

**Annex B: Impact Assessment for Adult Social Care Reduced Funding for Community Contracts
City of York Council**

Directorate:		Adult Social care Integrated Directorate	
Service Area:		Adult Social care Integrated Directorate	
What is the impact assessment for:		Decrease in funding for community provision through ASC contracts	
Lead officer:		Katie Brown	
Date assessment completed:			
Names of those who contributed to the impact assessment :			
Name	Job title	Organisation	Area of expertise

Step 1 – What Services have ended through contracts ending

1.1 **Brief description of the services that no longer have funding or may no longer have funding**
Please explain the service impacts in Plain English avoiding acronyms and jargon.

Service	Provider	Value £ (per annum)	End Date	Funding / service update	Brief Service Description
Family Community Wellbeing Service	Community Links	87,631	31/3/24	SERVICE AND FUNDING ENDED	Provided flexible, holistic support to families in the community within the context of children’s Targeted Interventions teams. It worked with families whose children are aged 0-19 years old or 0-25 years old where the child has a disability. Any family struggling with housing-related issues whose circumstances are having a negative impact on their children’s potential to thrive is eligible for support from the service. A ‘whole family’ approach with interventions to support the family is adopted, which could include addressing debt and budgeting issues, access to benefits, accessing training, education, employment, help with social isolation or accessing health support. Where required, the service facilitated engagement with the most appropriate member of the Targeted Intervention Team and/or specialist provider to resolve them.
Older Persons Community Support Service	Age UK York	375,018 (inclusive of 59,382 ICB funding)	30/9/24	BRIDGING SERVICE IN PLACE TO 31/3/25 WITH REDUCED SPECIFICATION	Community activities and social clubs (provide activities and give carers a break), day clubs (172 places per week), carers sitting and short breaks, day clubs for people living with dementia (24 places per week), peer support for people living with dementia and their carers, 'good neighbour' (befriending) service, information, advice and signposting.
Older Peoples Community	Yorkshire Housing	146,984	31/1/24	SERVICE AND FUNDING ENDED	The service worked with older people and people with the physical disability to support their wellbeing in line with Care Act principles. The service maintained and increased

Wellbeing Support Service					customers' independence through a variety of interventions, including support with access to services, budgeting, correspondence, as well as support with laundry, domestic tasks and shopping.
Mental Health Activities	York Mind	80,000	31/3/24	SERVICE AND FUNDING ENDED	Mental health activities in the community – developed, through a steering group, a wide a range of community based activities and supported services for those in need of mental health support.
Funding for Dementia Support Workers	Dementia Forward	58,000	31/3/24	FUNDING ENDED	Funding for 2 Dementia Support Workers
Dementia Support	Dementia Forward	34,000	30/9/24	NEW DEMENTIA MODEL PROPOSAL FROM 1/10/24	Funded through the Better Care Fund. A contribution to help line, day clubs, wellbeing service & early onset dementia

1.2	<p>Are there any external considerations to these contracts / funding ending? (Legislation/government directive/codes of practice etc.)</p>
<p>The ending of the community contracts is not in line with Adult Social Care’s move to an asset-based community development model that empowers individuals and communities to maximise local assets that will help individuals and communities remain independent. This model identifies need and matches it with community strengths that is based on what people can do.</p> <p>The Care Act 2014¹ sets out how adult social care in England should be provided. It requires local authorities to make sure that people who live in their areas: receive services that prevent their care needs from becoming more serious or delay the impact of their needs.</p> <p>The Government published its adult social care system reform white paper, ‘People at the heart of care’² in December 2021. The white paper set out a 10 year vision for care and support in England and is based around three key objectives: <i>People have choice, control, and support to live independent lives</i> <i>People can access outstanding quality and tailored care and support</i> <i>People find adult social care fair and accessible</i> <i>Person centred care is a key theme throughout the vision.</i></p> <p>This community contracts covered two key aspects of prevention within the Care Act, 2014. The Care and Support Statutory Guidance³ states that “<i>primary prevention / promoting wellbeing services</i>” are, <i>“generally universal (for example, available to all) services, which may include, but are not limited to interventions and advice that: provide universal access to good quality information... reduce loneliness or isolation (for example: befriending schemes or community activities such as the case study below)...”</i></p> <p>Statutory Guidance⁴ states. “<i>to ensure everyone is provided with greater choice, control and independence, the government, the NHS, local authorities, care providers, voluntary and community groups, and the wider sector will work together to: champion early health and wellbeing interventions through community support to delay and prevent care needs and reduce the number of people with preventable diseases</i>”⁵</p> <p>In order to fulfil our duty to promote diversity and quality in service provision a review to ascertain that the Council has effective community strategies and presence to fulfil our obligations and commission the right services needs to be undertaken.</p>	

