



**Notice of a public meeting of
Executive**

To: Councillors Douglas (Chair), Kilbane (Vice-Chair), Kent, Baxter, Lomas, Pavlovic, Ravilious, Steels-Walshaw and Webb

Date: Thursday, 10 October 2024

Time: 5.30 pm

Venue: West Offices - Station Rise, York YO1 6GA

A G E N D A

Notice to Members – Post Decision Calling In:

Members are reminded that, should they wish to call in any decisions made on items* on this agenda, notice must be given to Democratic Services by **4:00 pm on Thursday 17 October 2024**.

*With the exception of matters that have been the subject of a previous call in, require Full Council approval or are urgent, which are not subject to the call-in provisions. Any called in items will be considered by the Customer and Corporate Services Scrutiny Management Committee.

1. Declarations of Interest

At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

- (1) *Members must consider their interests, and act according to the following:*

Type of Interest	You must
<i>Disclosable Pecuniary Interests</i>	<i>Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Directly Related)</i> OR <i>Non-Registrable Interests (Directly Related)</i>	<i>Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Affects)</i> OR <i>Non-Registrable Interests (Affects)</i>	<i>Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.</i>

- (2) *Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (3) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*

2. Minutes (Pages 1 - 14)

To approve and sign the minutes of the Executive meeting held on 12 Septmeber 2024.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the Executive.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is 5:00pm on Tuesday 8 October 2024.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. **Forward Plan** (Pages 15 - 18)
To receive details of those items that are listed on the Forward Plan for the next two Executive meetings.
5. **Granting consent for Regulations to allow the Council to have extended borrowing powers**
Report to follow.
6. **Community Dementia Model** (Pages 19 - 82)
The purpose of this report is to approve the commissioning of a new Community Dementia Model for a period of three years (with an option to extend for two years), with the Integrated Care Board (ICB) as lead commissioner and City of York Council (CYC) as partner.
7. **Community contracts to support early intervention and prevention in Adult Social Care (ASC)** (Pages 83 - 172)
This report seeks approval to tender for 2 new services, the Advice and Information Service and the Supporting Independence Service.
8. **York Youth Justice Service Plan**
Report to follow.
9. **Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democratic Services officer:

Name: Robert Flintoft

Contact details:

- Telephone – (01904) 555704
- E-mail – Robert.flintoft@york.gov.uk

For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak

- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

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我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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City of York Council

Committee Minutes

Meeting	Executive
Date	12 September 2024
Present	Councillors Douglas (Chair), Kilbane (Vice-Chair), Kent, Baxter, Lomas, Pavlovic, Ravilious, Steels-Walshaw and Webb
In Attendance	Councillor Ayre
Officers in Attendance	<p>Ian Floyd – Chief Operating Officer Debbie Mitchell – Director of Finance Frances Harrison – Head of Legal Sara Storey - Corporate Director of Adults and Integration Michael Jones – Head of Housing Delivery and Asset Management Sophie Round - Housing Delivery Programme Manager Maxine Squire - Assistant Director, Education and Skills Kerry Lee - Wraparound Project Officer Dawn Wood - Early Years Extended Entitlements Project Lead James Gilchrist – Director of Transport, Environment and Planning Claire Foale - Interim Director City Director Alison Cooke - Head of Strategic Planning Policy Matt Boxall - Head of Public Protection</p>

PART A MINUTE

23. Declarations of Interest (16:31)

Members were asked to declare at this point in the meeting any disclosable pecuniary interest or other registerable interest they might have in respect of business on the agenda if they had not already done so in advance on the Register of Interests.

Councillor Lomas stated that she had a prejudicial interest in relation to item 10 on the agenda *Developing a Special*

Educational Needs and Disabilities (SEND) Family Hub as a family member worked in the sector.

24. Minutes (16:32)

The Executive Leader confirmed that Councillor Rose had contacted her about his contribution during public participation and noted that he had presented the views of a local group in favour of pedestrianisation on Acomb Front Street rather than these being his own views. The Executive therefore agreed to amend Councillor Rose's contribution in the minutes to:

'Cllr Rose thanked the Council for the public engagement on the use of Acomb Front Street phase two funding and presented a local campaign group's request for commitment to future pedestrianisation of the space on their behalf. He asked that the Council ensure consultations on transport strategies reach residents across the city.'

Resolved: That the minutes of the Executive meeting held on 13 June 2024 be approved and then signed by the Chair as a correct record with the amendment to Cllr Rose's contribution during public participation.

25. Public Participation (16:33)

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme.

Flick Williams asked why the Council was not creating a Supplementary Planning Document to the Local Plan to cover accessibility. She raised concerns that building regulations set standards to low and that groups such as the Access Forum were being relied on to much for unpaid advisory work.

Cllr Coles welcomed the use of Lowfield Plot A to provide housing for adults with learning difficulties and autism. With high demand for this type of housing she urged the Executive to try and develop the maximum number of affordable housing possible and to work with the Combined Authority to develop more affordable housing.

26. Forward Plan (16:41)

Members received and noted details of the items that were on the Forward Plan for the next two Executive meetings at the time the agenda was published.

27. Capital Programme Update Monitor 1 (16:41)

The Director of Finance introduced the report. She outlined the proposal to decrease the 2024/25 budget by £81.72m as costs for some projects would be reprofiled to future years. She also asked the Executive to note the 2024/25 revised capital programme of £134.154m. She also explained that grant award to University of York for the Ousewem Flood Resilience Project had now exceeded the key decision threshold therefore would require Executive approval.

The Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion stated that with Council's difficult position it was right to move borrowing costs where possible to future years. She noted that a lot of the funding for projects came from external sources, but that the Council did undertake borrowing to support schemes.

Resolved:

- i. Noted the 2024/25 revised budget of £134.154m as set out in paragraph 4 and Table 3;
- ii. Noted the restated capital programme for 2024/25 – 2028/29 as set out in Annex 1;
- iii. Approved the grant award to University of York for £530k for the Ousewem Flood Resilience Project.

Reason: To enable the effective management and monitoring of the Council's capital programme.

28. Finance & Performance Monitor 1 (16:44)

The Director of Finance introduced the report and outlined an estimated overspend of £3.4 million, which was an improvement on the same period for the previous year but highlighted further work to achieve a balanced budget.

The Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion thanked all those across the Council who had worked together to put the Council in a better financial position. She noted that the difference from last years overspend showed the work that had been undertaken and showed what the Council could achieve.

Resolved:

- i. Noted the finance and performance information;
- ii. Noted that work will continue on identifying the savings needed to fully mitigate the forecast overspend;
- iii. Approved the £900k savings identified in paragraph 68 needed to deliver the Place service review saving agreed in the 2024/25 budget.

Reason: To ensure expenditure is kept within the approved budget.

29. Treasury Management Quarter 1 Prudential Indicators (17:00)

The Director of Finance introduced the report and confirmed it has been considered by the Audit and Governance Committee.

Resolved:

- i. Noted the 2024/25 treasury management activity up to the first quarter date ending 30th June 2024;
- ii. Noted the Prudential Indicators outlined in Annex A (updated where applicable) and note the compliance with all indicators.

Reason: To ensure the continued effective operation and performance of the Council's Treasury Management function and ensure that all Council treasury activity is prudent, affordable and sustainable and complies with policies set.

It is a statutory duty for the Council to determine and keep under review the affordable borrowing limits. During the first quarter of the 2024/25 financial year, the Council has operated within the Treasury and

Prudential Indicators set out in the Council's Treasury Management Strategy Statement for 2024/25.

There are no policy changes to the Treasury Management Strategy Statement 2024/25 for members to agree and approve; the details in this report update the Treasury Management position and Prudential Indicators in the light of the updated economic position and budgetary changes already approved.

30. Medium Term Financial Strategy Update (17:01)

The Director of Finance introduced the report. She noted that the report outlined planning assumption and that final budget decisions were for the decision of Full Council. She highlighted that the Council was awaiting the Local Government Settlement following the Chancellor of the Exchequer Autumn budget. She confirmed that there remained an expected overspend of £30m over the next 3 years that would need to be addressed.

Resolved:

- i. Agreed the Medium-Term Financial Strategy as outlined in this report.

Reason: To ensure the Council meets future financial challenges and produces a robust budget.

31. Delivery of supported affordable housing at Lowfield Plot A (17:05)

The Corporate Director of Adult services and Integration introduced the reporting noting that there was currently a gap between provision and demand for supported housing. She outlined that supported housing delivered the opportunity for individuals to live longer and happily independent lives, as well as, costing the Council less over time.

The Executive Member for Health, Wellbeing and Adult Social Care welcomed the report and agreed that the Council required more supported affordable housing as there was a growing

demand. She welcomed the fact that supported housing provided the opportunity to live independently and as the Council provided more accommodation it would also allow people to continue to live within their own communities.

Resolved:

- i. Approved the development of Plot A at Lowfield Green for specialist housing for adults with learning disabilities and / or autism utilising the resources of the Housing Delivery Programme working in partnership with Adult Social Care;
- ii. Agreed to the allocation of £480k from the Housing Revenue Account for the design development of Plot A at Lowfield Green to carry out design work and allow for the submission of a planning application and note that a future paper will be brought to the Executive to present a full Business Case prior to procuring and appointing a building contractor;
- iii. Approved the use of the York and North Yorkshire Combined Authority Brownfield Housing Fund grant allocation for this site to support the delivery of housing on this plot and to delegate authority to the Director of Housing and Community Services (in consultation with the Director of Governance and the Director of Finance) to enter into the resulting funding agreement;
- iv. Approved the procurement of an external multidisciplinary team to design the homes and submit a planning application for supported accommodation on Lowfield Plot A and to delegate authority to the Director of Housing and Community Services and the Director of Adults Services and Integration (in consultation with the Director of Governance and the Head of Procurement) to take such steps as are necessary to procure, award and enter into the resulting contracts;
- v. Noted that officers are considering the options for specialist care providers to deliver support services once the property is constructed and will carry out soft market testing with providers and bring back a recommendation to Executive to accompany the full business case.

Reason: To increase the supply of affordable housing options for specialist housing provision in the City. To mitigate future costs of expensive out of area placements and improve the standard of supported housing in the City.

32. Developing a Special Educational Needs and Disabilities (SEND) Family Hub (17:16)

Councillor Lomas left the meeting of this item in accordance with her declaration of interest.

The Assistant Director of Education and Skills introduced the report and outlined the benefit of creating a Special Educational Needs and Disabilities (SEND) Family Hub. She confirmed that the hub would aim to bring together partners and provide a in person space to provide information and support to families.

The Executive Member for Children, Young People and Education highlighted the challenges of navigating the SEND system and welcomed the opportunity of a hub that would support families by bringing together partners and noted that he was pleased to see the Parent Carer Forums involvement.

Resolved:

- i. Approved the creation of a SEND Family Hub within one of the Council's existing Family Hubs. With the greatest opportunity to deliver the SEND hub at the Clifton Family Hub.

Reason: To strengthen The Council's local offer to families in time and ensure a more coordinated response to developing complex need.

33. Commissioning of New and Expanded Places for Childcare Reforms (17:25)

The Assistant Director of Education and Skills introduced the report highlighting the requirement in future years for an expansion in childcare provision. She noted that the Council had received additional capital funding for early years and childcare

and outlined the proposed use of this capital funding to increase provision and grow York's local market.

The Executive Member for Children, Young People and Education outlined the positive impact of early years and child care provision had on children's health and wellbeing.

Resolved:

- i. Approved the capital and revenue spend to create new early years and wraparound places to deliver this ambitious government programme;
- ii. Approved the use of the DfE 2023-34 Childcare Capital Expansion grant allocation to increase the capacity of early years and wraparound provisions in York and use the Dfe Wraparound Programme revenue grant allocation to support the delivery of additional wraparound places for primary school children;
- iii. Delegated authority to the Corporate Director of Children and Education, the Director of Governance and the Director of Finance to take such steps as are necessary to develop the grant allocation process, procure, award and enter into the resulting grant agreements.

Reason: To ensure the delivery of new places in line with government expectations for the phased introduction of new early education entitlements and expansion of wraparound care.

34. Recommissioning of Advocacy Hub Services in York (17:34)

The Corporate Director of Adult services and Integration outlined the importance of advocacy and the need to provide a statutory service. She outlined that advocacy work assisted disabled people to have their voices heard across the care system.

The Executive Member for Health, Wellbeing and Adult Social Care thanked officers for their work and stated that advocacy was crucial in supporting people challenging key decisions and assist people in knowing their rights. She noted the challenges

faced by the service and highlighted the need to provide the service and the work it undertakes which helped people live independent lives.

Resolved:

- i. Approved the procurement of a new Contract for the Advocacy Hub Service for an initial term of 3-years, with an option to extend for up to a further 2-years, and to delegate authority to the Corporate Director of Adult Services and Integration in consultation with the Head of Procurement (or their delegated officers) to take such steps as are necessary to carry out the procurement;
- ii. Delegated authority to the Corporate Director of Adult Services and Integration, in consultation with the Director of Governance and the Head of Procurement (or their delegated officers), to take such steps as are necessary to award and conclude the Contract for the Advocacy Hub Service and to determine the provisions of any subsequent modifications and/or extensions thereto post award.

Reason: The option proposed will comply with CYC's CPRs, the Procurement Regs and the Procurement Act in terms of completing an open, fair, and transparent process as the market has not been approached since 2017.

Further, the provision of the Advocacy Hub Service ensures the Council meets the statutory duty of the Care Act 2014, the Mental Capacity Act 2005, the Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market. The Council would also meet the needs vulnerable adults identified as benefiting from non-statutory advocacy.

35. Safer York Partnership Community Safety Strategy (17:44)

The Director of Environment, Transport and Planning introduced the report. He outlined that there was a statutory requirement to have a strategy in place. He explained that the strategy was a

multi-agency approach and outlined the Council's responsibility and how it would work with partners and stakeholders.

The Executive Member for Housing, Planning and Safer Communities thanked everyone in the Safer York Partnership for their work developing the strategy. He outlined that the partnership had a wide-ranging remit and operated across York. He welcomed the move to a performance framework within the strategy which would allow greater reporting and monitoring of performance within the work of the partnership.

