

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 :	Approved Providers List (“APL”) Dynamic Purchasing System		
Lead officer:	Abid Mumtaz		
Date assessment completed:	22/05/2023		
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Uzmha Mir	Contracting & Quality Manager	CYC	Adult Social Care

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 is intending to identify providers to be included as part of an Approved Provider List (APL). It is intended that the APL will remain in effect for a maximum of 7 years with options to extend for up to a further 4 years (2 plus 2). This will help to inform efficiencies and enable the establishment of a legal agreements for these APL's. The APL's will replace the current pre-placement agreement that are between the Council and individual organisations. APL procurement will help us achieve this ambition and with our partners will enable us to prevent, reduce and delay the need for formal care and support and where possible to improve people's health and wellbeing, focusing on prevention and self-help.</p> <p>Approved Provider List is implemented for Working Age Adults which will cover:</p> <ul style="list-style-type: none"> a. Home care/Domiciliary care (APL 1) b. Residential (APL 2) c. Nursing (APL 3) d. Supported Living (APL 4) <p>The purpose of the Approved Provider List is to prepare the balance of care in order to meet the growing needs of local people while working with reduced funding. By doing so, the Council will focus on promoting well-being and an asset-based community development approach to the commissioning process.</p> <p>Providers coming to the Dynamic Purchasing System (DPS) will be screened as part of due diligence to ensure that they fit into the criteria and quality standards are met in relation to equalities and human rights. As part of the providers Due Diligence process CYC commissioning will scrutinise to assess the equalities and Human Rights Act are integral to the policy such as:</p>

- Equal Opportunities
- Safeguarding
- Deprivation of Liberty
- Mental Capacity Act
- Recruitment and Selection

1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
	<p>This procurement is in line with the intentions set out within the Council Plan 2019-2023 and other the Health and Adult Services strategies. The services in scope of the procurement have been developed in line with national policy and legislation.</p> <p>Under Section 5 of The Care Act 2014 the Local Authority has a duty to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area. The market that is shaped should ensure that any person requiring Care and Support/Support services:</p> <ul style="list-style-type: none"> • Has a variety of providers supplying a variety of services to choose from; • Has a variety of high-quality services to choose from; and • Has sufficient information to make an informed decision about how to meet the needs in question. • In order to fulfil our duty to promote diversity and quality in service provision the strategy and approach to re-commissioning these services include effective strategies to shape the marketplace and commission the right services. • The re-procurement of the four APLs will be undertaken in accordance with the Public Contracts Regulations 2015 (under the light touch regime).

1.3	Who are the stakeholders and what are their interests?
	<p>The Approved Providers List will allow the Partner Organisations to access the services directly or through the Council. The Partner Organisations which are permitted to use the APL's are detailed in the contract notice and outlined below:</p> <p>City of York Council (both elected members and officers); York Residents; All Age Commissioners; Providers; Councillors; York CVS; Healthwatch York; North Yorkshire Police; Independent Care Group; Carers; Patients; Humber & North Yorkshire Health and Care Partnership; York and Scarborough Teaching Hospitals NHS Foundation Trust (acute services provider); Tees, Esk & Wear Valleys NHS Foundation Trust (mental health provider); Primary Care Networks; NHS England & Improvement, The travellers Trust, York Disability Rights Forum, York Racial Equality Forum, York LGBTQ Forum, Peasholme Charity (Homeless and socially excluded); York Carers Forum; Support for Veterans and York Interfaith</p> <p>These stakeholders all have a responsibility to contribute towards achieving the outcomes of the APL.</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 (2019- 2023) and other corporate strategies and plans.</p>
	<p>The Councils with Adult Social Services responsibilities are required by the Care Act of 2014 to oversee the care market, collaborate with providers to develop high-quality services, guarantee capacity to meet local needs, and ensure the safety of service users.</p> <p>The Council require to have a mechanism to purchase Care/Support services from third party organisations, which is what the new Approved Provider Lists will achieve. The desired outcome is to continue to have a legal and effective way of securing care/support services in a timely manner, to meet assessed care needs of individuals.</p> <p>The procurement and the move from Pre Placement Agreement to four APL will seek to achieve the following outcomes:</p> <ul style="list-style-type: none"> • strengthen whole system integrated care pathways; • standardise terms and conditions of the APLs; • move away from list types based on regulated and non-regulated activity, with a focus on personal needs and outcomes; • ensure value for money of public finances given the care market’s rising cost of care; • clear and consistence quality path way to ensure continuous quality improvement; • better contracts notice periods to reduce the impact on a person’s care plan and the wider care market sustainability; <ul style="list-style-type: none"> • Enhanced carer workforce where retainment is encouraged • Better demand and cost management by CYC allowing improved forecasting and spend analysis • People are enabled to build on their strengths, learn new skills and continue to live independently • A vibrant and sustainable market where people have a good choice of providers

