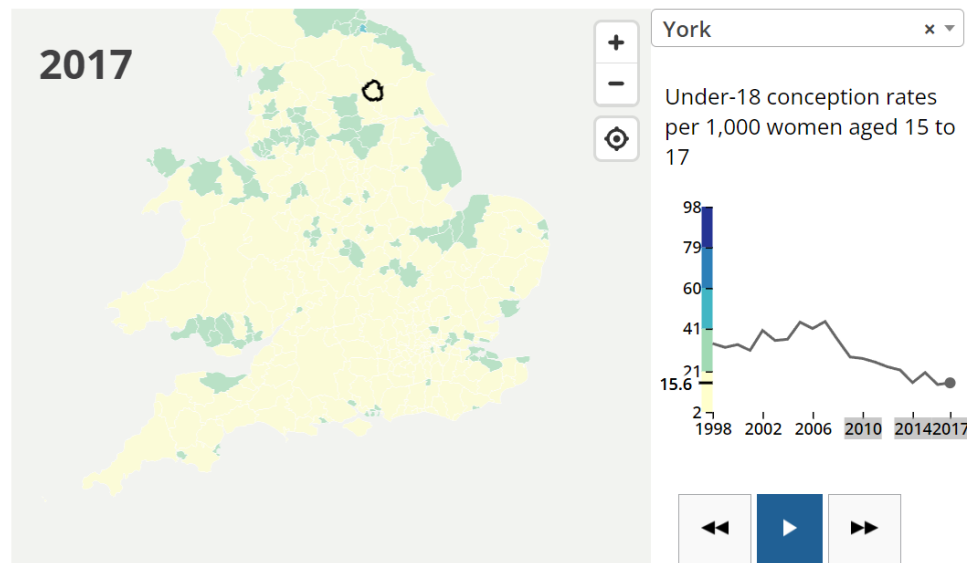
Positive

Low(L)

According to findings by census reasons for an increased number of women conceiving at ages 30 years and over include:

- increased participation in higher education
- increased female participation in the labour force
- increased importance of a career
- the rising opportunity costs of childbearing
- labour market uncertainty
- housing factors

Under-18 conception rates by local authority, England and Wales, 1998 to 2017



The national ONS figures show that fertility rates among younger women have fallen but there has been a rise in older age groups.

In 2022 York a total fertility rate of 1.18 children per woman last year, which was down from 1.2 in 2020, and 1.21 in 2019.

	<p>The British Pregnancy Advisory Service (BPAS) state that <i>"ever-increasing cost of raising a child, high cost of childcare and career development are among the variety of reasons why women choose to postpone having a child."</i> The York press 2022.</p> <p>Lots of external factors such as economics, housing, age and lifestyle also influence decisions.</p> <p>York has a high student population and also York has good access to contraception services through Primary Care and York Sexual Health service which help people to plan their pregnancies and supports individual choice in family planning.</p> <p>CYC are developing plans to establish further system-level, collaborative networks, such as Women's Network. A great deal of work is taking place across the CYC around the topic of menopause, and we are working towards becoming a menopause friendly CYC ASC Workforce, so a women's network may help to further our ambitions and equality in the health and social care working environments.</p> <p>Mitigation: All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
Race	<p>Impact Identified:</p> <ul style="list-style-type: none"> • Language Barrier • Low BAME workforce in Adults and Children Social Care 	Positive	Medium (M)

- Health and wellbeing in BAME Communities

Supporting Evidence

People from different ethnic communities are at greater risk of some of the leading causes of sight loss. Sensory rehabilitation services are available to all customers over the age of 18. People accessing this service will be treated with dignity and respect and their Race and Culture needs will be detailed in their support plans.

The proportion of people from minority ethnic groups is lower than the average for England, 6% of the population are from minority ethnic groups, compared to 15% in England.

Whilst the official proportion of people from a BAME background is lower than the national average at 5.7%, Census data expected in 2022, show numbers have increased, and the diversity of York varies across the city, with 15.1% of people in Hull Road ward from a BAME background.

The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8% (non-White British) compared to 4.9% in 2001.

In 2021, 1.8% of York residents identified their ethnic group within the "Mixed or Multiple" category, up from 1.2% in 2011. The 0.6 percentage-point change was the largest increase among high-level ethnic groups in this area.

In 2021, 92.8% of people in York identified their ethnic group within the "White" category (compared with 94.3% in 2011), while 3.8% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 3.4% the previous decade).