Resolved:

- i. Approved the content of the strategy which identifies the key role that City of York Council plays in its delivery;

Reason: To progress the strategy to approval at Full Council and note the Council's role in delivery of the strategy.

36. Prioritisation of Supplementary Planning Documents (17:50)

The Interim Director of City Development introduced the report on supplementary planning documents (SPD) seeking agreement to the scope and prioritisation of SPD's to sit alongside the Local Plan. It was confirmed that at the Council's Local Plan working Group had recommended to amend Recommendation 10 to include consideration of short term housing lets in the Housing SPD if timescales allow and guidance on houseboats, to approach the Combined Authority to assist in funding the Council's SPD creation, as well as, acknowledge the Social Model of Disability in every SPD and ensure the SPD guidance follows this model and make sure that accessibility is more visible.

The Executive Member for Housing, Planning and Safer Communities thanked officers for their work on both the Local Plan and the creation of these SPD's. He acknowledged the importance of the SPD's while noting that their role was to support policy within the Local Plan itself. He noted that the Executive were happy to accept the recommendations around short term lets but noted that the Council's was also awaiting a

potential change in the law regarding short term lets from Government.

Resolved:

- i. Noted progress of the ongoing production of the Climate Change SPD;
- ii. Agreed the revised scope for the Housing SPD and Green Infrastructure SPD, as set out in Annex C, and continue to prioritise their production;
- iii. Agreed the scope for a 'Planning for Heath' SPD, as set out in Annex C, and agree its inclusion in the next phase of SPD prioritisation;
- iv. Noted the likely scope for a Transport SPD, as set out in Annex C, to support the implementation of the Local Transport Strategy. Further detail to be delegated to the Director for Transport, Environment and Planning in consultation with the Executive Member for Transport and Executive Member for Housing, Planning and Safer Neighbourhoods;
- v. Agreed that a Gypsy, Traveller and Travelling Showpeople SPD be included in the next phase of prioritisation of SPDs. The scope of the SPD to be delegated to the Director for City Development on consultation with the Executive Member for Housing, Planning and Safer Neighbourhoods;
- vi. That SPDs for Extensions & Alterations of Buildings, Environmental Protection, Culture and Heritage & City Walls be agreed as lower priority for SPD production, due to limited internal capacity to progress these at this time;
- vii. That each draft SPD be reported to Executive for agreement to proceed to statutory public consultation and subsequently, adoption.

Reason: To progress a suite of SPDs to support the policies set out in the new City of York Local Plan to ensure policy is clear and applied consistently.

- viii. Noted the response to the e-petition on HMO thresholds and agreed the continued monitoring of the policy's implementation for consideration as part of future policy review;
- ix. Agreed the continued gathering of evidence to support a potential Article 4 direction to remove

permitted development rights allowing changes of use of a building in commercial, business and service use (use class E) to residential (use class C3);

- x. Agreed the continued gathering of evidence ahead of Government introducing changes relating to short-term holiday lets, which could support a potential Article 4 direction to restrict permitted development rights and incorporate this into the Housing SPD, if timescales allow.

Reason: to support implementation of the Local Plan and ensure evidence is available to inform a local policy response as appropriate.

37. Enforcement Policy (18:02)

The Head of Public Protection introduced the proposed new policy around enforcement. He noted that the policy would provide a framework for the Council and that the Council would seek to provide help and guidance to individuals and businesses before it would seek to undertaken enforcement action.

The Executive Leader inc. Policy, Strategy and Partnerships welcomed the new policy acknowledging its role across the whole of the Council.

Resolved:

- i. Agreed to adopt the policy in order to guide officers and ensure a consistent approach when enforcement activity is undertaken by the council.

Reason: To ensure the Council operates an effective Enforcement Policy.

38. Lord Mayoralty Points Allocation (18:15)

The Chief Operating Officer introduced the report which presented the Executive with a request to restore unspent points from 2019/2020 in the calculation used determine the next Lord Mayor by the Conservative party which would take effect from the 2025/2026 municipal year.

The Executive Leader inc. Policy, Strategy and Partnerships acknowledged that the Conservative party were eligible in 2019/2020 to nominate a candidate to be Lord Mayor, however, were unable to do so due to the member eligible being unable to take up the role that year. She stated that the Executive were happy to restore those points.

Resolved:

- i. Agreed to implement the requested reallocation of unspent points to the Conservative Group for the 2019/2020 nomination to the current points calculation, such reinstatement to take effect for the 2025/2026 municipal year.

Reason: To ensure the fairness of approach which is appropriate in the nomination of Lord Mayors for Office.

PART B - MATTERS REFERRED TO COUNCIL

27. Capital Programme Update Monitor 1 (16:41)

The Director of Finance introduced the report. She outlined the proposal to decrease the 2024/25 budget by £81.72m as costs for some projects would be reprofiled to future years. She also asked the Executive to note the 2024/25 revised capital programme of £134.154m. She also explained that grant award to University of York for the Ousewem Flood Resilience Project had now exceeded the key decision threshold therefore would require Executive approval.

The Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion stated that with Council's difficult position it was right to move borrowing costs where possible to future years. She noted that a lot of the funding for projects came from external sources, but that the Council did undertake borrowing to support schemes.

Recommended:

- i. To recommend to Full Council the adjustments resulting in a decrease in the 2024/25 budget of £81.72m as detailed in the report;

Reason: To enable the effective management and monitoring of the Council's capital programme.

35. Safer York Partnership Community Safety Strategy (17:44)

The Director Environment Transport and Planning introduced the report. He outlined that there was a statutory requirement to have a strategy in place. He explained that the strategy was a multi-agency approach and outlined the Council's responsibility and how it would work with partners and stakeholders.

The Executive Member for Housing, Planning and Safer Communities thanked everyone in the Safer York Partnership for their work developing the strategy. He outlined that the partnership had a wide-ranging remit and operated across York. He welcomed the move to a performance framework within the strategy which would allow greater reporting and monitoring of performance within the work of the partnership.

Recommended:

- i. Recommended to Full Council for approval in accordance with the Council's Constitution;

Reason: To progress the strategy to approval at Full Council and note the Council's role in delivery of the strategy.

Cllr Douglas, Chair

[The meeting started at 4.30 pm and finished at 6.15 pm].

Forward Plan: Executive Meeting: 10 October 2024

Table 1: Items scheduled on the Forward Plan for the Executive Meeting on 14 November 2024

Title and Description	Author	Portfolio Holder
<p>Capital Programme Update Monitor 2</p> <p>Purpose of Report: To provide members with an update on the capital programme.</p> <p>Members will be asked to note the issues, recommend to Full Council any changes as appropriate.</p>	<p>Debbie Mitchell, Chief Finance Officer</p>	<p>Executive Members for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion</p>
<p>Finance & performance Monitor 2</p> <p>Purpose of Report: To present details of the overall finance and performance position.</p> <p>Members will be asked to note the report.</p>	<p>Debbie Mitchell, Chief Finance Officer</p>	<p>Executive Members for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion</p>
<p>Treasury management 2024/25 mid-year review & Q2 prudential indicators</p> <p>Purpose of Report: To provide members with an update on the treasury management position.</p> <p>Members will be asked to note the issues and approve any adjustments as required to the prudential indicators or strategy.</p>	<p>Debbie Mitchell, Chief Finance Officer</p>	<p>Executive Members for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion</p>

<p>York Youth Strategy</p> <p>Purpose of Report: The report provides an update on plans to develop a Youth Strategy for the City and seeks the Executive's approval of the strategy. The purpose of the strategy is to develop a new local landscape of how the council and providers of youth services work in partnership to meet the needs of young people and reflecting revised statutory guidance on youth offers.</p> <p>The Executive will be asked to: Agree the Youth Strategy.</p>	<p>Pauline Stuchfield, Directorate of Housing and Communities and Martin Kelly, Corporate Director of Children and Education</p>	<p>Executive Member for Children, Young People and Education, and Executive Member for Housing, Planning and Safer Communities</p>
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Table 2: Items scheduled on the Forward Plan for the Executive Meeting on 12 December 2024

Title and Description	Author	Portfolio Holder
<p>Homelessness & Rough Sleeper Strategy 2024-29</p> <p>Purpose of Report: The report will present to Executive the Homelessness & Rough Sleeper Strategy for 2024-29. The Strategy will guide work in this area for the following five years and will seek to enlist partners, stakeholders and citizens in a plan to make homelessness rare, brief and non-recurring.</p> <p>The Executive will be asked to:</p> <ul style="list-style-type: none"> i. Approve the Homelessness & Rough Sleeper Strategy for 2024-29. ii. Establish a multi-agency governance board to help guide the Strategy. iii. Authorise the Director of Housing and Communities and the Corporate Director – Adult Social Care and Integration, to work with partners on service re-design and service transformation, moving to a Housing First approach. iv. Authorise Director of Housing and Communities to work with partners to increase the supply of suitable accommodation to help meet demand. v. Authorise Director of Housing and Communities and the Corporate Director – Adult Social Care and Integration, to develop a preventative approach and services. 	<p>Pauline Stuchfield, Directorate of Housing and Communities and Sara Storey Corporate Director of Adult Services and Integration</p>	<p>Executive Member for Housing, Planning and Safer Communities</p>

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Meeting:	Executive Meeting
Meeting date:	10 th October 2024
Report of:	Corporate Director of Adult services and Integration (DASS)
Portfolio of:	Cllr Lucy Steels-Walshaw, Executive Member for Health, Wellbeing and Adult Social Care

Decision Report: Community Dementia Model

Subject of Report

1. The purpose of this report is to approve the commissioning of a new Community Dementia Model for a period of three years (with an option to extend for two years), with the Integrated Care Board (ICB) as lead commissioner and City of York Council (CYC) as partner.
2. The Community Dementia model will be contracted by the ICB with CYC as partner.
3. This report discusses the benefits of investing in the above and risk / impact of not doing so.

Benefits and Challenges

Benefits

4. The positive impacts of these services on our residents are manifold and there is a risk and impact of not having these services. Some of the benefits are detailed below.
5. This will be a new dementia model with a lead specialist provider. This will involve joint working and collaboration with a focus on prevention, early intervention and maximising independence and is designed to minimise overlap and improve coordination and cooperation. The model will promote partnership working, innovation and flexibility of the services provided and is in line with the asset-based community development model. It will enable delivery of the priorities of the York Dementia

Strategy¹ and be accountable to the Health and Wellbeing Board and York Place Board. There will be a steering group of stakeholders including people with lived experience and their carers.

The service will deliver:

- Wrap around pre and post diagnostic support for people with cognitive impairment and dementia and their families / carers
- Dementia helpline
- Dementia wellbeing cafés providing meaningful activities for those living with dementia,
- Carer breaks whilst those living with dementia attend day clubs providing activities
- Activities that both the person with dementia and their carer can do together, for example, singing for the brain
- Dementia Support Advisers (work with people living with dementia and their families at any stage of their illness) currently funded through the Council
- Memory Support Advisers integrated within primary care frailty hub and connecting GPs and patients with the voluntary / community sector
- Brain Health Cafes (weekly drop in cafes for people concerned about confusion or memory loss, supported by trained staff and volunteers as well as a range of health and social care professionals who attend)
- Community liaison – trainers who run sessions in various settings ensuring people are dementia aware

Challenges

6. The challenges of not having this much-needed community model for those who are just about coping means:

- Potentially putting further pressure / costs on other areas. The needs of the individuals will remain and increase with no support pushing individuals into a more costly package of support.
- Unable to fulfil Council Plan commitments for example: *“targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them”* A reduction in services will impact on Council Plan

¹ York Dementia Strategy, 2022-2027, [Annex A.pdf \(york.gov.uk\)](#)

delivery and will limit ASC's commitment to delivering areas of the Council Plan.

7. Through the dementia strategy, health and social care have signed up to deliver a model that supports collaboration with the third sector and voluntary organisations. The risks to not having an integrated model means that services are not accessible, streamlined or embedded within the community ensuring a coherent pathway. Not having this community model risks duplication in funding and use of already stretched resources.
8. The integrated model will have clear pathways that connect people to support in their communities ensuring people can be directed to the right level of support at the right time for them.

Policy Basis for Decision

9. The Care Act 2014², places a series of duties and responsibilities on local authorities to improve people's independence and wellbeing. It makes clear that local authorities must "*provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support*"³
10. Statutory Guidance⁴ defines "*Delay: tertiary prevention / formal intervention*" stating these "*are interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, (including progressive conditions, such as dementia). supporting people to regain skills and manage or reduce need where possible*"

This describes the purpose of the Dementia Community Model, also supporting carers through the service.

11. City of York's Council Plan, 2023-2027⁵, has four core commitments, 3 of which are embodied within this proposal.

² Care Act 2014, [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

³ guidance, Care Act factsheets, 2016, [Care Act factsheets - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

⁴ Ibid (n 4)

⁵ One City for all, City of York's Council Plan, 2023-27, <https://www.york.gov.uk/CouncilPlan>

12. **Equalities** – *“We will create opportunities for all”*, by creating opportunities for our more vulnerable residents to access their communities and feel more included in our city.
13. **Affordability** – this new model will be *“targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them”* by investing in residents and communities earlier if additional, more formal support, is required this will be at lower level or much later in a resident’s dementia journey.
14. **Health** – *“We will improve health and wellbeing”*, those accessing the dementia community model and their carers are often more isolated and vulnerable and in need of bespoke communities they can access to improve their wellbeing.
15. *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 Statement⁶ is to “Move to a community asset approach of prevention and living well in older age.”*
16. The Joint Health and Wellbeing strategy⁷’s, 2022-32, sets out ‘Ten Big Goals’ within it and this proposal supports the strategy as outlined in the table below.

No.	Description	Action Plan	How
8	Improve diagnosis gaps in dementia...to above the nation average	support the implementation of the dementia strategy	Dementia Community Model
10	Reduce the proportion of adults who report feeling lonely	identify gaps in provision for those at greatest risk of loneliness	Dementia Community Model

17. The York Dementia Strategy⁸ (2022-27) states, *“We recognise that it is important to support people living with dementia to live the life they choose and to feel included in the community”*. Having the right

⁶ 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)

⁷ Joint Health and Wellbeing Strategy, York, 2022-32, <https://www.york2032.co.uk/strategies-action-plans/joint-health-wellbeing-strategy-2022-2032>

⁸ York Dementia Strategy, 2022-2027, [Annex A.pdf \(york.gov.uk\)](https://www.york.gov.uk/annex-a.pdf)

community services to access is key to ensuring York is a dementia friendly city.