- People are supported to remain independent in the community in their own homes.
- introduce discharge to assess processes to ensure a smooth transition from hospital.

The priorities and outcomes of the procurement are in line with the Adult Social Care strategy and The Council Plan Priorities including good health and wellbeing.

As a public body, the Council is subject to the provisions of the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR). Accordingly, all information submitted to it may need to be disclosed by the Authority in response to a request under either FOIA or the EIR.

Under the provisions of the Local Government Act 1999, the Council must make arrangements to secure continuous improvement in the way in which its functions are exercised having regard to a combination of economy, efficiency and effectiveness. The successful Bidders will be required to provide the Service in accordance with this principle and be expected to demonstrate how this is being achieved.

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	
City Of York Council Joint Strategic Needs Assessment (JSNA) Aging well 2022	Has data relating to demographics	
Census 2021	Focuses on current trends in demographics Unpaid care by age, sex and deprivation, England and Wales Census 2021	
City of York All Age Commissioning Strategy 2023-2025	Includes outcomes for City of York Population	
CYC Market Position statement 2023	Includes outcomes for City of York Population	
Evidence review and sector consultation to inform Skills for Care strategy Final sector report February 2021	Evidence of Skills for care outcomes and solutions	

Methodist Home Care	Facts and Statistics: How many older people are there in the UK?
CQC	Inequalities in care 2021-2022 Equality and human rights duties impact analysis
Public Health England	Annual Epidemiological Spotlight on HIV in Yorkshire and Humber 2017 data
HealthyYork.org.uk	People who fund their adult social care in York: executive summary
CYC 01 HR Framework Comprehensive Equality Policy	Equality and Inclusion The Human Rights Act
Skills for Care national The workforce employed by adult social services departments in England, 2022	National Data key findings
Skills for Care York-Workforce Intelligence 2021-2022	Local and regional Data key findings
Advent Health University 2023	Religion and Healthcare: The Importance of Cultural Sensitivity
Democracy.york.gov.uk	Findings from the survey of older people in York 2017

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
<p>Older people Age findings based on distribution in main accommodations:</p> <ul style="list-style-type: none"> • Home care • Residential • Community care • Supported living 		Liaise with York Capacity Tracker (NECS)
Number of older people of faith-based background in need of residential and home care		
Number of older people married or civil partnerships residential and home care		
Number of carers receiving support from other agencies		

Step 4 – Analysing the impacts or effects.