	<p>The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 0.5% in 2011 to 1.0% in 2021.</p> <p>There are many factors that may be contributing to the changing ethnic composition of England and Wales, such as differing patterns of ageing, fertility, mortality, and migration. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.</p> <p>The COVID-19 pandemic has continued to have a disproportionate impact on people from some ethnic minority ethnic backgrounds.</p> <p>Our survey of more than 4,000 people aged 65 and over who had used health or social care services recently shows that older people from ethnic minority backgrounds tend to use services less frequently (68% said they use them about once every 2 to 3 months or once in the last 6 months, compared with 58% of people from White British backgrounds.</p> <p>Language barrier can sometimes prevent professionals from effectively assessing, supporting and protecting families. Good communication is key to relationships between professionals and service users. A lack of a common language presents a significant barrier to building trust.</p> <p>Language barrier can sometimes prevent professionals from effectively assessing, supporting and protecting families. Good communication is key to relationships between professionals and service users. A lack of a common language presents a significant barrier to building trust.</p> <p>English is, unsurprisingly, the most popular language in all areas of York, but by far the second most popular language in Yorkshire was Polish, as it was the second most spoken language in 12 out of 20 different areas. It is often followed closely by Romanian and some other Eastern European</p>		
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	<p>languages, like Slovak, but the Polish language is more common in most areas.</p> <p>Urdu also proved very popular in West Yorkshire, being the second most spoken language in both Kirklees and Bradford, although it was less prominent in other counties, like South Yorkshire. Panjabi was the second most popular language in Calderdale, meaning languages from the Indian subcontinent are common in West Yorkshire.</p> <p>In York, the category of 'Other Chinese' language came first. This refers to all the non-Mandarin and non-Cantonese speaking people of China, such as Min, Tibetan or Hakka and when these three categories are combined, they reach 1.01%.</p> <p>Language barriers can result in miscommunication that impacts on an individuals or families understanding of their needs and support.</p> <p>Whilst social care worker can use interpreters, they must rely on the availability of one when needed and ensure consistent quality of translation to build and maintain trust and understanding. Cultural beliefs also need to be considered, and health and social care worker may see patients relying on their family members and friends to act as interpreters. This can, however, present several problems.</p> <p>Technology can make a huge difference many social care workers already use over-the-phone translation services to get help from an interpreter other apps or devises may be alternative cheaper tools to support interpretation.</p> <p>Having social care workers who are bilingual is helpful for providers hiring more bilingual staff. Not only can they help translate important information to patients, but they can also help their organisation communicate in a way that takes cultural differences into account.</p>		
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	<p>Visual prompts can also be an additional support aide in alternative languages shared across health practitioners. See Carer Strategy Group Meeting minutes September 2023 also discusses <i>The Practioners Guide to Carers Support</i> by Cambell McNiell resourcing in additional language to support communities with English as their second language.</p> <p>To improve the experience of working with CYC by raising awareness of race and cultural diversity across the council the Black, Asian Racially Minority Communities members of staff may join the newly established BARMC Group to exchange views and help provide an authoritative voice for staff across the council, and beyond, into the city and the council's partner organisations.</p> <p>Mitigation: Provider will source interpreters where English is not their first language and provide information in designing multi-lingual leaflets. The Council would provide links to Local Area Co-ordinators to the Provider as they would share important Local information for local communities.</p> <p>CYC has progressed in implementing the Race Equality Scheme to promote race equality within York. All services commissioned by CYC are available to residents of York under the individual service criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
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	<p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Religion and belief</p>	<p>Impact identified: Positive: This procurement aims to provide preventative services to people with sensory impairments that will promote their health, wellbeing, and independence. It is designed to fulfil the needs they told us about when we consulted them.</p> <p>Negative: People with sensory impairments were consulted during development and there are no negative impacts. It does not divert resources from other groups of disabled people.</p> <p>Supporting Evidence In 2021, 46.1% of York residents reported having "No religion", making it the most common response in this local authority area (up from 30.1% in 2011). Because the census question about religious affiliation is voluntary and has varying response rates, caution is needed when comparing figures between different areas or between censuses.</p> <p>Cultural sensitivity plays an important role in the relationship between religion and healthcare. Many peoples' identities are informed by their race, culture, ethnicity, gender, or religion. When it comes to receiving medical care, many patients will make decisions based on their identity in some or all of these categories.</p> <p>In 2021, 43.9% of people in York described themselves as Christian (down from 59.5%), while 6.9% did not state their religion (down from 7.8% the decade before).</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>There are many factors that can cause changes to the religious profile of an area, such as a changing age structure or residents relocating for work or education. Changes may also be caused by differences in the way individuals chose to self-identify between censuses. Religious affiliation is the religion with which someone connects or identifies, rather than their beliefs or religious practice.</p> <p>Mitigation: All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
Sexual orientation	<p>Impact identified: As Above</p> <p>Supported Evidence: No Data Available. The survey results had limited information provided about sexual orientation.</p> <p>Mitigation: All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>	Positive	Low(L)
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		