Financial Strategy Implications

18. The proposal for the dementia model requires Council funding of £140,000 p.a. (potentially £700,000 over the five year contract) which can be met from the existing budget envelope.
19. There is a duty under the Care Act for Councils to ensure there are services which prevent and delay Carers and individuals needing care which this proposal falls under (see Legal section for these duties). This proposal is congruent with that duty: It is difficult to assess whether this delivers that duty at the minimum level but as CYC are contributing £140,000 out of £379,000 annually, it suggests the scheme is supported with an appropriate level of resource according to our duties.

Recommendation and Reasons

20. Executive are asked to:
Agree the funding to continue CYCs contribution to funding the new Community Dementia Model for a period of three years (with an option to extend for a further two years) noting
 - the contract will be procured by the ICB with CYC as a partner,
 - through a lead provider model and engagement with the market and to delegate to the Corporate Director of Adult Social Care and Integration (in consultation with the Head of Procurement and the Director of Governance) the authority to enter into an agreement with the ICB for the provision of the funding and to agree to the award of the resulting contract for the Community Dementia Model service by the ICB.
21. Reasons to support this proposal are outlined below.
 - Prevention, as defined in the Care and Support Act Statutory Guidance⁹, is about the care and support systems actively promoting independence and wellbeing, it states, "*These are services, facilities*

⁹ Care Act Statutory Guidance, 2016, [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

or resources provided or arranged that may help an individual avoid developing needs for care and support, or help a carer avoid developing support needs by maintaining independence and good health and promoting wellbeing.”

- There will be an increase in those living with dementia, those needing care and those providing unpaid care. York’s Joint Strategic Needs Assessment¹⁰ projects care needs of some adults over the age of 65:

Population	2020	2040
Living with dementia	2,927	4,291 (+47%)
Needing care	11,380	15,207 (+34%)
Providing unpaid care	5,271	6,592 (+25%)

- York’s JSNA estimates there will be 3,860 people living with dementia in York by 2030.
- 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.

¹⁰ York JSNA, April 2023 [JSNA | York Health & Wellbeing \(healthyyork.org\)](https://www.healthyyork.org/)

- Investment into a new community dementia model will bring together current community provision into one cohesive pathway and enable a more integrated offer for those living with dementia and their carers. Dementia is a growing need within the city and this model allows a more targeted approach to the use of limited funding.
- The impact of not having social connection is well documented on a human level and the links between loneliness and poor health are well established, the LGA comment in their report, Combating Loneliness¹¹, *“It is associated with higher blood pressure and depression, and leads to higher rates of mortality-comparable to those associated with smoking and alcohol consumption. It is also linked to higher incidence of dementia, with one study reporting a doubled risk of Alzheimer’s disease in lonely people compared with those who were not lonely. As a result of these health impacts, lonely individuals tend to make more use of health and social care services, and are more likely to have early admission to residential or nursing care.”*
- Good, accessible information and advice are essential to enable people living with dementia and their carers to play a full part in their community, make informed decisions and be able to access the right services for them. Care and Support Statutory Guidance¹² states; *“It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence , and does not just wait to respond when people reach a crisis point.”* It states prevention services include services that, *“...provide universal access to good quality information...”*. As part of the
- To not have an integrated community dementia offer will increase costs onto an already overstretched budget position and increase expenditure of statutory services.

Background

22. York has moved to an asset-based community development model that empowers individuals and communities. Through an ethos of strength-based practice the aim is to support and assist individuals in remaining as healthy and self-sufficient as possible, enabling people to manage their own health and well-being in their own homes whenever possible. This

¹¹ Combating loneliness, A guide for local authorities, LGA, 2016

https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf

¹² Ibid, (n 11)

proposal works within this model building community strengths by bringing residents and communities together.

23. Dementia services have been provided previously through an Older Persons Community Wellbeing contract which is ending on 30th September 2024. A bridging service has been put in place from 1st October 2024 for other elements of this contract.

Consultation Analysis

24. York's Dementia Strategy, 2022-2027 was, *“developed through collaboration between City of York Council, The York Health and Care Partnership, Healthwatch York, local community and voluntary providers, our local NHS Mental Health service provider (Tees Esk and Wear Valleys Trust), and the York and Scarborough Teaching Hospital NHS Foundation Trust. Through face-to-face conversations, online surveys and focus groups with people who have experience of living with dementia in York, and with those staff and organisations who have learned experience of the opportunities and challenges this creates, we have been able to better understand how York can become a better place to live, with better quality services for people with dementia and their carers”*.
25. Healthwatch have consulted with people living with dementia, their carers and other stakeholders and their report, “Listening to people with dementia” was published in January 2023, attached alongside this report. Findings in this report showed that some people reported receiving no support at all, and others gave examples of inflexible and impersonalised support. This supports the need for an improved integrated community offer of support that is equitable for all.
26. There have been two annual events to mark the anniversaries of the strategy and examples of feedback at these events are:
 - People need a timely diagnosis so they can access support and treatment sooner and so they and their family and carers know what to expect and make plans.
 - The importance of the care plan process and carers wanting to engage in this
 - Receiving the right information at the right time
 - There are gaps in provision for people with young-onset dementia. Carers of people with young-onset dementia report a lack of age-appropriate activities and support, and the need for support to be flexible to accommodate employment.

- There is a challenge in finding crisis support around the clock
- When people are not supported correctly, crises – such as hospitalisation, carer breakdown and health deterioration become more common
- People told us they were unsure when they last had an annual review of their dementia care with many of those who did have an annual review saying it did not help them manage their condition
- Difficulties in navigating/accessing health and social care
- Respite for carers
- Meaningful activities, day care etc

Options Analysis and Evidential Basis

27. The population in York is aging, with an estimated increase of 50% for those aged 80 and over¹³. As people age the risk of living with dementia increase. Social connection is a vital part of a good life and access to good information and advice plays a key role in this.
28. The challenges of not having a community dementia model, on an already stretched social care and health system, are significant.

Risk / impact of closure	Result /effect / consequence of closure
People living with dementia and their carers will not have access to support and advice both pre and post diagnosis	No cohesive community dementia model
Carers	Information and advice about support opportunities are crucial to help support to maintain a caring role.
Carers	The impact of no services and the anxiety caused to people using these services and family carers reliant on the respite provided should not be underestimated as well as increased costs elsewhere.
Additional pressure on other services	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

¹³ Joint Strategic Needs Assessment, York, <https://www.healthYork.org/>

Risk / impact of closure	Result /effect / consequence of closure
	through other services – perhaps at a more costly level as people hit crisis.
No offer will impact on other services	Other statutory services will be impacted therefore offsetting any perceived saving.
Adverse publicity	The decision to close these services will have a negative reaction.
Unable to fulfil Council Plan commitments for example: <i>“targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them”</i>	Reduction in dementia provision and other services will impact on Council Plan delivery and will limit ASC’s commitment to delivering areas of the Council Plan

Organisational Impacts and Implications

29. Financial

The proposal for the dementia model requires £140,000 funding per annum from the Council towards the funding of the model as described below. This can be met from the existing budget envelope.

2025 to 2032 (5 years plus option to extend one plus one years)		
	Funding per annum (£)	Funding Source
New Community Dementia Model (Lead Provider)	140,000	CYC funding contribution (£34,000 from the Better Care Fund and £106,000 ASC budgets)
	60,000	ICB (currently invested in Dementia via CYC contract)
	40,000	ICB post-diagnostic support
	64,000	ICB recurrent funds for specialist dementia nurse and MSAs
	75,000	ICB SDF (service development fund) for MSA & dementia nurse
	379,000	TOTAL PER ANNUM
	£1,895,000	For the 5 year contract

This means a commitment for the Council of £700,000 over the five year period.

The costs will be fixed for the lifetime of the contract and providers will need to demonstrate how they will manage the budget within this timeframe. The awarding of a five year contract mitigates the risk that no-one will bid for the contract if it doesn't include inflationary uplifts.

The Better Care Fund grant is generally only allocated on an annual basis. Given it has been in place for approximately ten years there is limited risk in this ceasing and causing a £34,000 annual pressure to the Council.

30. Human Resources (HR)

The very specific details of the recommendations of this report in terms of the proposed service delivery options have been discussed with Human Resources and there are no HR implications based on the options presented.

31. Legal

There is a duty under s2 Care Act 2014 to prevent needs for care and support:

2(1) A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will

–

Contribute towards preventing or delaying the development by adults in its area of needs for care and support;

Contribute towards preventing or delaying the development by carers in its area of needs for support

Reduce the needs for care and support of adults in its area

Reduce the needs for support for carers in its area.

Any contracts being procured must be done so in accordance with the Council's Contract Procedure Rules and the Public Contracts Regulations (2015) or the Provider Selection Regime (2023), as applicable.

Arrangements with the ICB in relation to the provision of the service may be done via a Section 75 arrangement which would be subject to the requirements of the NHS Act 2006, the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 and related law.

Section 75 of the NHS Act 2006 can enable partners (certain NHS bodies and Councils) to collaborate in respect of defined “Prescribed Functions”. This can (subject to also meeting other criteria) enable partners to collaborate including as below:

- a) by contributing to a common fund which can be used to commission health or social care related services;
- b) for a local authority to commission health services and NHS commissioners to commission social care; and
- c) for joint commissioning and commissioning of integrated services.

The power to enter into section 75 agreements is also conditional on meeting the following:

- i. The arrangements are likely to lead to an improvement in the way in which those functions are exercised; and
- ii. The partners have jointly consulted people likely to be affected by such arrangements.

Any elements of section 75 arrangements that would attract competition under the PSRs, PCRs and CPRs will also be subject to meeting competition rules.

32. Procurement

The intention would be for the ICB to Direct Award a contract to the existing Providers under a Lead Provider model. However, subject to any initial responses to published notices informing the supplier market of intentions to award contract, the ICB may be required to conduct an open procurement but would still work towards Contract Award by 01 April 2025.

33. Health and Wellbeing

Good brain health at all stages of life is a public health priority, as is the early detection of dementias and other cognitive issues so the right support can be given to residents and carers. There is a developing evidence base around the preventable components of dementia, with the Lancet Commission on Dementia suggesting 14 modifiable risk factors (e.g. high blood pressure, hearing impairment, smoking, air pollution) are responsible for up to 50% of dementia; and given the rising incidence of the disease and York’s aging population, a preventative and early detection approach is a key part of the city’s Health and Wellbeing Strategy. This model aligns to the strategy, and provides a more

integrated and flexible community offer which emphasises health, emotional and social support for residents and carers along the assessment, diagnosis and post-diagnosis pathway. The provider should incorporate prevention and social / community support – including mutual support from peers – into its work to ensure dementia services are sustainable against the background of rising disease incidence.

34. Affordability

As cited in the EIA individuals on lower incomes have a three-times-higher risk of developing early-onset dementia in comparison to their counterparts on higher incomes, and agencies are seeing more complex needs from disabled people being presented which are needing support. The recommendations in this report seek to mitigate these impacts from a multi-disciplinary perspective reducing the impacts and improving outcomes for the individual.

35. Equalities and Human Rights

The Council recognises, and needs to take into account its Public Sector Equality Duty under Section 149 of the Equality Act 2010 (to have due regard to the need to eliminate discrimination, harassment, victimisation and any other prohibited conduct; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it in the exercise of a public authority's functions).

An Equalities Impact Assessment has been carried out and is annexed to this report at Annex A. In summary, the results of the assessment are that overall, it is considered that the proposal will have a positive impact in creating fairer and more equitable community provision for the population of York. The dementia community model is designed to align resources and enable partners and organisations to work in a more coherent way to ensure the best possible service for those with dementia and their families.

36. Data Protection and Privacy

The data protection impact assessment (DPIAs) screening questions were completed for the recommendations and options in this report and as there is no personal, special categories or criminal offence data being processed to set these out, there is no requirement to complete a DPIA at this time. However, this will be reviewed following the approved

recommendations and options from this report and a DPIA completed, jointly with ICB where appropriate

37. Communications

This report sets out a positive benefit for residents across the city and will require external communications, both immediately and in the longer term. We recognise there will possibly be some challenge from stakeholders who feel the new model is unaffordable or unachievable and we will mitigate this with a robust communications plan and thorough stakeholder engagement.

38. Economy

As the report recognises, a significant proportion of York's residents are carers, as well as being employees or business owners. While the impact on low income groups is highlighted above, there are also challenges provided by balancing caring and working for people across all income levels. The impact of providing unpaid care on these residents' ability to work is noted in the York Economic Strategy. For those with early onset dementia, there are direct impacts on employment, or for those who are business owners, on business resilience and the livelihood of employees. The service proposed in this report would therefore represent a positive impact on the economy.

Risks and Mitigations

Risk	Mitigation
Providers unable to afford to provide the expectations within the dementia community model	During provider engagement any issues can be identified and any risks / concerns regarding viability and operation of the model can be addressed in relation to design of the model.
Fixed cost makes new model unaffordable	During engagement with providers funding and expectations will be discussed and fed back into the model.
Budget envelope may decrease service provision	Basic Key Performance Indicators within the contract but also there will be flexibility for innovation and new ways of working.

Risk	Mitigation
Complaints if provider changes or activity changes	Managed through the implementation plan (strong communication plan will be required)

Wards Impacted

39. All wards are impacted.

Contact Details

Author

Name:	Katie Brown
Job Title:	Commissioning Manager
Service Area:	All Age Commissioning Team
Telephone:	554068
Report approved:	Yes
Date:	26 September 2024

Background Papers and Annexes

Annex A: Equalities Impact Assessment (EIA)

Annex B: Listening to People with Dementia, Healthwatch York, January 2023

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**Annex C – Equalities Impact Assessment for Adult Social Care Community Contracts – Future commissioning options
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 :		Dementia Community model	
Lead officer:		Katie Brown	
Date assessment completed:			
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Uzmha Mir	Contracts Manager	CYC	Communities Contracts

Step 1 – Aims and intended outcomes

1.1

What is the purpose of the proposal?