4.1	<p>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.</p>		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	<p>York's current population is 202,821 (2021 census), due to rise to almost 215,000 people by 2030. Our largest five-year age band as a proportion of our total population, is the 20–24-year-old band, with 15-19 and 25-29 year-old age bands also higher than the average.</p> <p>This reflects the pull of York's further and higher educational institutions. It also means that, as a proportion of the population, there are fewer people in middle age and early age in the city.</p> <p>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.</p> <ul style="list-style-type: none"> • 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. 	+	H

	<ul style="list-style-type: none"> • More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority. <p>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.</p> <p>According to JSNA The life expectancy for females is 83.6 and males 79.9, with healthy life expectancy 66.4 and 65.8 respectively.</p> <p>According to Methodist Home Care who deliver one of the highest quality person centred care, there are now over 15.5 million people aged 60 or over, making up 23% of the UK population. The number of “older” old people is also rising. There are now 3.2 million people aged 80 or over, and almost 600,000 of these are aged 90 or over. By 2041 it is expected that there will be over 3 million people aged 85 or over – more than double the number that there are in 2023.</p> <p>An Equality and Human Rights Commission (EHRC) inquiry uncovered serious, systemic threats to the basic human rights of older people who are getting home care services. Their evidence shows a picture of weaknesses in the home care system, their impact on older people and shows how easily breaches of human rights can occur. Their findings suggest that age discrimination is one of the key factors explaining why</p>		
--	---	--	--

	<p>older people face risks to their human rights in home care services.</p> <p>Additional work with York University specific to student workforce has been planned to be developed, this will have a positive reinforcement on the provision of care from knowledgeable workforce in addition will expand skill force across social care adults and children, where people are able to cross link theory and practice. Having qualified and trained care staff will help engrain the necessary behaviours, attitudes, skills and knowledge to deliver high-quality, safe, person-centred care. It helps them take the right steps to prevent risk occurring and prepares them to respond correctly should a risk emerge while delivering care. This helps keep everyone safe from harm. CYC will take appropriate measure to safeguard the vulnerable characteristics from negative implications incorporating the Human Rights Act 1998 freedom from torture and inhuman or degrading treatment.</p> <p>According to Health York.org People in York can expect to be in good health until 77 years old. In the final years of life, an average person might have 1-2 years where they have 'high care needs' i.e. help getting dressed and another year with 'medium care needs' i.e. daily help preparing meals</p>		
--	---	--	--

	<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>CYC are focusing on certain aspects of living in York as an older person, including:</p> <ul style="list-style-type: none">• getting out and about• their time• access to information• their service• their home <p>In York residential care is in demand, this makes it more expensive than other areas. In 2017/18 the average residential placement funded by the local authority was nearly £700 a week.</p> <p>It is estimated that 1 in 10 self-funders in York will subsequently become eligible for local authority funding.</p> <p>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</p>		
--	---	--	--

	<p>services, and these can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
Disability	<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. • 4.6% have 3+ conditions, 2% have 4+ conditions, 0.8% 5+ conditions, 0.3% 6+ conditions • 13.8% of the multi-morbid population is under the age of 65 • There is a strong link to deprivation with people from more deprived backgrounds having twice the rate of multimorbidity across all ages • 2.7% of the population have a physical and mental health comorbidity • Number of proportion of people with disabilities in Yorkshire and The Humber (18.9%, 1.0 million). <p>There are 794 people on a learning disability register in primary care in the city as of February 2021, and 2,040 people on a severe mental illness register (which means they have bipolar disorder, schizophrenia, or another psychosis). It is well-recognised that people with a learning disability or a severe mental illness suffer poorer health outcomes, for</p>	+	H

instance with a 10 year (Severe Mentally Impaired) and an 18-year (Learning Disability) lower life expectancy than the England average.

Health checks are offered to people aged 40 – 74 to identify early risk factors for common preventable health conditions. Health checks should be offered on a five-year cycle. Health checks in York are available to anyone who is eligible under the national criteria, however those who are likely to get the greatest benefit from a health check are currently being targeted. That is those who belong to one or more of:

- are living in areas of deprivation
- are overweight or obese, current smokers or
- have a mental health condition such as depression or anxiety.

According to MHA Around 4 million older people (40% of people aged 65 and over) have a limiting long-term illness or disability, and it is estimated that this will rise to over 6 million older people by 2030.