¹ Care Act, 2014, <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

² People at the heart of care, DHSC, 2021 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

³ Care and Support Statutory Guidance, Gov.uk, DH&SC, updated 28 March 2024, <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

1.3	Who are the stakeholders and what are their interests?
<p>Stakeholders: City of York Council (both elected members and officers); York Residents; All Age Commissioning Team; Providers; York CVS; Healthwatch; Customers of City of York Council; Victim Support 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, York Racial Equality Forum, York LGBTQ Forum, Peasholme Charity (Homeless and socially excluded); York Carers Forum; Support for Veterans and York Interfaith, Older Peoples Forum; Housing; other stakeholders.</p> <p>As these are community service contracts and are open access for those who need them so all residents of York and partners will have an interest.</p>	

⁴ Ibid (n 3)

⁵ People at the heart of care, DHSC, 2021 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>
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1.4	What will be the impact of this funding ending or potentially ending? This section should explain what outcomes the services previously achieved, staff and/or the wider community. Demonstrate how they linked to the Council Plan (2023-27) and other corporate strategies and plans.
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Through ASC's community contracts we were able to contribute towards the following objectives. By not having these in place we will no longer be able to contribute towards the early intervention and prevention offer within the City.

City of York's Council Plan, 2023-2027⁶, has four core commitments, 3 of which were embodied in these services.

Equalities – “*We will create opportunities for all*”, ASC will no longer be able to create opportunities for our more vulnerable residents to access their communities and feel more included in our city.

Affordability – ASC will no longer be able to fulfil the ambition of, “*targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them*” ASC will no longer to invest in services that enable support for our residents and communities earlier therefore we will not be able to ensure that if additional, more formal support, is required this will be at lower level or much later in a resident's life journey.

Health – “*We will improve health and wellbeing*”, ASC will no longer be able to support those who are more isolated and vulnerable and in need of communities they can access to improve their wellbeing.

A key priority in Adult Social Care is the continued development of our Home First Model where one of the 5 key priorities outlines in City of York Council's (CYC) All Age Market Position Statement⁷ is to “Move to a community asset approach of prevention and living well in older age.” Adult Social Care will no longer be able to support this priority though the community contract offer.

All health and care services will be put under increasing pressure with an increased and ageing population. Population growth forecasts indicate:

The resident population of York is forecast to grow by approximately 35,000 between 2023 and 2033 with the largest percentage increases in the over 65's, an estimated additional 13,800 residents aged 65+ by 2033.

The GP registered population is forecast to increase from 251,000 (currently) to 255,600 by 2033.

Population health forecasts indicate continued challenges on an already stretched system:

In 2022, life expectancy for males declined from a peak of 80.2 years (2019) to 79.2 (2022), and for females declined from a peak of 84.1 years (2019) to 83.3 (2022). Male life expectancy in York has now crept below the national average for the first time (York is 75th out of 148 LAs).

The number of individuals living with multiple Long Term Conditions is increasing in York, indicating increased and more complex health and care requirements for these individuals in future years.

These services had complemented York's move to an asset-based community development model that empowered individuals and communities to maximise local assets that will help individuals and communities remain independent.

A key priority for Adult Social Care is the continued development to our Home First Model where one of the 5 key priorities outlines in City of York Council's (CYC) All Age Market Position Statement⁸ is to "*Move to a community asset approach of prevention and living well in older age*"

York's Joint Health and Wellbeing Strategy (JHWB)⁹ has its key priorities as the four life stages and states, "*...whilst people are generally in just one of these stages at a time, they are all connected through families, geographies and communities.*"

The Carers Trust¹⁰ state that 1 in 7 unpaid carers have had to use foodbanks and 63% are worried about being able to afford paying bills and 39% have had to cut back on other household items.