Please explain your proposal in Plain English avoiding acronyms and jargon.

City of York Council is intending to contribute funding towards an ICB led community dementia pathway.

Dementia Community model

The intended 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.

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.

The Council will work in partnership with the ICB in relation to the design and commissioning of the new Community Dementia model.

1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
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This procurement is 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.

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.

The Government published its adult social care system reform white paper, ‘People at the heart of care²’ 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:

- People have choice, control, and support to live independent lives
- People can access outstanding quality and tailored care and support
- People find adult social care fair and accessible

Person centred care is a key theme throughout the vision.

Statutory Guidance³ defines “*Delay: tertiary prevention / formal intervention*” stating these “*are interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, (including progressive conditions, such as dementia). supporting people to regain skills and manage or reduce need where possible*”

This describes the purpose of the Dementia Community Model, also supporting carers through the service.

The Paper goes on to state, “*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*”⁴

In order to fulfil our duty to promote diversity and quality in service provision commissioning these services include effective strategies to fulfil our obligations and commission the right services.

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 Ibid (n 3)

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>	

⁴ 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>
EIA 05/2024

1.4	<p>What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023-27) and other corporate strategies and plans.</p>
<p>City of York's Council Plan, 2023-2027⁵, has four core commitments, 3 of which are embodied within this proposal.</p> <p>Equalities – <i>“We will create opportunities for all”</i>, by creating opportunities for our more vulnerable residents to access their communities and feel more included in our city.</p> <p>Affordability – this new model will be <i>“targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them”</i> by investing in our residents and communities earlier we will ensure that if additional, more formal support, is required this will be at lower level or much later in a resident's life journey.</p> <p>Health – <i>“We will improve health and wellbeing”</i>, those accessing these proposed models are those who are more isolated and vulnerable and in need of communities they can access to improve their wellbeing.</p> <p><i>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 Statement⁶ is to “Move to a community asset approach of prevention and living well in older age.”</i></p> <p>All health and care services will be put under increasing pressure with an increased and ageing population. Population growth forecasts indicate:</p> <ul style="list-style-type: none"> • 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. <p>Population health forecasts indicate continued challenges on an already stretched system:</p> <ul style="list-style-type: none"> • 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. <p><u>Dementia Community Model</u></p> <p>The York Dementia Strategy⁷ (2022-27) states, <i>“We recognise that it is important to support people living with dementia to live the life they choose and to feel included in the community”</i>. Having the right community services to access is key to ensuring we have a dementia friendly city.</p>	

It is estimated there will be an increase in those living with dementia, those needing care and those providing unpaid care. York's Joint Strategic Needs Assessment⁸ projects care needs of some adults over the age of 65:

Population	2020	2040
Living with dementia	2,927	4,291 (+47%)
Needing care	11,380	15,207 (+34%)
Providing unpaid care	5,271	6,592 (+25%)

York's JSNA estimates there will be 3,860 people living with dementia in York by 2030.

The service aims to:

- **Prevent, Reduce and Delay the need for ongoing Support-** This are related to the statutory duty under Section 2(1) of the Care Act 2024 to contribute towards preventing or delaying the development of needs for care and support. This is related to Health and wellbeing and reducing inequalities within the council plan
- **Flexible, Choice and Control-** focus on work undertaken to involve residents, families and their carers in the being able to access information and advice that is specific to them. This is related to Health and wellbeing and reducing inequalities within the council plan.
- **Linkages and Connections;** focus on work undertaken to strengthen the connections individuals have in their communities. This is related to Health and wellbeing and reducing inequalities within the council plan

These solutions complement York'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.

Alongside this approach a key priority 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 Statement⁹ is to "*Move to a community asset approach of prevention and living well in older age*"

⁵ One City for all, City of York's Council Plan, 2023-27, <https://www.york.gov.uk/CouncilPlan>

⁶ 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)

⁷ York Dementia Strategy, 2022-2027, [Annex A.pdf \(york.gov.uk\)](https://www.york.gov.uk/Annex-A.pdf)

⁸ York JSNA, April 2023 [JSNA | York Health & Wellbeing \(healthyyork.org\)](https://www.york.gov.uk/JSNA-York-Health-Wellbeing)

⁹ 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)

York's Joint Health and Wellbeing Strategy (JHWB) ¹⁰ 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 Trust¹¹ 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 the approach that is being taken to create services which deliver community led solutions to enhance people's health and wellbeing.

¹⁰ York Local Health and Wellbeing Strategy 2022-2032, [York Joint Health & Wellbeing Strategy](#)

¹¹ 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](#)

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
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	Customer 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

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
	People face unique challenges in seeking a dementia diagnosis (perhaps due to issues such as age, gender, race, culture and religion, sexual identity, caring roles and socioeconomic status)	Working with dementia services to gain a better understanding and how to ensure equal access to all services.
	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.

Step 4 – Analysing the impacts or effects			
4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	<p>Impact identified</p> <p>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>There is an estimated 2,812 people over 65 living with dementia in York. (York Dementia Strategy)</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> <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. • More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority. 	Positive	High

	<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 <p>The All Age Commissioning Team and ICB will monitor the performance of the contracts against the requirements set out within it.</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>		
Disability	Impact Identified	Positive	Medium

	<p>The biggest risk factor for dementia is aging. York has an older population which is increasing alongside an increase in dementia diagnosis as well as people living with dementia without a diagnosis.</p> <p>As individuals age there can be an increase in people living with multiple long-term conditions (multimorbidity)</p> <p>Supporting evidence</p> <p>The way that social care is organised and delivered can be a critical factor in disabled people being able to exercise their human rights over a large proportion of their adult lives. Independence is a fundamental human rights principle which underpins other human rights. The Joint Committee on Human Rights report on the rights of disabled people to independent Living (2012) reaffirms the importance of independent living principles for all disabled people.</p> <p>Information and guidance 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> <ul style="list-style-type: none"> • 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>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 		
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	<ul style="list-style-type: none"> • 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>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> <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>Around 850,000 people (most of whom are aged 50 or over) are living with dementia in the UK, and Alzheimer's UK predicts that this figure will rise to 1 million people by 2025. Of these, around a third (288,000) are currently living in residential care settings.</p> <p>It is known that dementia can present differently for people with a learning disability.</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>		
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	<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>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.</p> <p>Mitigation:</p> <p>To ensure both new services comply with equalities legislation, where it is lawful and appropriate to do so, CYC will ensure the equality objectives are followed:</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>The All Age Commissioning Team and ICB will monitor the performance of the contracts against the requirements set out within it.</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
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	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/		
Gender	<p>Impact Identified</p> <p>There are more women living dementia than men, this is mostly because women tend to live longer than men. Women who are over 80 have a slightly higher risk of getting dementia than men¹².</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> <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 female. The guideline should consider gender issues relevant to service users and carers. <p>Mitigation:</p> <p>The proposal will enable providers of services to focus on the current and future needs of residents. All services commissioned by CYC are available to residents of York under the</p>	Positive	Medium

¹² Alzheimers Society, April 2024 [Risk factors for dementia | Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/)
EIA 05/2024

	<p>individual service criteria. Residents may be signposted to a range of preventative and intervention services.</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>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: The service is open to both men and women regardless of any possible previous gender reassignment / and transgendered people. Specifications will state that a person that uses the homeless service must be treated with dignity and respect and receive person centred care. The Equalities Act 2010 identifies nine protected characteristics and Gender Reassignment if one of them. In York those with protected characteristics are known as <i>Community of Identity</i>.</p> <p>The Council’s Equalities Objectives:</p> <ul style="list-style-type: none"> • <i>Create opportunities for representatives of all sections of the community to participate in the work of the Council</i> • <i>Make a commitment to fair recruitment and employment policies</i> <p>The Council’s Equalities duties state: advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it for our customers and people who work within the Health and Social Care system.</p>	<p>Positive</p>	<p>Low</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 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>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 using the service how 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>Positive</p>	<p>Low</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>What keeps people independent responses from 2008 survey and 2017 survey:</p>		
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	<table border="1"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses 2017/2008</th> </tr> </thead> <tbody> <tr> <td>More social activities held in the community</td> <td>52%</td> <td>40%</td> </tr> <tr> <td>More contact with friends and family</td> <td>62%</td> <td>43%</td> </tr> <tr> <td>Moving to a new home with care and support linked in</td> <td>30%</td> <td>34%</td> </tr> <tr> <td>Support for people that care for a relative or friend</td> <td>52%</td> <td>60%</td> </tr> <tr> <td>Help with the practicalities of running a home</td> <td>50%</td> <td>70%</td> </tr> <tr> <td>Help with personal care</td> <td>45%</td> <td>70%</td> </tr> <tr> <td>Access to information on support and services</td> <td>58%</td> <td>not asked</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			
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Pregnancy and maternity	<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>Impact identified These services are primarily for older people in York, however young onset dementia needs a more robust pathway within the dementia community offer.</p> <p>Supporting Evidence Over 70,800 people in the UK are living with young-onset dementia. Dementia is described as 'young onset' when symptoms develop before the age of 65, usually between 30 to 65 years of age.</p>	<p>Neutral</p>	<p>Low</p>																									

	<p>Mitigation</p> <p>Services for younger people with dementia should understand the issues that come from receiving a diagnosis as a younger person. They should also be able to provide appropriate information and support to help with the issues younger people with dementia face. The new pathway will work towards ensuring that people living with young onset dementia have the support they need.</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> <ul style="list-style-type: none"> • Language Barrier can mean less likely to approach services or to receive good service provision. • Low BAME workforce representation • Health and wellbeing in BAME communities <p>Supporting Evidence</p> <p>3% of people with dementia are from BAME communities.</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>Positive</p>	<p>Medium</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>The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 0.5% in 2011 to 1.0% in 2021.</p> <p>There are many factors that may be contributing to the changing ethnic composition of England and Wales, such as differing patterns of ageing, fertility, mortality, and migration. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.</p> <p>The COVID-19 pandemic has continued to have a disproportionate impact on people from some ethnic minority ethnic backgrounds.</p> <p>Our survey of more than 4,000 people aged 65 and over who had used health or social care services recently shows that older people from ethnic minority backgrounds tend to use services less frequently (68% said they use them about once every 2 to 3 months or once in the last 6 months, compared with 58% of people from White British backgrounds).</p> <p>Language 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>		
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	<ul style="list-style-type: none"> • Provider will source interpreters where English is not their first language and provide information in designing multi-lingual leaflets. • The Council would provide links to Local Area Co-ordinators as they would share important Local information for local communities. • 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 • Clear written policy of language and translation services ensuring that information is delivered quickly • All professional organisations have clear written policy for racial harassment. <p>CYC has progressed in implementing the Race Equality Scheme to promote race equality within York. All services commissioned by CYC are available to residents of York under the individual service criteria. Residents may be signposted to a range of preventative and intervention services, and these can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <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 and therefore circumstances that may lead to those living with dementia not coming for diagnosis at an earlier stage.</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>Positive</p>	<p>Low</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>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>Sexual orientation</p>	<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>Positive</p>	<p>Low</p>

	The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.		
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	<p>Impact identified</p> <ul style="list-style-type: none"> • Unpaid Carers • Adult carers • Young Adult Carers • Young Carers <p>Supporting evidence</p> <p>We know that 7.7% of York's population are residents with carer responsibilities.</p> <p>According to the Census 2021, females were statistically significantly more likely to provide unpaid care than males in every age group up to 75 to 79 years; however, from the age of 80 years onwards, males were statistically significantly more likely to provide unpaid care.</p> <p>In both females and males, the older age groups provide the highest hours of unpaid care per week. In females, those aged between 75 to 79 years and in males, those aged between 85 to 89 years provided the highest percentage of 50 hours or more of care compared with all other age groups</p>	Positive	High

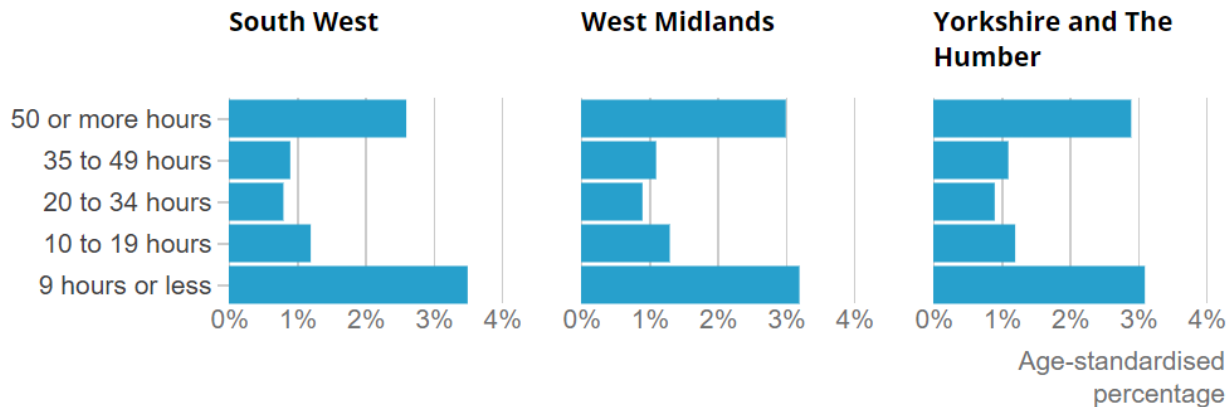


Figure 3 from the census 2021: region with the highest percentage of both unpaid carers, and unpaid carers providing 50 or more hours of care per week

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.

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.