- 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.

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 physical or sensory impairment, a learning disability or use mental health services. 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, including those in residential care.

Some groups of disabled people may face particular stigma when using social care services, for example people with HIV, who are included in the definition of disabled people under the Equality Act 2010. According to NAT In 2023 48% of people accessing HIV care in 2021 were aged 50 or over, and 8% are 65 or over

In 2017, an estimated 254 Yorkshire and Humber residents were newly diagnosed with HIV, accounting for 6% of new diagnoses in England. This represents a fall of 10% from 2016. In 2017 49% of those living with diagnosed HIV in Yorkshire and Humber were aged between 35 and 49 years, and 33% were aged 50 years and over (up from 15% in 2008). Males represented 63% of Yorkshire and Humber residents living with diagnosed HIV in 2017 and females represented 37%.

	<p>The number of new diagnoses of HIV in Yorkshire and Humber has continued to fall in 2017 in line with the general trend over the past 10 years. HIV remains an important public health problem in Yorkshire and Humber and the percentage of new cases that are diagnosed late remains a concern</p> <p>Public health England suggests as the population ages, the numbers of people with HIV living in care homes or using the services of hospices will increase. According to NAT there are significant amount of people working in social care that hold stigmatised views on people with the virus and this can particularly have an impact on people living in residential or care homes if work is not carried out to address staff attitude.</p> <p>To ensure this, where it is lawful and appropriate to do so, CYC will use “positive action” to encourage people from disadvantaged groups to apply for jobs in areas where they are under-represented.</p> <p>The council’s equality objectives:</p> <ul style="list-style-type: none">• work towards eliminating discrimination, victimisation, and harassment, ensuring that everyone receives equal consideration when using or seeking to use our services• develop effective monitoring procedures and analyse the information obtained to provide a basis for elimination of direct and indirect discrimination and promotion of equality of opportunity		
--	--	--	--

	<p>Customers of CYC will expect to review all functions as required in light of equalities legislation such as the Equalities Act 2010. CYC will establish monitoring systems and adopt equality performance indicators for appropriate services.</p> <p>The web-based Provider Assessment and Market Management Solution (PAMMS) application that will be used to assess the Provider's performance against the requirements of the Quality Pathway and the Standards and Outcomes Framework.</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
Gender	<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.</p> <ul style="list-style-type: none"> • Life expectancy: A gap between wards in York of 10.1 years (Male) and 7.9 years (Female). • According to the NICE Intermediate care and reablement EIA 2023, The Health and Social Care Information Centre figures for 2012-13 shows that 60% of service users (of all ages) receiving community-based social care services are 	+	M

	<p>female. The guideline should consider gender issues relevant to service users and carers.</p> <p>The Commissioning strategy will enable providers to focus on the current and future needs of clients. 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>Gender Reassignment</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>We are developing our 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</p>	<p>+</p>	<p>L</p>

	<p>enable vulnerable individuals to feel respected, cared and dignified by our colleagues, team and customers.</p> <p>Currently the CYC appeal for anyone who would like to represent the council in the York Pride parade 2023.</p> <p>In addition the CYC ASC workforce 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>Marriage and civil partnership</p>	<p>In 2021, just over 4 in 10 people (41.3%) said they were married or in a registered civil partnership, compared with 44.3% in 2011. The percentage of adults who were never married or in a civil partnership in York increased from 38.6% to 42.8%.(Census, 2021).</p> <p>According to Care Found home care, the support of a professionally trained carer in the older persons home is a cost-effective way of helping couples remain together in their own home for as long as possible. Whatever the situation, elderly people almost always prefer to remain alongside their loved one in the comfort of their own home and continue to enjoy a loving relationship. Not only does this positively impact on individuals retain the emotional support of a husband or wife that we all grow to rely on, but importantly it also helps couples maintain their independence and sense of control to the greatest extent possible support can be provided on a</p>	<p>+</p>	<p>M</p>