All these approaches and strategies evidence York's commitment to strengthening community led solutions to enhance people's health and wellbeing, by ending these contracts the prevention offer is diminished.

⁶ One City for all, City of York's Council Plan, 2023-27, <https://www.york.gov.uk/CouncilPlan>

⁷ All Age Market Position Statement, City of York Council, 2023-2025 [all-age-market-position-statement-2023-to-2025 \(york.gov.uk\)](https://www.york.gov.uk/all-age-market-position-statement-2023-to-2025)

⁸ All Age Market Position Statement, City of York Council, 2023-2025 [all-age-market-position-statement-2023-to-2025 \(york.gov.uk\)](https://www.york.gov.uk/all-age-market-position-statement-2023-to-2025)

⁹ York Local Health and Wellbeing Strategy 2022-2032, [York Joint Health & Wellbeing Strategy](https://www.york.gov.uk/york-joint-health-wellbeing-strategy)

¹⁰ Carers Trust, November 2022, [Carers Trust research reveals unpaid family carers experiencing unprecedented financial hardship with many now using food banks - News & Media - Latest News, Views & Opinions | Carers Trust](https://www.carers-trust.org.uk/news-media/latest-news-views-opinions)

1.5	Outline the key impacts of this funding ending or potentially ending. This section should explain what the key impacts of the funding ending or potentially ending	
Service	Risk / impact of closure	Result / effect / consequence of closure
Family Community Wellbeing Service	<ul style="list-style-type: none"> • Additional pressure on other services • Main users of service are female, single parents (84%), 60% in Acomb area. • Working with complex issues- - household poverty, debt, tenancy support but increasingly complex issues including historical abuse, undiagnosed LD / MH, financial abuse, coercive control • Reduction in targeted support that can be offered to families asking for help. • Lack of specialist support service to refer young families to when they leave temporary accommodation and move to first tenancies. • Lack of targeted support for families with rent arrears, anti social behaviour issues and disrepair. • Reduction in options for where to refer to when vulnerable families need targeted support. 	<ul style="list-style-type: none"> • Impact on children's ability to thrive • Impact on housing, eviction and homelessness • Impact on MH services • Impact on single parents who are mainly women in most deprived wards of York • Increase in rent and council tax arrears due to lack of support for families in debt. • Increased workload for other services • Lack of specialist family support to refer to • Increase in safeguarding risks for families due to delays in waiting for appropriate support • Increase in eviction rates
Older Persons Community Support Service	<ul style="list-style-type: none"> • Digital exclusion for older people - over 7,000 enquiries in 2022/23 to I&A service - evenly split between health/community care, benefits and finance advice and other general enquiries • Carers are less supported • Befriending service – last quarter 102 referrals 61 waiting for assessment and 41 waiting for a match. (Service does not have enough volunteer coordinator time) • Not having a subsidised offer for day activities for those who cannot afford fully funded provision will increase loneliness and isolation of the most vulnerable. 	<ul style="list-style-type: none"> • This service offers and directs older people to services in the community who may not otherwise be computer literate and not know where to go for advice or support before coming to ASC. • Health & Comm Care – potentially 2,000 more queries for Council. • Closure of dementia services and other provision will impact on individuals who use the service and their carers (perhaps reducing ability to continue in role) • No community services for other services to refer to. • Increase in isolation and loneliness and impact = earlier arrival at statutory services.