Mitigation

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>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 For those with early onset dementia and for those caring for individuals with dementia this may mean:</p> <ul style="list-style-type: none"> • Fall in employment • Decrease in working hours • Debt and financial crises. <p>Supporting Evidence A study¹³ 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 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.</p> <p>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.</p>	<p>Positive</p>	<p>High</p>
	<p>Cost of Living Crisis</p>		

¹³ 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>
EIA 05/2024

Food and everyday shopping	Plus £134 increase in September 2022
Transport & fuel costs	+ 70% this year
Housing costs	+ int.rates & rents
Energy costs	+ int.rates & rents
Source of information: York cost of living summit	

The IMD (Indices of Multiple deprivation) report in York 2019 indicates:

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

Financial living crises and debt

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

	<p>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>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>	<p>Positive</p>	<p>Low</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. The 3 most relevant Human Rights that need to be considered for both the services are:</p> <ul style="list-style-type: none"> - Right not to be tortured or treated in an inhuman or degrading way - Right to respect for private and family life - Right not to be discriminated against <p>People accessing the Dementia Community model and the two Older Persons services; Advice & Information Service and the Good Neighbours Service will have their human rights protected and people will be encouraged to exercise their human rights.</p> <ul style="list-style-type: none"> - Commissioners and the Provider(s) will take an approach which respects a person’s dignity, values, their right to choose and make decisions based on their personal needs and beliefs. - Service providers ensure equal access for all. - Provide assurances that staff are trained to understand the importance of human rights in the delivery of the service and ways in which they can support it. People should be able to discuss their preferences and make choices in how and when their care is delivered, breaking down any barriers in communication to enable this. - Relationship between the person receiving and those delivering support. A relationship centred on promoting human rights and ensuring that decisions are made together which helps individual lead a dignified and fulfilling life, free from discrimination and degrading treatment. - Where possible to have consistency of workers to enable a relationship to be built between the individual and the workers, and for progress to be properly monitored. - Staff are empowered to speak up about their training needs or impact of delivering the service. <p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p>	Positive	Medium

	<ul style="list-style-type: none"> • provide strategic direction for the council’s human rights and equalities work • tackle the issues raised within the York Human Rights City Indicator Report <p>Any services being developed and put in place to provide person centred care must adhere to these principles.</p>		
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Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

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

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

<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 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 only negative impact may be the changes to current provision where there may be less service than previously provided in relation to community day services for older people which the Council previously subsidised through a different contractual arrangement.</p> <p>The main initial change will be the change to the new service and way of working. There will be changes to some of the services in terms of delivery which may be through a new provider. Details of these changes will be set out as appropriate and further Equalities Impact Assessment will be considered as appropriate.</p>	

Solutions in the above EIA have been provided to provide reassurance that any impacts that we foresee will be minimised by the actions outlined in the EIA.

Step 6 – Recommendations and conclusions of the assessment

6.1 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:

- **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
Continue with the proposal	Overall, it is considered that the proposal will have a positive impact in creating fairer and more equitable community provision for the population of York. The dementia community model is designed to align resources and enable partners and organisations to work in a more coherent way to ensure the best possible service for those with dementia and their families.

Step 8 - Monitor, review and improve

8.1 How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?

In addition to a Council Commissioning Strategy which has been developed and will shape the direction of commissioned services, in line with the Council's Plan. Each contract will have Key Performance Indicators that will measure the outcomes with our providers included in the specifications.

The procurement of the new contracts should have no negative impact on the end recipient of services. Any future changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.

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

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Listening to people with dementia

January 2023

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Acknowledgements

Thank you to everyone who took time out to respond to our survey and to all the organisations that have helped to develop this report, including Joseph Rowntree Foundation, Joseph Rowntree Housing Trust, NHS Vale of York Clinical Commissioning Group (CCG), York Minds and Voices, Beetle Bank Farm, York Dementia Collaborative, City of York Council, Age UK York, Dementia Forward and the Alzheimer’s Society York and Selby Branch.

Background Information

Dementia facts and figures

Dementia is a term used to describe a variety of symptoms including memory loss, problems with reasoning, perception and communication skills. Different types of dementia include:

- Alzheimer’s disease;
- Vascular dementia;
- Dementia with Lewy bodies;
- Frontotemporal dementia.

A progressive condition with no cure at the current time, it is the leading cause of death in England.

In 2022 Public Health England (PHE) estimated that there were 850,000 people with dementia in the UK. This means that 1 in every 14 people aged 65 years and over has dementia. This figure is expected to increase to 1 million by 2025 and is forecast to increase to over 1.6 million by 2040. More than 40,000 people in the UK under the age of 65 are affected by dementia.

It is estimated that a quarter of people in acute hospitals and three quarters of the residents of care homes have dementia, yet 200,000 people with moderate and severe dementia do not get any kind of funded or professional support.

The local picture

There are an estimated 2,812 people over 65 living with dementia in York; one in twenty people over 60, and one in five people over 80 has a form of dementia. Of those 2,812, only 1,554 people have received a diagnosis. The dementia diagnosis rate for York is 55%; the average for England is 62%.

This suggests that some people living in York are not receiving a dementia diagnosis in a timely way;

“York has a larger than national average gap between the expected prevalence of dementia within our population, and the actual number of people diagnosed. Primary care has a challenge to proactively seek and assess people who may be at risk and identify the condition as early as possible to ensure the right people get the right support at the right time.”

<Extract from *Dementia Together; A 5-year Dementia Strategy for the City of York - September 2022*>

A 5-year Dementia Strategy for the City of York was launched in September 2022 by a partnership of local organisations. The strategy seeks to ‘transform the approach to dementia in York’ the key aims of aims are based on the National Dementia Well Pathway:

- Preventing well; the risk of people developing dementia is minimised;
- Diagnosing well; timely and accurate diagnosis;
- Supporting well; support plan and review within the first year;
- Living well; people with dementia can live normally in safe and accepting communities;
- Dying well; people with dementia die with dignity in the place of their choosing.

The strategy includes a programme of targeted support for GP practices to increase the rate of diagnosis, a dementia support worker based in every primary care network and the development of a new Dementia Hub.

Sources:

Office for Health Improvement and Disparities (OHID) Guidance Dementia: applying All Our Health - February 2022

Health and Social Care Committee’s 7th Report 2021-22

NHS Digital - Sept 2022 and November 2021

Alzheimer's Society York Profile - 2021

City of York Dementia Strategy 2022 - 2027

Project Background

Why are we looking at dementia?

At Healthwatch York we frequently hear from people with dementia and those who support them about the difficulties finding or getting the right support. In 2020, Healthwatch York received funding from the Joseph Rowntree Foundation (JRF) to develop a project for people living with dementia.

Previous work at Healthwatch York

Since Healthwatch York formed in 2015, we have had the opportunity to hear the views and experiences of people living with dementia by working directly with people affected by the condition and their carers. In 2017, Healthwatch York worked alongside Minds and Voices to run focus groups to understand how York City could be made more dementia friendly. In 2019, as part of the NHS Long term plan project, we ran a focus group for people with dementia and carers to listen to their views on priorities. Between 2018 and 2021, we had

Listening to people with dementia

contact with 38 members of the public who raised concerns around support for people living with dementia and their carers. Many people told us about their difficulties of getting the right support when dementia needs had become more complex.

During the Covid lockdown in March 2020 we undertook welfare calls in collaboration with York CVS. We spoke to people living with dementia both via a hotline number and through lists provided to us by GPs.

This project aims to build upon what has been learned so far and to continue the conversation with York residents who have dementia, and their carers, friends and families.

Challenges and limitations

We were keen in this project to listen to residents with lived experience, carers and families of people with dementia and the many groups and organisations who support them.

The project took place during a period of uncertainty caused by the Covid-19 pandemic. Though we hoped that face-to-face engagement would become increasingly possible during the later months of the project, it continued to be problematic. Many groups for people living with dementia had not yet re-started. Keeping people safe and not exposing them to any unnecessary risk were paramount. As such, we had to work creatively and flexibly in order to spread the word and reach out to people living with dementia and their carers. However, we are acutely aware these challenges and constraints prevented us from reaching as many people living with dementia as we would have wanted. Thus we were unable to provide the face-to-face engagement so necessary for many individuals to be able to take part.

What did we do?

When the York Dementia Action Alliance spoke to people directly affected by dementia and professionals working to support them, they found five key areas needing improvement. These were:

- Improved accurate and early diagnosis
- To have a post diagnostic pathway of support
- For services to work together better
- The development of carers' support
- A positive campaign for living with dementia

The questions in this survey ask for people's experiences as well as what could be improved in these five areas.

We attended a group run for people living with dementia at Beetle Bank Farm to listen to the views of members. Some members talked to us about having a diagnosis; others preferred to talk about having memory problems. The group members are all involved in working at the farm, taking part in various tasks which support its running, including caring for the animals or various farming and gardening projects.

We worked closely with the group and the group's organiser prior to attending to make sure our approach was accessible and appropriate for members. The group organiser helped us to adapt our project, and their help and insight was vital to create an effective way for individuals in this group to share their thoughts or experiences with us in a relaxed and positive way.

We had a few conversation topics which were shared with members before we attended. On the day, we listened to members of the group talk to us about their work on the farm and the different ways they felt it supported their health and wellbeing. We also heard about some good and bad experiences of support from health and social care services.

Some people preferred to talk whilst they were busy doing an activity so we listened whilst helping out with some of the tasks of the day. Others liked to talk within a larger group and shared some thoughts and experiences with each other over tea and coffee during the breaks.

After the group, we gathered all the feedback under a few key headings and sent it back to the group to make sure we hadn't missed anything. The group told us that they had been pleased with the process and said:

"Thank you very much for offering the info. It's helpful that people are here listening to me and not laughing at me."

We are very thankful to the group and its organiser for the time and support they gave us for this project.

Our Findings

We have grouped people's feedback into five key areas:

The importance of being with other people

Participants told us that being part of a small group helped to build their confidence through talking and being with others. They told us about the importance of having a laugh and a joke and being around good people.

Meeting people dealing with similar situations allowed people to see how they coped and that in turn supported them to cope better. Participants said that they wanted to talk to people about their issues with others who could understand, not people who just ask a lot of questions.

People were able to share their knowledge and interests with each other and many members of the group had extensive knowledge about gardening and plants which they were able to draw on and share with others.

Being in the group also allowed some members that personal time which then helped with relationships and stresses at home or with family.

Some reflections on difficulties

Participants shared how they sometimes had difficulty getting sentences out. They described how their thoughts could be difficult to deal with. One person referred to it as though their “mind sometimes feels like it’s exploding.”

People shared the difficulties around this making you feel aggressive at times and how it can often end up being directed at loved ones. One person talked about how sometimes they just had to go into “survival mode” and had to find a strategy to deal with things.

The group felt that having someone to talk to about their issues would be helpful.

Some group members tend to tell people that they have dementia and others told us; *“I say memory problems, I don’t say the word”*.

Using activity to support wellbeing

Members of the group shared with us the positive effects that taking part in the group and its activities had on their wellbeing. People spoke about it providing the opportunity to have time away by yourself and time to be yourself. Some described it as being good to be able to take a break from others/family at times. One person described it as: *“somewhere to be me: I just want to be me.”*

The group provided opportunities for people to do things that interested them. Some spent time with animals which they found enjoyable and relaxing. *“Touching is a lovely side of being with animals.”*

Gardening was also an interest to many. *“Things that we can see growing and can give us pleasure.”*

Members of the group enjoyed being outside and told us they went out in any weather. They spoke about the feeling of achievement from the jobs done.

Having the right support/services at the right time

At some points members of the group reflected on support they had experienced in health and social care. They told us about the importance of having services that were able to respond quickly to any change and were able to provide the right support.

They spoke about support from their GP surgeries and felt that the ability to get in touch with them is impossible at times: *“It is no good when they call you back 2 days later or something. You need to talk to someone ‘in the moment’. Once they call you back so much*

Listening to people with dementia

later you might have forgotten. You need a quick response.” Participants spoke about how it was a different GP all the time and so difficult to build any relationship.

Equipment services such as ‘Be Independent’ were said to have been very useful in some cases. People felt that equipment which could alert any dangers to local services or loved ones offered them some peace of mind and reduced their anxiety.

Some participants felt it was useful to have supportive services and other groups of interest nearby, especially if they were easy to reach and were easy to get to, also having other people to facilitate involvement was important.

For this group in particular, the members enjoyed the variety of activities they could be involved in, how they could take part and how much or little they could attend. Some people preferred to come for the whole day and others preferred half days. They stressed the importance of independence and how *“you need a bit of time on your own so you can get your brain thinking.”*

Impact of Covid

Many members had lost some connections to other groups and social activities they had been involved in before the pandemic. Many felt a loss of confidence which came from not being able to attend their regular groups and the disruption of not being able to get to the activities that they had usually attended.

Other Engagement Work in the City

Sheila Fletcher, NHS Vale of York Clinical Commissioning Group ran a series of workshops in December 2021/January 2022 at a variety of locations including Deans Garden Centre Carers Group, St Clements Hall Dementia Cafe, Minds and Voices and Beetle Bank Farm. Key themes included:

Timely diagnosis

A real mixture of experiences with some people having ‘very quick referral and assessment’ and others experiencing a long wait before their GP referred them. One person waited four years and was misdiagnosed several times until a brain scan confirmed early onset of Alzheimer’s. One patient had a family GP with understanding of the patient’s past history and immediately recognised dementia; this patient had a very quick referral and assessment. Another patient’s GP referred to the condition as ‘just old age’.

Access to good health care

Again there were mixed responses from people trying to access health care, but many reported a lack of routine annual physical health monitoring, and a lack of coordination between health care professionals:

- Complications when admitted and discharged from hospital;
- Delirium meant delay to diagnosis;
- Memory assessment suspended when patient admitted to hospital;
- Multiple long-term conditions managed OK, but dementia overlooked;
- Mobility issues prevented people participating;
- Health checks for Long Term Conditions don't always consider dementia diagnosis;
- Feedback generally indicated people were left to fend for themselves after their initial diagnosis.
- Overall feedback that there were gaps in coordination between social workers and care. People reported often going to their GP as first point of contact and often not getting information from a social worker on care assessments or home care/support
- Feedback about gaps in coordination on discharge from hospital and a long wait for practical support at home.

Feeling listened to

There was some positive feedback about individual GPs but overall people had to make multiple phone calls. Online access was not felt to be helpful or 'user friendly', and many preferred a telephone call when they were able to get through:

- Regular call from friendly GP staff would help';
- Dementia Forward 'a lifeline';
- Some people objected to word 'dementia';
- Some people found the diagnostic process confusing. Four people didn't even realise they were being given a diagnosis;
- One person gave positive feedback about the Police and Yorkshire Ambulance Service for understanding and care of people with dementia.