	<p>long-term basis or for shorter respite periods, depending on the needs of each couple.</p> <p>In addition a survey of older people in York in 2017, asked:</p> <p>What things do you think are important in helping to increase peoples' independence, helping them to live in their own homes for longer?</p> <p>The most common response was "<i>More contact with friends and family</i>", which was given by 53% of those surveyed. Other frequently-given responses (cited by between 44% and 49% of those surveyed) included "<i>Access to information on support and services</i>", "<i>Help with having your home adapted</i>".</p> <p>What keeps people independent responses from 2008 survey and 2017 survey:</p>		
--	--	--	--

	<table border="1"> <thead> <tr> <th data-bbox="537 167 1153 239">Answer Choices</th> <th colspan="2" data-bbox="1153 167 1489 239">Responses 2017/2008</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 239 1153 311">More social activities held in the community</td> <td data-bbox="1153 239 1265 311">52%</td> <td data-bbox="1265 239 1489 311">40%</td> </tr> <tr> <td data-bbox="537 311 1153 351">More contact with friends and family</td> <td data-bbox="1153 311 1265 351">62%</td> <td data-bbox="1265 311 1489 351">43%</td> </tr> <tr> <td data-bbox="537 351 1153 422">Moving to a new home with care and support linked in</td> <td data-bbox="1153 351 1265 422">30%</td> <td data-bbox="1265 351 1489 422">34%</td> </tr> <tr> <td data-bbox="537 422 1153 494">Support for people that care for a relative or friend</td> <td data-bbox="1153 422 1265 494">52%</td> <td data-bbox="1265 422 1489 494">60%</td> </tr> <tr> <td data-bbox="537 494 1153 566">Help with the practicalities of running a home</td> <td data-bbox="1153 494 1265 566">50%</td> <td data-bbox="1265 494 1489 566">70%</td> </tr> <tr> <td data-bbox="537 566 1153 606">Help with personal care</td> <td data-bbox="1153 566 1265 606">45%</td> <td data-bbox="1265 566 1489 606">70%</td> </tr> <tr> <td data-bbox="537 606 1153 678">Access to information on support and services</td> <td data-bbox="1153 606 1265 678">58%</td> <td data-bbox="1265 606 1489 678">not asked</td> </tr> <tr> <td data-bbox="537 678 1153 734">Help with having your home adapted</td> <td data-bbox="1153 678 1265 734">56%</td> <td data-bbox="1265 678 1489 734">73%</td> </tr> </tbody> </table>	Answer Choices	Responses 2017/2008		More social activities held in the community	52%	40%	More contact with friends and family	62%	43%	Moving to a new home with care and support linked in	30%	34%	Support for people that care for a relative or friend	52%	60%	Help with the practicalities of running a home	50%	70%	Help with personal care	45%	70%	Access to information on support and services	58%	not asked	Help with having your home adapted	56%	73%		
Answer Choices	Responses 2017/2008																													
More social activities held in the community	52%	40%																												
More contact with friends and family	62%	43%																												
Moving to a new home with care and support linked in	30%	34%																												
Support for people that care for a relative or friend	52%	60%																												
Help with the practicalities of running a home	50%	70%																												
Help with personal care	45%	70%																												
Access to information on support and services	58%	not asked																												
Help with having your home adapted	56%	73%																												
	<p>Being separated from a partner can result in feelings of stress and anxiety for both parties. But Live in care be adapted to meet the needs of both people. This form of care will be built around the needs of the couple. Both parties will have a role in choosing their care plan.</p> <p>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>																													
Pregnancy and maternity		+	H																											

	<p>A key piece of legislation is the Equality Act 2010. The Act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.</p> <p>We are developing our 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>The Approved Provider List will enable providers to focus on the current and future needs of clients. All services commissioned by CYC are available to residents of York under the individual service criteria. Members of CYC ASC will be signposted to a range of preventative and intervention services, and these can be found on the CYC Intranet https://colin.york.gov.uk/</p>		
Race	<p>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.</p>	+	M

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).