	<ul style="list-style-type: none"> • Additional pressure on other services • Impact on more elderly - average age of day club user is 85 • Delays need for other interventions • 40% of those attending general clubs have memory loss • Reduces / delays other packages of support • Access to community 	<ul style="list-style-type: none"> • Not having a subsidised offer for day activities for those who cannot afford fully funded provision will increase loneliness and isolation of the most vulnerable. • Potentially pushing the costs to other parts of the system. The need these services fill will still be there and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis. • Inability of the carer to cope longer term without a break, this will impact on ASC budget as person would need more formal support sooner.
Older Peoples Community Wellbeing Support Service	<ul style="list-style-type: none"> • No community capacity for shopping, correspondence, light cleaning, welfare checks • Additional pressure on other services • Financial exclusion • More formal intervention from ASC or other statutory services may be needed sooner. 	<ul style="list-style-type: none"> • Increased need, those who are just about coping will not longer be able to maintain property and own independence. Will impact on ASC. • Potentially pushing the costs to other parts of the system. The need these services fill will still be there and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis. • Some would still require service so would likely be paid support through CYC
Mental Health Activities	<ul style="list-style-type: none"> • Additional pressure on other services • In 2022/23 – nearly 800 accessed the mental health activities programme • Social inclusion and wellbeing • Prevents / reduces need for other interventions • Community inclusion / networks 	<ul style="list-style-type: none"> • Potentially pushing the costs to other parts of the system. The need these services fill will still be there and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis. • The service offered saw increasingly complex individuals coming into the service as there is very little community support offered for these individuals meaning increased isolation and community engagement • May hit crisis and no low level intervention so will need more costly interventions
Funding for Dementia Support Workers	<ul style="list-style-type: none"> • Carers • Additional pressure on other services 	<ul style="list-style-type: none"> • Potentially pushing the costs to other parts of the system. The need these services fill will still be there

		and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis.
Dementia Support	<ul style="list-style-type: none"> • Carers • Additional pressure on other services 	<ul style="list-style-type: none"> • Closure of dementia services and other provision will impact on individuals who use the service and their carers (perhaps reducing ability to continue in role) • Potentially pushing the costs to other parts of the system. The need these services fill will still be there and will need to be fulfilled through other services – perhaps at a more costly level as people hit crisis.

Step 2 – Gathering the information and feedback in relation to the impact of the funding ending / or potentially ending	
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
One City for all, City of York’s Council Plan, 2023-27, https://www.york.gov.uk/CouncilPlan	Outlines York’s key priorities
York JSNA, June 2022, JSNA Ageing Well (healthyork.org)	Population 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
Carers Trust, November 2022, Carers Trust research reveals unpaid family carers experiencing unprecedented financial hardship with many now using food banks - News & Media - Latest News, Views & Opinions Carers Trust	Carer data
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
Service data 2023/24	Data from current contract delivery
Census data 2021	Offers latest data on population data
City of York All Age Commissioning Strategy 2023-2025	Includes outcomes for City of York Population as well as detailing key priorities

Findings from the survey for older people in York, December 2017, Annex A - 2017 Older People Survey sent to HWBB.pdf (york.gov.uk)	Findings from the survey of older people in York 2017
Surveys and feedback from current services with those who access the services, May – June 2023	Customer feedback
Discussions with social workers and service managers, March – June 2023 and May 2024.	Social Work feedback
Yorks Human Rights City Network Indicator Report York Human Rights City Indicator Report 2022	Data, Human Rights, loneliness, cost of living crisis
Alzheimer’s Society, https://www.alzheimers.org.uk/	Data and information in relation to dementia
Age Friendly York,, June 2022, Your Services Baseline Assessment https://www.livewellyork.co.uk/more-resources/communities/your-service-baseline-assessment/	Evidence that shows views of older people in York in relation to services that would help people live independently

Step 3 – Gaps in data and knowledge	
3.1	What are the main gaps in information and understanding of the impact of the funding ending / potentially ending? Please indicate how any gaps will be dealt with.
Gaps in data or knowledge	Action to deal with this
Research suggests that lower socioeconomic status ‘triples risk of early-onset dementia’	Working with dementia services to gain a better understanding and how to ensure equal access to all services.
Impact on Adult Social Care in relation to individuals needing support at an earlier stage	Questionnaire to social workers asking what service gaps they are experiencing for the people they are working with.