Able to plan for the future

Some people reported having 'no formal support: people generally had to source information themselves', 'just given leaflets and left to fend for themselves.'

Feeling connected to others

People wanted opportunities for banter, activities, trips, outings, physical and verbal contact, singing groups, musical connections and food.

Helpful links included: voluntary and community and not-for-profit sector, faith provision, word of mouth, courses, peer support and learning from others. Also, opportunities to participate in research bring hope.

Participants emphasised the importance of local shops, libraries and bus drivers understanding the needs of people with dementia.

People felt more positive about dementia when they can participate and that personal care needs shouldn't be a barrier, for example, improving incontinence supplies.

Some people don't feel connected anymore to their local communities and the impact of covid has been profound;

- Carers' isolation: 'at the end of their tether';
- Impact on physical health: 'couldn't see GP';
- Fear of covid; 'what if carer succumbs?';
- 'Don't go out anyway so covid made no difference';
- A sense of feeling abandoned;
- No opportunities for stimulation resulting in cognitive decline.

Suggestions for improvements

- Better information about early onset, especially the middle to late stages (which are often the stages people don't want to talk about) including issues around behaviour and incontinence;
- A clear and simple pathway through end of life care;
- An annual review including carers;
- Improved coordination between GPs, social workers and hospital;
- Education and awareness all round to create dementia friendly communities;
- More opportunities for peer support;
- More opportunities for social connections and activities especially music and singing;
- Opportunities for age-appropriate activities;
- Respite for carers;
- Idea of a centre for care provision: a hub providing personal care, respite for carers and age appropriate.

Case Studies

Case studies: **Early onset dementia**

All names have been anonymised Period: May 2021 - April 2022



Paul was 58 years old and living with his wife Julie in their home in York when they referred Paul to Beetle Bank Social Farm in May 2021. Paul had been diagnosed with early onset vascular dementia in 2018 and was mildly impaired cognitively. He was physically able but was also living with multiple medical conditions including mental health difficulties.

Paul and Julie got in touch with our service to help find something for Paul to keep his mind active and to continue to do things he enjoys. Further outcomes they identified were to help support Paul's physical wellbeing and his mental health. Julie was also living with mental health difficulties so it was hoped that Julie would also benefit if Paul received support.

Paul has been a manual worker much of his life and held various jobs where lifting and labouring were part of his role. He also served in the army for many years. Since leaving the army Paul has spent a lot of his working and leisure time outside and is a keen gardener at home, growing his own fruit and vegetables there. With the social farm being a predominately outdoor-based service providing access to many of Paul's abilities and interests, it seemed an appropriate referral for Paul.

Paul and Julie could not afford the full fees and transport costs to attend Beetle Bank Social Farm and would not have been able to join us without a subsidy. Paul did not meet the criteria for social care funding or for a health budget. Fortunately a grant from Social Prescribing was available and a trial period was agreed with the potential to access the service with a 50% subsidy and full transport costs for six months. Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. Social Prescribers connect people to community groups and statutory services for practical and emotional support. They could afford to pay the remainder of the fees.

Because the symptoms of his dementia were mild, he was able to take on a planning role in his involvement at the farm. He has decided what he'd like to do and has helped to develop his experiences at the service from the outset. For example, Paul took ownership of an area of land next to our cabin at the farm which he organised and maintained. We purchased him a lawn mower with some available funds after he requested this and Paul now mows the lawn regularly. Paul has also brought various

plants and tools of his own which he wants to share with the service and other service users. For example, he brought in rhubarb and pepper plants to plant and look after. Paul engages socially with others in the service and each week helps in farm maintenance roles of which he is knowledgeable and able. This placement enables Paul to maintain a valued and useful role and in turn helps the farmer maintain her farm at no extra cost to her. Paul was able to access another grant to keep his subsidy going for 6 further months.

Paul has expressed how much he likes the service and how well suited it is to him: “It's brilliant, I feel alive when I'm here”. Paul has been enabled to stimulate and maintain his cognitive functioning by planning what he does at Beetle Bank Social Farm. He has also managed his emotional wellbeing and spoken about the impact dementia has had on him on numerous occasions. Paul also spoke about another unexpected outcome and commented how it enables him to handle his dementia: “It gets me out of the house and gives me a chance to meet people. Also gives me a chance to learn how to cope with my illness by observing other people”. Julie has also been able to access regular respite for nearly a year.

Paul is planning to apply for a Personal Independence Payment (PIP) and if successful could use this to pay towards his place at Beetle Bank Social Farm after the subsidy period ends. Beetle Bank Social Farm are also applying for grants to enable continued subsidies but there is no guarantee we will access this funding. Therefore Paul's place is at risk of not being funded.

Written by Justin Mazzotta Dementia Practitioner at Beetle Bank Social Farm April 2022



Case studies: **Retired farmer**

All names have been anonymised. Period: March 2018 - May 2019



Derick, a retired livestock farmer aged 78, was referred to Beetle Bank Social Farm by the Community Mental Health Team in March 2018. Derick and his wife Linda lived together in their private house in a rural setting on the outskirts of York. Derick and Linda had been in conflict much of the time at home and the Community Mental Health Team were aiming to help alleviate tensions by enabling meaningful activity for Derick and regular respite for Linda. Derick was mildly impaired by his dementia.

Derick had been a livestock farmer his whole working life. Farming was a way of life for him and he had not had much time for other occupations or hobbies outside of this. Derick was very knowledgeable and interested in farm animals so a referral to Beetle

Bank Social Farm was particularly suited to him because of the traditional farm animals on site where the service operates.

Derick was able to use his own financial savings to fund his placement. Attending the service Derick quickly settled and bonded with staff and other service users there. He expressed a desire to be involved in the care of the animals at the farm and activities around animal care became a regular feature of the service. For example, he would feed the sheep and cows and other animals as well as muck them out. We would also frequently support the farm owner by helping her with maintenance jobs, also something familiar and meaningful to Derick. Derick was able to utilise his knowledge of animals when at the service and put this skill of his to good use; for example, he would observe the animals carefully and let staff know if there were any health issues which needed looking into. The service facilitator would then pass this information onto the farm owner to follow up on.

Derick would also gain social and emotional support at the service by being enabled to reminisce about his past with staff, volunteers and other service users. There were positive experiences in his life which staff and volunteers were able to reinforce and help Derick to maintain a positive self image. Reminiscing was therefore a preserved ability and interest of Derick's which was tapped into during the service sessions.

Derick was able to engage in meaningful activity whilst attending a social farm. Many of the animals there were traditional farm animals and familiar to him, enabling meaningful activity and purpose. Derick was also able to hold onto a status of someone knowledgeable and important whilst attending the social farm. It's worth noting it would have been difficult to find other suitable placements for him since farming was such a large part of his life. Linda was able to access regular respite each week for over a year until Derick became seriously unwell and left the service.

Written by Justin Mazzotta Dementia Practitioner at Beetle Bank Social Farm September 2019





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Meeting:	Executive Meeting
Meeting date:	10 TH October 2024
Report of:	Corporate Director of Adult services and Integration (DASS)
Portfolio of:	Cllr Lucy Steels-Walshaw, Executive Member for Health, Wellbeing and Adult Social Care

Decision Report: Community contracts to support early intervention and prevention in Adult Social Care (ASC)

Subject of Report

1. The City of York Council's (CYC) Adult Social Care (ASC) has previously had various contracts which enabled individuals to remain in their homes. These contracts were targeted at those who already had some more formal intervention or were close to needing more formal care and support.
2. This report asks approval to tender for 2 new services:
 - a) Advice and Information Service
 - b) Supporting Independence Service

3. The tender process request is made to provide a prevention offer to be delivered to support Adult Social Care for individuals who need some additional support to remain in their own homes. Local authorities have a duty to prevent, reduce or delay needs for care and support (Care Act 2014 s2) for all adults including carers; this means early intervention to prevent deterioration and reduce dependency on support from others.

Benefits and Challenges

Table 1 – Pros and Cons detail
Advantages (Pros)
<ul style="list-style-type: none"> • CYC will be fully compliant with CYC’s Contract Procedure Rules and the current Public Contract Regulations 2015 by tendering both services on our e-tendering website portal called YORtender. • Offers an important opportunity to offer a re-developed specification outlining clear expectations of service delivery and outcomes for our residents. • Providers will progress through a neutral selection process with clear set obligations and the selection will be made based on a rigorous evaluation of what CYC requires. • The new Contract will have an initial term of 3-years, with an option to extend for up to a further 2-years (5-year contract).
Disadvantages (Cons)
<ul style="list-style-type: none"> • Tendering services does not mean that there is a guarantee of Providers bidding for these services. However, York has a vibrant voluntary sector who would be capable of delivering these services.

- To complete the tendering exercise can be time consuming and will require commitment of staff resources from various departments including Legal, Commercial Procurement, Finance alongside ASC commissioners. The Open Procurement procedure will be used that will combine stages of the process and is a single stage procurement procedure to progress the receipt, evaluation and award of contracts in an open, fair, transparent process within an efficient timescale.
- These will be revised models of support therefore the incumbent provider may not wish to apply for the opportunity, however there is a vibrant market. This will be managed through the implementation process.

Key Risks

- Tendering the Service does not mean that there is a guarantee of Providers bidding for the Services, and this would lead to CYC not providing these services in line with the Care Act 2014.
- Timescales to reprocure the Service are sufficient currently but if there are delays within the process this may not allow sufficient time to embed the new service if there is a new Provider.
- Pension Scheme implications for the Advice and Information Service currently provided by Age UK York.
- TUPE implications for the Advice and Information Service currently Provided by Age UK York.

Policy Basis for Decision

4. The Commissioning Strategy, Market Sustainability Plan and the 10-year vision ‘People at the Heart of Care: adult social care reform paper’ clearly outlines that the Council will work with existing Providers within the market to provide sustainable, quality and value for money services.
5. The Care Act 2014¹, places a series of duties and responsibilities on local authorities to improve people’s independence and wellbeing. It makes clear that local authorities must “*provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support*”²
6. The proposal within this report covers two key aspects of prevention within the Care Act, 2014. The Care and Support Statutory Guidance³ states that “*primary prevention / promoting wellbeing services*” are,
 - “*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...)*”

Statutory Guidance⁴ goes on to define “*Delay: tertiary prevention / formal intervention*” stating these “*are interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, (including progressive conditions, such as dementia). supporting people to regain skills and manage or reduce need where possible*”

This describes the purpose of the proposed Advice & Information and Supporting Independence Services

¹ Care Act 2014, [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

² guidance, Care Act factsheets, 2016, [Care Act factsheets - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

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>

⁴ Ibid (n 3)

7. Advice & Information and Supporting Independence Services will directly support the achievement of The Council Plan 2023 to 2027, **One City, For All**, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:
- a) **Health**-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach.
 - b) **Equalities and Human Rights**- Equality of opportunity
 - c) **Affordability**- Tackling the cost-of-living crisis.
8. 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 Statement⁵ is to “*Move to a community asset approach of prevention and living well in older age.*”
9. The Joint Health and Wellbeing strategy⁶’s, 2022-32, sets out ‘Ten Big Goals’ within it and this proposal supports the strategy as outlined in the table below.

No.	Description	Action Plan	How
1	Reduce the gap in healthy life expectancy between the richest and poorest communities	Overarching priority which will be achieved if all other priorities are successful	Advice & Information and Supporting Independence Services
10	Reduce the proportion of adults	identify gaps in provision for those at	Advice & Information and

⁵ 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)

⁶ Joint Health and Wellbeing Strategy, York, 2022-32, <https://www.york2032.co.uk/strategies-action-plans/joint-health-wellbeing-strategy-2022-2032>

	who report feeling lonely	greatest risk of loneliness	Supporting Independence Services
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Financial Strategy Implications

10. The £227,000 annual budget can be met from within existing resources.

Recommendation and Reasons

11. **Recommendation:** to approve the approach to commission, through a competitive tendered process, the following two services for a period of 3 plus 2 years:

- a) Advice and Information Service (value £100,000 per annum)
- b) Supporting Independence Service (value £127,000 per annum)

Reason: The option proposed will comply with CYC’s Contract Procedure Rules in terms of completing an open, fair, and transparent process as the market has not been approached since 2017. The procurement procedure is subject to the Light Touch Regime under the Public Contracts Regulations 2015 and will be completed as an Open Procurement Procedure.

Reason: The provision of the Advice & Information and Supporting Independence Services ensures the Council meets the statutory duty under the Care Act 2014 through prevention and delay.

12. **Recommendation:** To delegate authority to the Corporate Director of Adult Services and Integration (“**DASS**”), in consultation with the Head of Procurement and the Director of Governance to take such steps as are necessary to procure, award and enter into the resulting contracts.

Reason: This will enable the Contract Award to be implemented within the Procurement timescales.