Carer	<p>Impact Identified:</p> <ul style="list-style-type: none"> • Unpaid Carers • Adult carers • Young Adult Carers • Young Carers • Children in Care <p>Supporting Evidence.</p> <p>In 2021, 4.6% of York residents (aged five years and over) reported providing up to 19 hours of unpaid care each week. This figure decreased from 7.2% in 2011. These are age-standardised proportions.</p> <p>According to the Census 2021, females were statistically significantly more likely to provide unpaid care than males in every age group up to 75 to 79 years; however, from the age of 80 years onwards, males were statistically significantly more likely to provide unpaid care.</p> <p>In both females and males, the older age groups provide the highest hours of unpaid care per week. In females, those aged between 75 to 79 years and in males, those aged between 85 to 89 years provided the highest percentage of 50 hours or more of care compared with all other age groups</p>	Positive	Medium(M)
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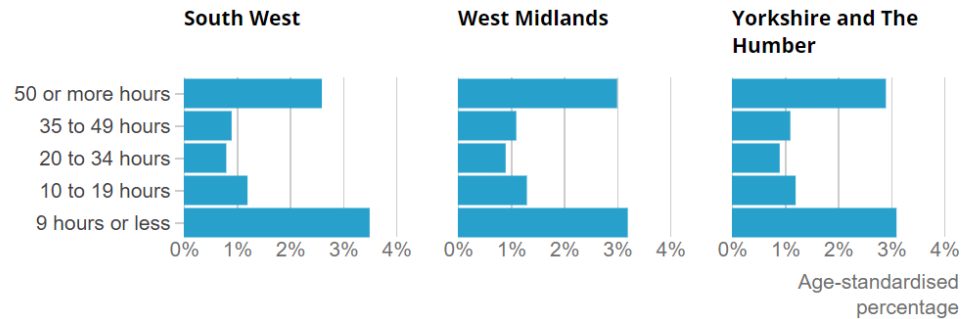


Figure 3 from the census 2021: region with the highest percentage of both unpaid carers, and unpaid carers providing 50 or more hours of care per week

In England, there was a higher percentage of unpaid carers in the most deprived areas. In addition according to MHA Older people provide a large amount of volunteer time to support organisations across the UK. There were an estimated 360,792 care home residents from 1 March 2021 to 28 February 2022, occupying 77.8% of care home beds. Approximately 125,954 (34.9%) of care home residents were classified as self-funders, compared with 234,838 (65.1%) state-funded residents.

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Children entering care

Meanwhile in 2011 half of children that went into care were of lone parents, larger households, and 8 in 10 children entered care were from poor health and living in deprivation. Black and mixed ethnic minority children uncounted for a higher percentage of children (9% and 7%) in care.

	<p>Whilst abuse and neglect is the main reason for children of Asian and British Asian ethnic group to enter care, children of white British entered care because of family dysfunction.</p> <p>Boys entered the children's home or youth offenders whilst the girls entered the foster care.</p> <p>Overall, just under two thirds (63%) of children that went into care were placed in foster as their first placement. The second most common placement type was children's home or secure homes (19%) followed by independent or semi-independent living (10%). The largest gaps in deprivation were in education and health for instance in 2011 49% of children going into care were living in poor health and disability living dynamics and 39% in poor education dynamics.</p> <p>The following organisations offer support and advice for carers, and those in need of care:</p> <p>York Carer Centre https://yorkcarerscentre.co.uk/</p> <p>Crossroads https://www.tuvida.org/</p> <p>Age UK https://www.ageuk.org.uk/york/</p> <p>York and Selby Alzheimer's Society</p> <p>https://www.alzheimers.org.uk/support-services/Selby+&+York+Local+Service+Office/York+&+Selby+Dementia+Information+Service</p> <p>Adult and young carers are eligible for carers needs assessment to assess the ability to become a carer and how to enable caring easier for the carer and cared for.</p>		
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	<p>Staff who have a disability, long term health condition or a carer can join our new Disabled Staff Network to exchange views and help provide an authoritative voice for staff across the council, and beyond, into the city and the council's partner organisations. The network will improve the experience of working here by raising awareness of disability concerns across the council and work alongside the other staff networks.</p> <p>Mitigation: Sensory support services will communicate with Carers and loved ones when people are in use of the service and will gain information on an individual needs as they will know them best and support plans will be developed with this information to ensure that customers needs are known and used to shape their care.</p> <p>The Commissioning Team recognises the significance of unpaid carers to our health and social care system. The current carer strategy will enable identification of carers in the community to provide them ongoing support and to maintain their Health and wellbeing, more carers are involved in planning services. All services commissioned by CYC are available to residents of York under the individual service criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Low income groups</p>	<p>Impact Identified:</p> <ul style="list-style-type: none"> • Fall in employment • Change working hours • Increase free school meals 	<p>Positive</p>	<p>Medium(M)</p>