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 because the funding has ended? 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	<p>Impact identified York has an older population which is increasing alongside an increase in dementia diagnosis and people living with dementia without a diagnosis.</p> <p>We know there are 9,854 people over 80 years old living in York, an increase of 12.7% since 2011 (York Council Plan) and with age comes increased risks of dementia and loneliness.</p> <p>Age Friendly York undertook a survey in June 2022, findings stated, <i>“We also checked what individual support people received through friends; neighbours; relatives and communities. Only 53% percent receiver informal support which included: shopping; providing lifts; keeping an eye out to make sure they are all right; cleaning; preparing meals and many other tasks. Not having access to support in the community can have a significant impact on someone’s independence and wellbeing.”</i></p> <p>Supporting Evidence</p> <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. 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>	Negative	High

	<p>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.</p> <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>Mitigation:</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 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 		
Disability	<p>Impact Identified</p> <p>As individuals age there can be an increase in people living with multiple long-term conditions (multimorbidity)</p>	Negative	Medium

	<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 about the services must be available in different formats to enable older people to fully understand what is available to support them and be active members in their communities.</p> <p>Evidence below demonstrates that we have a population that has a variety of disabilities, and each person is an individual with their own needs.</p> <p>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. Proportion of people with a long-term health condition or disability: 15% - similar to the national average</p> <p>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). 		
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	<ul style="list-style-type: none"> • It is well-recognised that people with a learning disability or a severe mental illness suffer poorer health outcomes, for instance with a 10 year (Severe Mentally Impaired) and an 18-year (Learning Disability) lower life expectancy than the England average. <p>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:</p> <ul style="list-style-type: none"> • are living in areas of deprivation • are overweight or obese, current smokers or • have a mental health condition such as depression or anxiety. <p>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.</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 physical or sensory impairment, a learning disability or use mental health services.</p> <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 instance with a 10 year (SMI) and an 18-year (LD) lower life expectancy than the England average.</p> <p>The National Autistic Society (NAS) has reported a 61% increase in the autism since 2005.</p> <p>Mitigation:</p> <p>To ensure services still available comply with equalities legislation.</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>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>Gender</p>	<p>Impact Identified</p> <p>Women in York tend to live longer than males in York, a trend also seen nationally.</p> <p>Supporting Evidence</p> <p>York's JSNA tells us that in York, as well as nationally, life expectancy at 65 is steadily on the rise. The pattern for men and women is different. Women are expected to live an extra 21.4 years compared to men living an extra 18.9 years. Women have a higher life expectancy at 65 than their peers nationally, and this is rising at a similar rate to the national average. Men's life expectancy at 65 is approximately more in line with the national average.</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.</p> <p>Life expectancy: A gap between wards in York of 10.1 years (Male) and 7.9 years (Female).</p> <p>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 female.</p> <p>Mitigation:</p> <p>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>Negative</p>	<p>High</p>

<p>Gender Reassignment</p>	<p>Impact identified : As Above</p> <p>Sexual Orientation –there may be a lack of understanding LGBTQIA+ issues</p> <p>Difficulty of monitoring of Sexual Orientation</p> <p>Supporting Evidence:</p> <p>The Council’s Equalities Objectives:</p> <p><i>Create opportunities for representatives of all sections of the community to participate in the work of the Council</i></p> <p><i>Make a commitment to fair recruitment and employment policies</i></p> <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 LGBTQIA+, 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</p> <p>Monitoring of religion and sexual orientation are more difficult as individuals may not wish to disclose this information. For example, one view was that sexual orientation must be monitored to ensure that the Council and the provider have an understanding of the types of problems LGBTQIA+ clients are facing, this can also ensure that there is an understanding that CYC, ICB and the providers are LGBTQIA+ friendly. This may mean that residents are more likely to reveal their sexuality, which may be relevant to services offered.</p>	<p>Negative</p>	<p>Low</p>
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	<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>Marriage and civil partnership</p>	<p>Impact There will be those who used / are using the services who are married or in a civil partnership and this may mean they are also carers. We know that 7.7% of York's population are residents with carer responsibilities.</p> <p>Supporting Evidence 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 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><i>What things do you think are important in helping to increase peoples' independence, helping them to live in their own homes for longer?</i></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></p>	<p>Neutral</p>	<p>Medium</p>

What keeps people independent responses from 2008 survey and 2017 survey:

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%

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/>

The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.