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.

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.

The COVID-19 pandemic has continued to have a disproportionate impact on people from some ethnic minority ethnic backgrounds.

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.

CYC Diversity, Skills for Care 2021-2022

Nationality varied by region, across England 83% of the workforce identified as British, while in the Yorkshire and the Humber region this was 93%. An estimated 93% of the workforce in York identified as British, 2% identified as of an EU nationality and 5% a non-EU nationality, therefore there was a higher reliance on non-EU than EU workers

According to the evidence review by Skills for Care strategy 2021 suggested in their evidence outcomes:

- Women and people from Black and Minority Ethnic ('BAME') communities in social care in UK offering high-quality person-centred care are included in the workforce but under-represented in management positions.
- Workers from BAME communities often encounter racism and discrimination.

	<ul style="list-style-type: none"> • A more equal, diverse and inclusive workforce may be fairer, just, effective and have lower rates of absenteeism. <p>The potential solutions to remove the negative impact including:</p> <ul style="list-style-type: none"> • developing positive workplace cultures • building equality, diversity and inclusion into strategies and policies • values-based recruitment and retention • learning and development • networking and mentoring • good practice, tools and resources • designing programmes to attract in, support and progress under-represented groups at all levels in the social care workforce. <p>However, there are high level challenges that will affect CYC the ability implements the vision to remove the impacts. These may include:</p> <ul style="list-style-type: none"> • tight budgets • and changes to immigration policy. <p>To improve the experience of working with CYC by raising awareness of race and cultural diversity across the council the Black, Asian and Minority Ethnic members of staff may join the newly established BAME (Black, Asian and Minority Ethnic)</p>		
--	--	--	--

	<p>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>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>Religion and belief</p>	<p>According to Advent Health University, honouring religion in health and social care brings a variety of benefits for the cared for. When customers feel respected by their care givers, they can develop a foundation of trust and feel more comfortable. For example, Chaplains play a role in helping establish trust between patients and healthcare providers, since they provide spiritual care while doctors and nurses offer medical care.</p> <p>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>+</p>	<p>M-L</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>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>The APL will ensure providers focus on the current and future needs of clients. 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>		
Sexual orientation	No Data Available	+	M

	The APL will ensure providers focus on the current and future needs of clients. 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/		
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	<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>	+	H

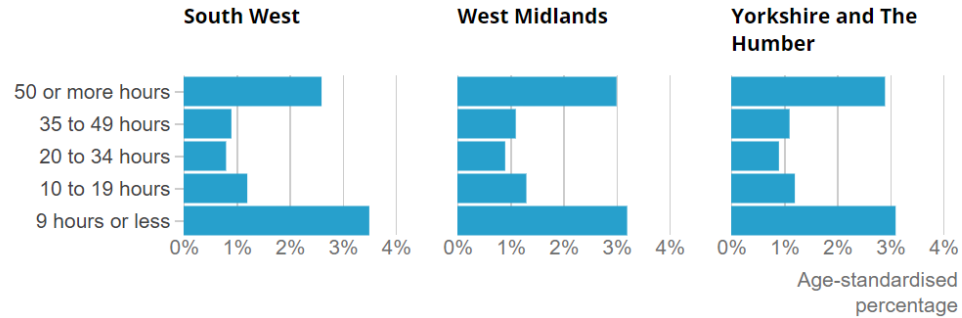


Figure 3 from the census 2021: region with the highest percentage of both unpaid carers, and unpaid carers providing 50 or more hours of care per week

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.