Background

13. Adult Social Care funds a variety of community contracts to enable the Council to fulfil its duties and responsibilities so there is sufficient provision to improve people’s independence and wellbeing as described in the Care Act 2014⁷.
14. These contracts are described in Annex A and have been under review.
15. The commissioned contract which provides the current prevention offer is an Older People Community Wellbeing Contract which ends 31st September 2024 with an agreed bridging service until 31st March 2025. This service has not been reprocured on the open market since 2017 and other community prevention contracts have ended.
16. There will be an increase in those needing care, those providing unpaid care and those living with dementia as described in York’s Joint Strategic Needs Assessment⁸ for adults over the age of 65:

Population	2020	2040
Living with dementia	2,927	4,291 (+47%)
Needing care	11,380	15,207 (+34%)
Providing unpaid care	5,271	6,592 (+25%)

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

⁷ Care Act 2014, [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

⁸ York JSNA, April 2023 [JSNA | York Health & Wellbeing \(healthyyork.org\)](https://www.healthyyork.org)

- *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.
18. 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.
19. Good, accessible information and advice are essential to enable people in later life to play a full part in their community, make informed decisions and be able to access the right services for them. Care and Support Statutory Guidance⁹ states; *“It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point.”* It states prevention services include services that, *“...provide universal access to good quality information...”*
20. The current information/advice/signposting service currently provided by Age UK York received 5,444 enquiries in 2023/24 split between health/community care, benefits and finance advice and other general enquiries. 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.

information / advice / signposting	17/18	18/19	19/20	20/21	21/22	22/23	23/24
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⁹ Ibid, (n 9)

TOTAL no. of enquiries/actions recorded pa	4,281	5,646	6,504	4,872	5,847	7,118	5,444
Health / community care / non res & res care	1,760	2,033	2,316	2,066	2,043	2,092	1,781
Benefits / housing / legal	1,220	2,141	2,636	1,817	2,073	2,553	1,406
Other general enquiries	1,301	1,472	1,552	989	1,731	2,473	2.257

21. We know the population in York is aging, with an estimated increase of 50% for those aged 80 and over¹⁰. Social connection is a vital part of a good life and access to good information and advice plays a key role in this.
22. For those not able to leave their homes as often as they would like, to have the benefit of a regular befriender plays a role in their connections to the community and supports them to be less isolated. There are currently 85 matches with 61 waiting for a match (this involves assessment and finding volunteers to match with).
23. The impacts of not having social connection is well documented on a human level and the links between loneliness and poor health are well established, the LGA comment in their report, Combating Loneliness¹¹, *“It is associated with higher blood pressure and depression, and leads to higher rates of mortality-comparable to*

¹⁰ Joint Strategic Needs Assessment, York, <https://www.healthYork.org/>

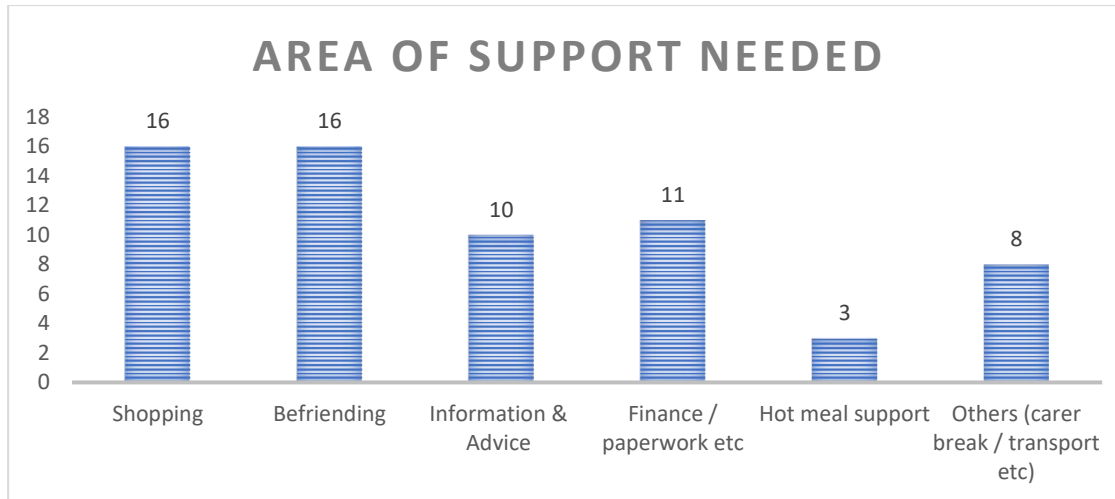
¹¹ Combating loneliness, A guide for local authorities, LGA, 2016 https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf

those associated with smoking and alcohol consumption. It is also linked to higher incidence of dementia, with one study reporting a doubled risk of Alzheimer's disease in lonely people compared with those who were not lonely. As a result of these health impacts, lonely individuals tend to make more use of health and social care services, and are more likely to have early admission to residential or nursing care."

Engagement around Future service delivery

Social Work and Local Area Coordinators survey May 2024

24. An online survey was sent to social workers and local area coordinators asking their views on gaps in community provision that are most important for the residents that are either supported by Adult Social Care (ASC) in their own homes or those who are supported by Local Area Coordinators in the community which would enable our residents to stay as independent as possible for as long as possible.
25. As well as receiving 16 separate responses from social workers to the survey the Team Manager also collated views and summarised as follows:
*"As well as identifying gaps to assist with shopping, loneliness, and paperwork we also struggle with transport and management of finances/ money- especially when cash is involved as this results in two workers having to attend.
....we have been referring customers to LAC's but they do not have the capacity to pick up long term support work- they may be able to help with a one off situation but cannot sustain regular support due to the demands on their service."*
26. Overall 18 social workers and Local Area Coordinators responded to the survey



27. There was a wealth of verbal feedback including:

<p>Many of the customers we support have no internet access and due to hearing, memory issues or dexterity issues are unable to use the shopping lines from supermarkets. Many often do not have anyone who is able to support them with shopping.</p>	<p>People are unsure what is out there and where to find support not everyone is turned into technology.</p>	<p>Many clients need support to either get to the shops or help with carrying. Not just food or essential either ~ some want to buy clothes</p>
<p>Working with increasing numbers of isolated and lonely older people. This includes permanent residents of care homes who sometimes don't want to chat with other residents but enjoy a visitor who will let them talk about their past</p>		

Age Friendly York Operation Group, May 2024

28. As well as consulting with social workers and local area coordinators the commissioner also attended an Age Friendly York Operation Group meeting to discuss Adult Social Care’s community contracts.
29. The key areas of importance for funding were considered:
- Reducing social isolation
 - Access to information and advice
 - Dementia
 - Falls prevention
 - Getting out and about

Customer feedback from the Older People Wellbeing Service- befriending satisfaction survey 2024

30. 33 people were surveyed in relation to be Befriending Service offered by Age UK York. Of the survey’s returned 92% were very satisfied with the service they received.
31. Comments included:

Early intervention and information is vital to encourage residents to access community resources/understand eligibility before requiring adult social care	carers report feeling overwhelmed with paperwork, particularly when having to deal with the ‘cared for’ mountain of social care/health documents, as well as their own and household paperwork.	
	loneliness is a critical issue and people can get attached to care to manage these feelings when befriending referrals are closed as they are currently. Also an absolute gap in befriending services which will also support people with dementia	Support with Bills/correspondence (this is an eligible care act need, “Maintaining Home” – low level support 1 hour per week as an example could prevent the need for paid for services.
There are current gaps to the befriending service which leaves some carers lonely and isolated, particularly those caring for adults with severe learning disabilities or advanced dementia or those in any caring role where companionship has gone	Previous wellbeing service to support with paperwork etc - I felt that we really reduced the need for people to have care packages	Many will attempt to do little jobs increasing falls risk when using ladders, drill to fix or repair things
The services identified help to prevent, reduce and delay the need for formal services and referrals. I can already see an increase in the number of referrals being made through the front door to the social work teams due to a reduction in the community-based resources available.		

- *Just nice to know you can talk to someone on phone or by person. It is lovely to know someone calling once a week*
- *Since I am alone with no close family I value the weekly visits on those days that I don't see friends, most of whom are elderly like myself and are limited in their ability to visit.*
- *I think that I am less down/ depressed. X has cheered me up a lot. I wish I had met her before. Once again thanks to coordinator.*
- *It is great to have a natter with him whilst enjoying a cuppa together. It is good to see & talk to someone life can be very lonely at times.*

Organisational Impact and Implications

Financial Implications

32. The cost to commission the services in this report is £227,000 p.a. The total cost over the full life of the contracts (3 plus two years) will be £1,135,000 and can be met from existing budgets.

Procurement Implications

33. There will be two separate services for Advice and Information Service, Supporting Independence Service to be procured and therefore CYC's Contract Procedure Rules and the current Public Contract Regulations 2015 (PCR's) in terms of completing an open, fair, and transparent process as the market which has not been subjected to an advertised tender opportunity to invite competition since 2017. The procurement procedure will also subject to the Light Touch Regime under the PCR's which applies to social care and health services and these procurements will be completed as an Open Procurement Procedure.

The tendering of the two services for an Advice and Information Service, Supporting Independence Service to award two contracts will need to comply with the current Public Contracts Regulations 2015 and with the total contract value of these two services exceeding the Light Touch Regime threshold of £663,540 which means

an open, fair, transparent procurement exercise which is advertised through a published Contract Notice for suitable interested providers to express their interest would be required to be completed. This will ensure that the market of suitable providers of Community services of advice, information and supporting independence to support early intervention and prevention in Adult Social Care are invited to submit a tender response to encourage competition and that CYC receive Value for Money by evaluating suitable providers within the procurement exercise.

The Open procurement procedure will require ASC to develop and include appropriate evaluation criteria weightings for Quality and Price. Underpinning this procurement will be the principle of obtaining Value for Money for CYC and therefore a robust, suitable Price evaluation criteria will need to be developed and included within the tender documents to robustly assess how bidders will assign the total contract value because this information will be contained within the Contract Notice and tender documents that are published.

The legislation that governs procurement for the Public Sector is due to change from 28th October 2024 when the new Procurement Act 2023 will replace the current Public Contract Regulations 2015 and so if CYC decide to commence the Open procedure procurements for these two services until this date or beyond then there are a series of other procedures, notices and actions that will need to be completed which could impact on the timescales for the completion of the procurements.

Human Resources (HR) Implications

34. There are no HR implications for City of York Council.

Legal Implications

35. The proposals in this report will ensure the Council is fulfilling its duties and responsibilities in relation to people's independence and wellbeing under the Care Act 2014.

Health and Wellbeing Implications

36. Prevention in social care is about encouraging people to be more proactive about their health and wellbeing. It can increase independence and reduce or delay the need for care and support services.

A [consensus statement published in 2019 and updated in 2023](#) set out 5 principles to give all older people the opportunities and support they need to have a healthy and good quality later life, the first of these is: *Putting prevention first and ensuring timely access to services and support when needed.*

The services outlined in this paper and proposal for commissioning of advice and support together with early intervention and prevention support the public health principles to ensure that all people have the opportunity to live healthier for longer.

Equalities and Human Rights Implications

37. An Equalities Impact Assessment has been carried out and is annexed to this report at Annex C. In summary, the results of the assessment are that overall, it is considered that the proposal will have a positive impact in creating fairer and more equitable community provision for the population of York.

Data Protection and Privacy Implications

38. The data protection impact assessment (DPIAs) screening questions were completed for the recommendations and options in this report and as there is no personal, special categories or criminal offence data being processed to set these out, there is no requirement to complete a DPIA at this time. However, this will be reviewed following the approved recommendations and options from this report and a DPIA completed if required.

Communications Implications

39. There are the usual stakeholder management challenges that we would associate with any tendering process and subsequent contracts, but we are confident that a cross-team approach and robust organisational processes that are in place can alleviate any significant challenges

Economy Implications

40. There are no economic implications arising from the recommendations in this report.

Affordability Implications

41. This new model will be “*targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them*” by investing in our residents and communities earlier we will ensure that if additional, more formal support, is required this will be at lower level or much later in a resident’s life journey. This support includes information and advice about financial support for those who may find it difficult to access services online.

Special Implications Officers

42. There are no specialist implications.

Options Analysis and Evidential Basis

Option 1 – Commissioning 2 new services (3 + 2 years) for:

- i. Advice and Information Service (£100,000 per annum)
- ii. Supporting Independence Service (£127,000 per annum)

(Preferred option)

43. **Reason:** The services will be remodelled from previous contracts to ensure an updated offer is available to provide services for those residents who are nearest adult social care's 'front door'. The services will meet all statutory requirements in relation to early intervention and prevention under the Care Act 2014.
44. **Benefits:**
- Advice and Information will still be available for those who are not digitally literate - good, accessible information and advice are essential to enable people participate fully in their community, make informed decisions and be able to access the right support for them.
 - Advice and information about support opportunities are crucial to help support carers in maintaining their caring role.
 - Expands community provision to enable people to remain independent for longer or to regain independence where appropriate.
 - Reduces/delays need for more formal support.
 - Enables strength based practice by assisting people to manage their own health and wellbeing in their own homes whenever possible.
45. **Risks:**
- No opportunity to develop and expand the current limited offer.
 - No Supporting Independence Service would increase isolation and loneliness with the potential impact of needing more formal support sooner.
 - Not having these services will put additional pressure on other parts of the system which could be at more costly levels as people hit crisis sooner.

Option 2: Collaborative model

46. **Reason:** CYC is keen to for new providers / voluntary sector to offer services in a collaborative way ensuring services offered fit the needs of the residents of York.
47. **Benefits:**
- Opportunity for expansion / innovation to allow development of a new service model.

- Service will develop in line with local needs and priorities and will be available at a community level.

48. **Risks:**

- With the current available budget a collaborative model is a risk in relation to consolidated service offer.

Option 3: No services

49. **Reason:** Adult Social Care has finite resources and these services may evolve naturally within the voluntary

50. **Benefits:**

- Opportunity to make additional savings.

51. **Risks:**

- Not having these services will put additional pressure on other parts of the system which could be at more costly levels as people hit crisis sooner.

Commissioning Timeline

52. If the recommended approach is adopted the timeline for the procurement and implementation of these two services will be the following:

Pre-tender approval process	
Portfolio lead briefing	08-Aug-24
Corporate Governance Board MEETING	14-Aug-24
Report deadline for Exec/CMT	23-Aug-24
Forward Plan publish date	09-Sep-24
Exec / CMT MEETING	10-Sep-24
Executive MEETING	10-Oct-24
Tender Process	

ASC commissioning team to prepare tender documents (plus legal and procurement input)	Sept 24
Tender Process	Oct - Nov 24
Evaluation and award of contract	Dec-24
Implementation phase	Jan - Mar 25
New services commence	1st April 2025

Risks and Mitigations

53. Risks are regularly reviewed and managed with required mitigations and controls put in place to minimise likelihood and impact.

Wards Impacted

54. All wards are impacted.

Contact details

For further information please contact the authors of this Decision Report.