<p>Pregnancy and maternity</p>	<p>Impact identified These services are primarily for older people in York, although the closure of the Family Community Wellbeing Service may impact on families where the mother may be pregnant.</p> <p>Supporting Evidence</p>	<p>Neutral</p>	<p>Low</p>
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	<p>It is unknown if there were any pregnant women who accessed the Family Community Wellbeing Service</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>Race</p>	<p>Impact identified</p> <p>There is no robust evidence as to who accessed / accesses the services from the BAME communities</p> <p>Supporting Evidence</p> <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> <p>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.</p> <p>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.</p> <p>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>	<p>Negative</p>	<p>Low</p>

	<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. 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 barriers can sometimes prevent professionals from effectively assessing and supporting people with dementia and their 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. Consistent quality of translation needs to be maintained to build trust and understanding. Cultural beliefs also need to be considered, and health and social care workers may see patients relying on their family members and friends to act as interpreters. This can, however, present several problems.</p> <p>Mitigation</p> <p>The Council would provide links to Local Area Co-ordinators as they would share important local information for local communities.</p> <p>Ensure a professional approach that are trained in equalities awareness. The needs of staff training with regard to equalities and diversities is assessed as part of the annual staff appraisal process</p> <p>Clear written policy of language and translation services ensuring that information is delivered quickly</p> <p>All professional organisations have clear written policy for racial harassment.</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</p>		
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	<p>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> <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 Religious belief and lack of understanding of religious beliefs.</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>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>Neutral</p>	<p>Low</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 Impact identified as above</p> <p>Supporting 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>	Neutral	Low
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	<p>Impact identified Unpaid Carers Adult carers Young Adult Carers Young Carers</p> <p>Supporting evidence</p>	Negative	High

We know that 7.7% of York's population are residents with carer responsibilities.

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.

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

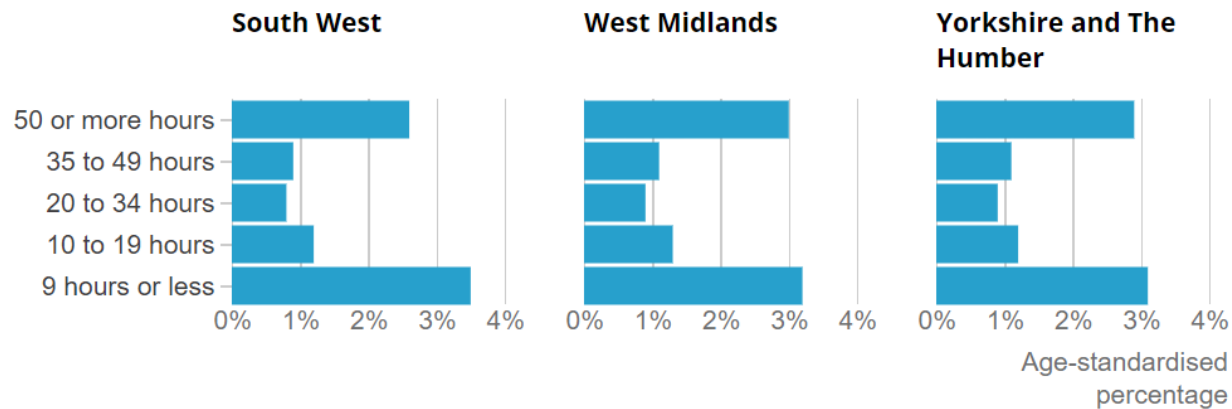


Figure 3 from the census 2021: region with the highest percentage of both unpaid carers, and unpaid carers providing 50 or more hours of care per week

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.

	<p>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.</p> <p>Mitigation</p> <p>The All Age Commissioning Team recognises the significance of unpaid carers to our health and social care system. The current Carers 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.</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> <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 Cost of attending activities Debt and financial crises.</p> <p>Supporting Evidence A study¹¹ published in the Lancet Healthy Longevity journal found that individuals of a lower socioeconomic status had a three-times-higher risk of developing early-onset dementia in comparison to their counterparts from a higher socioeconomic background.</p> <p>Studies have repeatedly shown that older adults with lower socioeconomic status (including factors such as low income, living in deprived neighbourhoods, low educational level) are more</p>	<p>Negative</p>	<p>High</p>

¹¹ Lower socioeconomic status 'triples risk of early-onset dementia', 29/11/23, The Guardian, <https://www.theguardian.com/society/2023/nov/29/lower-socioeconomic-status-triples-risk-of-early-onset-dementia>

likely to be lonely as they have fewer financial resources for initiating and maintaining social relationships. For example, club membership, transport costs, leisure activities etc.