	<ul style="list-style-type: none"> • Debt and financial crises. <p>Supporting Evidence:</p> <p>Ways that promote rehabilitation as a care option and ensure everyone has access to information, including hardest to reach people.</p> <p>When rehabilitation service is ending service provider will link in with Local Area Co-ordinator to signpost to income maximisation and benefit advice agencies, health services and community services.</p> <p>The service is a non-chargeable service to all assessed adults. Signposting is part of the Sensory service, and this should include signposting to income maximisation and benefit advice agencies, health services, etc. as well as other community services such as Age UK, Yorkshire Housing, Healthwatch and other VCSE organisations/services that the council has in place.</p> <p>People living in more deprived areas are at a greater risk of sight loss. The deprivation rank of an area is ordered by 1st being the most deprived and higher numbers being less deprived:</p> <ul style="list-style-type: none"> • York is the 140th most deprived local authority in England. • 1% of the local area is within the 10% most deprived areas in the whole of England. <p>Only one in four registered blind and partially sighted people of working age are in employment.</p> <p>Carers Trust just launched the results of their recent survey showing 1 in 7 unpaid carers are using foodbanks as a result of soaring living costs and 63% are worried about being able to afford paying bills.</p>		
	<p>Cost of Living Crisis</p>		

	Food and everyday shopping	Plus £134 increase in September 2022	
	Transport & fuel costs	+ 70% this year	
	Housing costs	+ int.rates & rents	
	Energy costs	+ int.rates & rents	
	Source of information: York cost of living summit		
	The IMD (Indices of Multiple deprivation) report in York 2019 indicates:		

Domain	2019	
	Rank (1=most deprived, 151=least)	York position v 151 UTLAs
Index of Multiple Deprivation	140	12th least deprived
Income Domain	140	12th least deprived
Employment Domain	139	13th least deprived
Education, Skills & Training Domain	115	37th least deprived
Health & Disability Domain	108	44th least deprived
Crime Domain	146	6th least deprived
Barriers to Housing & Services Domain	118	34th least deprived
Living Environment Deprivation	94	58th least deprived
Income Deprivation Affecting Children Index	139	13th least deprived
Income Deprivation Affecting Older People Index	135	17th least deprived

Financial living crises and debt

The Press states cost of living crisis that debt issues in the UK are set to become dramatically worse over the current months, (July 2022) and maybe even years. Aryza’s new UK Debt Statistics report found York has ranked fourteenth with an average debt level of £18,144. According to *The Press* 2023, Citizens Advise Bureau, their close work with the mental health charities, GPs and hospitals explain that debt is a

	<p>contributing factor for mental health issues and long term depression and anxiety. However, the cost of running CAY, professional and vital services is high, and there is a shortfall to fundraise to fill each year.</p> <p><i>According to Fiona McCulloch of York Citizens Advice debt is addressed as a stigma, and debt is especially prevalent amongst low paid workers, furloughed workers during the Covid, people on benefits, people with disabilities and BAME people. It is still a taboo subject and we need to break this taboo and seek advice and support when needed.</i></p> <p>Mitigation: All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Veterans, Armed Forces Community</p>	<p>Impact Identified:</p> <p>Positive:</p> <p>This procurement aims to provide preventative services to people with sensory impairments that will promote their health, wellbeing and independence. It is designed to fulfil the needs they told us about when we consulted them.</p> <p>Negative:</p> <p>People with sensory impairments were consulted during development and there are no negative impacts. It does not divert resources from other groups of disabled people.</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>Supporting Evidence:</p> <p>The City of York has signed the Armed Forces veteran’s covenant. It is an agreement that no one who has ever served in the Armed Forces, or their families, should be disadvantaged because of their service.</p> <p>In practice, this does not mean that Armed Forces personnel receive preferential treatment compared to other people, but that everyone agrees to work together to ensure that the Armed Forces community can access the same level of service as non-serving citizens.</p> <p>This information should be shared and detailed on any support plans to ensure that any symptoms from their service days are incorporated into how they want their care to be shaped to meet their individual needs when receiving care and support in the sensory service.</p> <p>Mitigation: All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Other</p>	<p>Employee Wellbeing Support</p> <p>To continue to support the wellbeing of our staff during this demanding and difficult time, the Employee Wellbeing Line and email has been setup. The service is for all staff HR related queries, worries or concerns; relating to working hours, pay, health or wellbeing.</p>		