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

	<p>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>The APL 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>Low income groups</p>	<p>Employment is generally considered to be beneficial for wellbeing. However, employment is not a guaranteed route into financial security for everyone in York. Over 20% of working people in York earned less than the living wage (as recommended by the living wage foundation). Additionally, a large proportion of working families on low incomes rely on tax credits to supplement their income.</p> <p>Additionally, low incomes can mean that people have to spend more on essential goods and services, for example because they are on more expensive tariffs and payment plans, or</p>	<p>+</p>	<p>H</p>

because they are unable to take advantage of offers and deals. In York the 'poverty premium' costs low income households nearly £500 each year.

CYC workforce Adult Social Care

Average hourly pay

Region	Local authority	Average hourly pay
Yorkshire & The Humber	Calderdale	£9.11
	North Lincs	£8.92
	York	£9.54

(Source: the Adult Social Care workforce data set ASC-WDS):

In summary York, despite paying the highest average hourly rate had the highest vacancy and turnover rates compared to its nearest neighbours.

Analysis of the wider job market in York showed that jobs in social care were paid a slightly higher hourly rate on average than jobs in retail or hospitality. To help meet the estimated need the Adult Social Care workforce may need to grow by 35% by 2035, according to Skills for Care statistics. In addition, it is necessary to make certain that individuals

possess the appropriate training and abilities to continuously enhance and improve outcomes.

Self-Funders

People need to meet the costs of their own care if they have savings in excess of £23,250. National arrangements mean that local authority funded care is also restricted to those with the greatest levels of care needs. As a result, the proportion of people who pay for their own care is growing. It is estimated that 1 in 10 self-funders in York will subsequently become eligible for local authority funding. The transition from self-funding to local authority funding can be challenging, particularly if that transition is not planned for.

In 2013 there were 27 residential care homes in York, with a 1,218 bed capacity. It is thought that around 800 residential care places were self-funded (65%).

There were just over 30 home care providers working in York, supporting a little over 1,000 people. Of these between 300 and 400 were estimated to be self-funded arrangements.

The APL recognises the significance of Low-Income Groups to our health and social care system. 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/		
Veterans, Armed Forces Community	<p>No Data Available</p> <p>City Of York Council (CYC) has signed the Armed Forces veterans covenant which states that veterans will not be disadvantaged compared to other citizens, and they may receive special treatment if they are injured/bereaved. 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>	+	L
Other			
Impact on human rights:			
List any human rights impacted.	Associated with adult social care, the right not to be tortured or treated in an inhuman or degrading way, right to respect for private and family life and the right not to be discriminated against.	+	M

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>According to the Market Proposal Statement and the APL presented, there will be no negative impact on the above groups and subsequent customers of the services. The impacts of any changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.</p> <p>The main initial change will be the addition Approved Provider list, and services applying to lists based on service type rather than registration status. There should be little/no change to the end user as a result of the initial procurement, however it is planned across the lifetime of the provider lists that services will be transformed and modernised. Details of these changes will be set out as appropriate and further Equalities Impact Assessment will be considered as appropriate.</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>
-----	---

- **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.

- **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	Overall, it is considered that the Approved Provider List will have a positive impact in creating fairer and more equitable health for the population of York.

--	--

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
Strategy and delivery	Approved Provider List 2023	Abid Mumtaz	May 2023
Research and Analysis	Research and Development of EIA	Uzmha Mir	May 2023
Equality and Human Rights Act	Quality Assurance	Laura Williams	May 2023

Step 8 - Monitor, review and improve

<p>8. 1</p>	<p>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>
	<p>In addition a commissioning Strategy has been developed that will shape the direction of the APL, in line with the Council's Strategy. This will contain the Performance management framework inclusive of PAMMS and CQC readiness for inspection. Each contract will have Key Performance Indicators that will measure the outcomes with our providers included in the specifications for Supported Living, Residential and nursing, Homecare, and communities.</p> <p>The procurement of the new Approved Provider lists should have no negative impact on the end recipient of services. Future transformation of services on the Approved Provider List is planned over the course of</p>

	<p>the list. The impacts of any changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.</p>
--	--