The Carers Trust in 2022 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.

Cost of Living Crisis	
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

	<p>Financial living crises and debt</p> <p><i>The Press</i> 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 <i>The Press</i> 2023, Citizens Advice Bureau, their close work with the mental health charities, GPs and hospitals explain that debt is a 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 No Data Available</p> <p>Supporting Evidence 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>Neutral</p>	<p>Low</p>

	<p>Mitigation 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>		
Other			
	Impact on human rights:		
List any human rights impacted.	<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.</p> <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 	Negative	Medium

Use the following guidance to inform your responses:

Indicate:

Where you think that the reduction in funding 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 reduction in funding could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them

Where you think that this reduction in funding 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 the impact(s) may be highly relevant to one aspect of equality and not relevant to another.

<p>High impact (The reduction in funding might have a high impact)</p>	<ul style="list-style-type: none"> • There is significant potential for or evidence of adverse impact(s) • The reduction in funding is institution wide or public facing • The reduction in funding has consequences for or affects significant numbers of people • The reduction in funding has the potential to have a significant adverse impact to promoting equality and the exercise of human rights.
<p>Medium impact (The reduction in funding might have a medium impact)</p>	<ul style="list-style-type: none"> • There is some evidence to suggest potential for or evidence of adverse impact • The reduction in funding is institution wide or across services, but mainly internal • The reduction in funding has consequences for or affects some people • The reduction in funding has the potential to have an adverse impact to promoting equality and the exercise of human rights
<p>Low impact (The proposal or process might have a low impact)</p>	<ul style="list-style-type: none"> • There is little evidence to suggest that the proposal could result in adverse impact • The reduction in funding operates in a limited way The reduction in funding has consequences for or affects few people • The reduction in funding may have the potential to an adverse impact to promoting equality and the exercise of human rights

<p>Step 5 - Mitigating adverse impacts and maximising positive impacts</p>	
<p>5.1</p>	<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 negative impact(s) on the above groups, with some aspects of equality being more adversely effected than others. The impacts are being considered and alternative models are being put in place.</p> <p>In relation to dementia CYC is intending to contribute funding towards an ICB led community dementia pathway.</p> <p><u>Dementia Community model</u> The intended community dementia model is one of a lead provider which will allow for continued delivery of valuable services as well as a more innovative solutions whilst focussing on realising the ambitions outlined within the Dementia Strategy.</p>	

This will help inform efficiencies and enable an innovative delivery model to be in place which allows for coproduction and partnership working and assist CYC to 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.

The ICB will be lead partners in the procurement of this lead provider model.

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> <ul style="list-style-type: none"> • No major impact– the IA demonstrates there is no major impact of services ending / reduction in funding. 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 service ending / reduction in funding– the IA 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 service ending / reduction in funding (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 work further to mitigate impact of service ending / reduction in funding – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping 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
<p>Stop and work further to mitigate impact of service ending / reduction in funding</p>	<p>There are adverse impacts in relation to the services ending / reduction in funding. An options paper is being taken to ASC Directorate Management Team.</p> <p>With the continued issues our communities face (covid lag in terms of needs, failing MH services, cost of living crisis, food insecurity, increased costs of services) one preventative approach alone will not reduce/delay/prevent reliance on more costly interventions BUT having preventative services within our communities offers more opportunity and support for older people, those who are more vulnerable and open to exploitation and those with MH issues to remain within their communities.</p> <p>It is acknowledged that the reduction in funding has been taken due the Council's financial position and future proposals must take the reduced funding envelope into account.</p>

Step 8 - Monitor, review and improve			
8.1	How will the impact be monitored and mitigated going forward? Consider how will you identify the impact of reduction in funding on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?		
The Council Commissioning Strategy has been developed and will shape the direction of commissioned services, in line with the Council's Plan.			
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
Adverse implications to the reduction in community services, particularly for older residents in York	A report outlining future options to be taken to ASC DMT for future direction to be given.	Katie Brown	July 2024