	<p>Email: employeewellbeing@york.gov.uk</p> <p>Independent Domestic Abuse Service info@idas.org.uk</p>		
<p>Impact on human rights:</p>			
<p>List any human rights impacted.</p>	<p>At the heart of human rights, is the concept of dignity. Dignity can include factors such as autonomy, social inclusion, justice, respect, independence, and privacy. The 3 most relevant Human Rights that need to be considered for Sensory Service are:</p> <ul style="list-style-type: none"> - Right not to be tortured or treated in an inhuman or degrading way - Right to respect for private and family life - Right not to be discriminated against <p>Personalisation is at the heart of rehabilitation and an opportunity to embed a human rights-based approach.</p> <p>People accessing the Sensory Service will have their human rights protected and people will be encouraged to exercise their human rights.</p> <ul style="list-style-type: none"> - Commissioners and the Provider will take an approach which respects a person's dignity, values, their right to choose and make decisions based on their personal needs and beliefs. - Service providers ensure equal access for all. - Provide assurances that staff are trained to understand the importance human rights in the delivery of the service and ways in which they can support it. People should be able to discuss their preferences and make choices in how and when their care is delivered, breaking down any barriers in communication to enable this. - Relationship between the person receiving and those delivering support. A relationship centred on promoting human rights and 		

	<p>ensuring that decisions are made together which helps individual lead a dignified and fulfilling life, free from discrimination and degrading treatment.</p> <ul style="list-style-type: none"> - Where possible to have consistency of workers to enable a relationship to be built between the individual and the workers, and for progress to be properly monitored. - Staff are empowered to speak up about their training needs or impact of delivering the service. <p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> • provide strategic direction for the council’s human rights and equalities work • tackle the issues raised within the York Human Rights City Indicator Report <p>Any services being developed and put in place to provide person centred care must adhered to these principles.</p>		
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Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them

- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p>High impact (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p>Medium impact (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p>Low impact (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	<p>Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?</p>
<p>There will be no negative impact on the above groups and subsequent customers of the Sensory services. Any impacts will be managed as part of an assessment of individuals needs and care and support services will be designed in accordance with information provided by the customer.</p> <p>The service will not change but the provider may, but they will be delivering services in accordance with the robust specification. The survey completed has positive comments ‘The service was essential, it meant I could come home and be safe’ and rehabilitation and D is a perfect way for Customers to gain independence’.</p> <p>Solutions in the above EIA have been provided to provide reassurance that any impacts that we foresee will be minimised by the actions outlined in the EIA.</p>	

Step 6 – Recommendations and conclusions of the assessment

6.1	<p>Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:</p>
<p>- No major change to the proposal – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.</p>	

- **Adjust the proposal** – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
- **Continue with the proposal** (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty
- **Stop and remove the proposal** – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.

Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.

Option selected	Conclusions/justification
No major change to the proposal	CYC recognises, and needs to take into account its Public Sector Equality Duty under Section 149 of the Equality Act 2010 (to have due regard to the need to eliminate discrimination, harassment, victimisation and any other prohibited conduct; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it in the exercise of a public authority’s functions).

Step 7 – Summary of agreed actions resulting from the assessment

7.1 What action, by whom, will be undertaken as a result of the impact assessment.			
Impact/issue	Action to be taken	Person responsible	Timescale
Documentation	Robust specifications and contract documents to be updated incorporating the needs from the surveys for example provision of information	Edward Njuguna	14/03/2024
Equality and Human Rights Act	Quality Assurance	Laura Williams	23/02/2024

Step 8 - Monitor, review and improve

8. 1	How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?
	<p>The approach to the market for the Sensory service reflects the journey outlined in our commissioning Strategy as this has been developed to focus on outcomes and principles for commissioning services, in line with the Council’s Strategy and plan. Each contract will have Key Performance Indicators that will measure the outcomes with our providers included in the specifications. Training and outcomes expressed as part of the returned surveys will be incorporated into key documents.</p> <p>The procurement of the new contracts should have no negative impact on the end recipient of services. Any future changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.</p>

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