Author

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Job Title:	Commissioning Manager
Service Area:	All Age Commissioning Team
Telephone:	01904 554068
Report approved:	Yes
Date:	24 September 2024

Annexes

- **Annex A:** Summary of Community Services Contracts, including those that ended 23/24
- **Annex B:** Impact Assessment for Adult Social Care Reduced Funding for Community Contracts
- **Annex C:** Equalities Impact Assessment for Adult Social Care Community Contracts – Future commissioning options

Annex A: Summary of Community Services Contracts, including those that ended 23/24.

Provider	Service	Description of Service	Expiry date
Community Links	Family Community Wellbeing Support Service (FCWS)	Flexible, holistic support to families in the community within the context of the York Early Help Local Area Teams (LATs). It works 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 facilitates engagement with the most appropriate member of the LAT and/or specialist provider to resolve them.	31/03/2024
York Mind	Mental Health Activities	MH activities in the community, develop, co-ordinate, and signpost people to, a wide a range of community-based activities and support services	31/03/2024
Yorkshire Housing Ltd	Older People Community Wellbeing Support (OCWS)	The service works with older people and people with the physical disability to support their wellbeing in line with Care Act principles. The service maintains and increases 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.	31/01/2024

Provider	Service	Description of Service	Expiry date
Age UK York	Older People Community Support Service (OPCSS)	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 (delivered through Alzheimer Society), 'good neighbour' (befriending) service, information, advice and signposting	30/09/2024
Age UK York	Advice, Information, shopping, and befriending service	Advice, information, shopping, and befriending service	1/10/24 to 31/3/25
Dementia Forward	Dementia Support Workers	Funding to support two dementia support workers.	30/09/2024
Dementia Forward	Dementia Support Workers	Funding to support two dementia support workers plus working in partnership to support development of new dementia community model.	1/10/24 to 31/3/25
Age UK York	Dementia Day Clubs	Funding for 24 places for people living with dementia, plus working in partnership to support development of new dementia community model.	1/10/24 to 31/3/25

Provider	Service	Description of Service	Expiry date
Alzheimer's Society	Dementia activities	Deliver dementia activities in the community, plus working in partnership to support development of new dementia community model.	1/10/24 to 31/3/25
Changing Lives	Adult Community Wellbeing Support (ACWS)	Support to single and childless adults through resettlement support, delivered through accommodation-based hostel provision, shared housing, and trainer flats. Floating support teams deliver support to customers resident in shared housing and trainer flats. The provider also supports the Making Every Adult Matter (MEAM) agenda, co-ordinating multiagency support to homeless service users with complex needs.	31/07/2024
Safe and Sound Homes (SASH)	Supported Lodgings CWS	Support to young people (16-25), estranged from families, through supported lodgings (structured support to Customers in a Host's home do develop the skills and independence to move into independent accommodation). Plus Nightstop (emergency supported accommodation through a Host) for up to 14 nights to assess the YP needs in a safe environment and re-engage with the family or find suitable alternative provision.	31/10/2024
The Wilberforce Trust	Sensory Support Hub	provision of a statutory and non-statutory Sensory Impairment Service, with a single point of referral.	30/09/2024
York Carers Centre	Support to Carers	Support for carers of all ages - I&A, carers needs assessments, development of support groups, training for carers, counselling for carers, identify and support carers	31/03/2027
York Mind	York Advocacy Hub	York Advocacy Hub - Care Act, NHS, Generic, IMCA, IMHA, RPR	31/03/2025

Provider	Service	Description of Service	Expiry date
United Response	Supported Employment	provision of a supported employment service for adults with a diagnosis of a learning disability, mental health and / or autism aged 18 years plus who are eligible for a service from Adult Social Care. 24 people at any one for up to a maximum year service provision per person.	31/03/2025

**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.

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</p> <p>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 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/ 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>

	<p>What keeps people independent responses from 2008 survey and 2017 survey:</p> <table border="1" data-bbox="427 277 1368 842"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses 2017/2008</th> </tr> </thead> <tbody> <tr> <td>More social activities held in the community</td> <td>52%</td> <td>40%</td> </tr> <tr> <td>More contact with friends and family</td> <td>62%</td> <td>43%</td> </tr> <tr> <td>Moving to a new home with care and support linked in</td> <td>30%</td> <td>34%</td> </tr> <tr> <td>Support for people that care for a relative or friend</td> <td>52%</td> <td>60%</td> </tr> <tr> <td>Help with the practicalities of running a home</td> <td>50%</td> <td>70%</td> </tr> <tr> <td>Help with personal care</td> <td>45%</td> <td>70%</td> </tr> <tr> <td>Access to information on support and services</td> <td>58%</td> <td>not asked</td> </tr> <tr> <td>Help with having your home adapted</td> <td>56%</td> <td>73%</td> </tr> </tbody> </table> <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>	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%		
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Access to information on support and services	58%	not asked																												
Help with having your home adapted	56%	73%																												
<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>																											

	<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

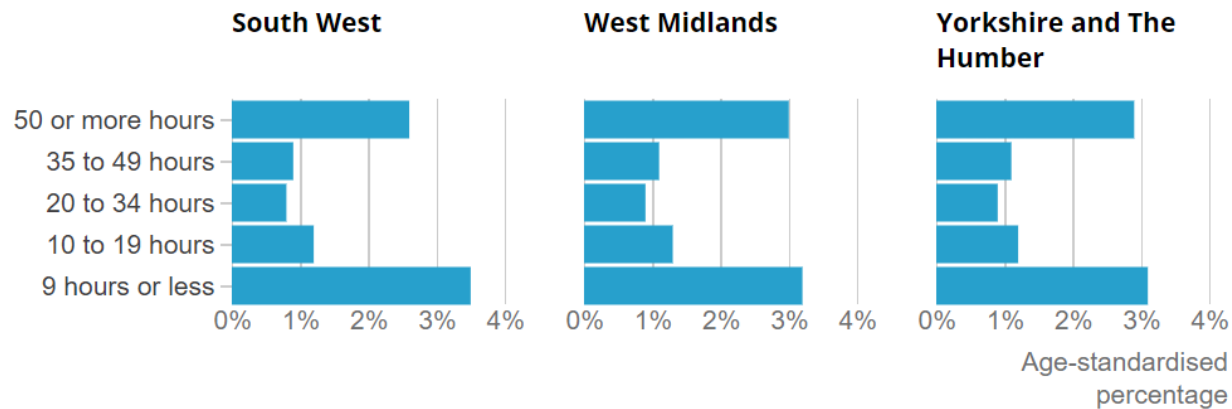


Figure 3 from the census 2021: region with the highest percentage of both unpaid carers, and unpaid carers providing 50 or more hours of care per week

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

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**Annex C – Equalities Impact Assessment for Adult Social Care Community Contracts – Future commissioning options
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 :			
Lead officer:		Katie Brown	
Date assessment completed:			
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Uzmha Mir	Contracts Manager	CYC	Communities Contracts

Step 1 – Aims and intended outcomes

1.1

What is the purpose of the proposal?

Please explain your proposal in Plain English avoiding acronyms and jargon.

City of York Council is intending to commission two older people's services; a) Advice & Information Service and b), A Supporting Independence Service

Two services for People; Advice & Information, and a Supporting Independence Service

The purpose of the redesign of older contracts is to work with partners and the community 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.

Providers bidding for this contract will be part of a competitive tender process to ensure that they fulfil due diligence, criteria and quality standards in relation to equalities and human rights.

1.2 Are there any external considerations? (Legislation/government directive/codes of practice etc.)

This procurement is 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.

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.

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:

- People have choice, control, and support to live independent lives
- People can access outstanding quality and tailored care and support
- People find adult social care fair and accessible

Person centred care is a key theme throughout the vision.

This proposal covers two key aspects of prevention within the Care Act, 2014. The Care and Support Statutory Guidance³ states that "*primary prevention / promoting wellbeing services*" are,

"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)..."*

The proposed community services; Advice & Information and a Supporting Independence Service fulfils this obligation.

Statutory Guidance⁴ goes on to define "*Delay: tertiary prevention / formal intervention*" stating these "*are interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, (including progressive conditions, such as dementia). supporting people to regain skills and manage or reduce need where possible*"

The Paper goes on to state, "*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"*⁵

In order to fulfil our duty to promote diversity and quality in service provision commissioning these services include effective strategies to fulfil our obligations and commission the right services.

1.3 Who are the stakeholders and what are their interests?

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.

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>

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>

1.4 **What results/outcomes do we want to achieve and for whom?** This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023-27) and other corporate strategies and plans.

City of York's Council Plan, 2023-2027⁶, has four core commitments, 3 of which are embodied within this proposal.

Equalities – *“We will create opportunities for all”*, by creating opportunities for our more vulnerable residents to access their communities and feel more included in our city.

Affordability – this new model will be *“targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them”* by investing in our residents and communities earlier we will 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”*, those accessing these proposed models are 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.”

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.

Community Services – Advice & Information Service and a Supporting Independence Service

The aim of the new contracts is to provide services which deliver a) Information & Advice and, b), Supporting Independence Service for people in York.

The impact of not having social connection is well documented on a human level and the links between loneliness and poor health are well established, the LGA comment in their report, Combating Loneliness⁸, *“It is associated with higher blood pressure and depression, and leads to higher rates of mortality-comparable to those associated with smoking and alcohol consumption. It is also linked to higher incidence of dementia, with one study reporting a doubled risk of Alzheimer’s disease in lonely people compared with those who were not lonely. As a result of these health impacts, lonely individuals tend to make more use of health and social care services, and are more likely to have early admission to residential or nursing care.”*

The service aims to:

- **Prevent, Reduce and Delay the need for ongoing Support-** This are related to the statutory duty under Section 2(1) of the Care Act 2024 to contribute towards preventing or delaying the development of needs for care and support. This is related to Health and wellbeing and reducing inequalities within the council plan
- **Flexible, Choice and Control-** focus on work undertaken to involve residents, families and their carers in the being able to access information and advice that is specific to their them. This is related to Health and wellbeing and reducing inequalities within the council plan.
- **Linkages and Connections;** focus on work undertaken to strengthen the connections individuals have in their communities. This is related to Health and wellbeing and reducing inequalities within the council plan

These solutions complement York’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.

Alongside this approach a key priority 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 Statement⁹ is to *“Move to a community asset approach of prevention and living well in older age”*

York’s Joint Health and Wellbeing Strategy (JHWB)¹⁰ 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.”*

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 Combating Loneliness, A guide for local authorities, LGA, 2016 https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf

⁹ 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)

¹⁰ York Local Health and Wellbeing Strategy 2022-2032, [York Joint Health & Wellbeing Strategy](https://www.york.gov.uk/york-joint-health-wellbeing-strategy)

The Carers Trust¹¹ 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 the approach that is being taken to create services which deliver community led solutions to enhance people's health and wellbeing.

¹¹ 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](#)

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
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 and January 2024	Customer feedback
Discussions with social workers and service managers, May 2024	Customer feedback
Age Friendly York Operation Group, May 2024	Customer 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

Step 3 – Gaps in data and knowledge	
3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.
Gaps in data or knowledge	Action to deal with this

Step 4 – Analysing the impacts or effects	
4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.

Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	<p>Impact identified York has an older population which is increasing as well as an increase in those living with multiple Long-Term Conditions.</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> <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. • 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>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</p>	Positive	High

	<p>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 <p>The All Age Commissioning Team will monitor the performance of the contracts against the requirements set out within it.</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>		
Disability	<p>Impact Identified</p> <p>As individuals age there can be an increase in people living with multiple long-term conditions (multimorbidity)</p> <p>Supporting evidence</p> <p>The way that social care is organised and delivered can be a critical factor in disabled people being able to exercise their human rights over a large proportion of their adult lives. Independence is a fundamental human rights principle which underpins other human rights. The Joint Committee on Human Rights report on the rights of disabled people to independent Living (2012) reaffirms the importance of independent living principles for all disabled people.</p>	Positive	Medium

	<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> <ul style="list-style-type: none"> • 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>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>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> <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</p>		
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	<p>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>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.</p> <p>Mitigation:</p> <p>To ensure both new services comply with equalities legislation, where it is lawful and appropriate to do so, CYC will ensure the equality objectives are followed:</p>		
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	<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>The All Age Commissioning Team will monitor the performance of the contracts against the requirements set out within it.</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p> <p>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> <ul style="list-style-type: none"> • Life expectancy: A gap between wards in York of 10.1 years (Male) and 7.9 years (Female). 	<p>Positive</p>	<p>Medium</p>

	<ul style="list-style-type: none"> 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. The guideline should consider gender issues relevant to service users and carers. <p>Mitigation:</p> <p>The proposal will enable providers of services to focus on the current and future needs of residents. 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.</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>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 service is open to both men and women regardless of any possible previous gender reassignment / and transgendered people. Specifications will state that a person that uses the homeless service must be treated with dignity and respect and receive person centred care. The Equalities Act 2010 identifies nine protected characteristics and Gender Reassignment if one of them. In York those with protected characteristics are known as <i>Community of Identity</i>.</p> <p>The Council’s Equalities Objectives:</p>	<p>Positive</p>	<p>Low</p>

	<ul style="list-style-type: none"> • <i>Create opportunities for representatives of all sections of the community to participate in the work of the Council</i> • <i>Make a commitment to fair recruitment and employment policies</i> <p>The Council's Equalities duties state: advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it for our customers and people who work within the Health and Social Care system.</p> <p>City of York Council plans to establish further system-level, collaborative networks, such as the LGBTQIA+. The network will improve the experience of working with CYC by raising awareness of LGBTQIA concerns across the council and in the community.</p> <p>CYC Workforce Development Unit- MyLo also offers 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 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>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>		
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<p>Marriage and civil partnership</p>	<p>Impact There will be those using the service how 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>What keeps people independent responses from 2008 survey and 2017 survey:</p>	<p>Positive</p>	<p>Low</p>
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	<table border="1"> <thead> <tr> <th>Answer Choices</th> <th colspan="2">Responses 2017/2008</th> </tr> </thead> <tbody> <tr> <td>More social activities held in the community</td> <td>52%</td> <td>40%</td> </tr> <tr> <td>More contact with friends and family</td> <td>62%</td> <td>43%</td> </tr> <tr> <td>Moving to a new home with care and support linked in</td> <td>30%</td> <td>34%</td> </tr> <tr> <td>Support for people that care for a relative or friend</td> <td>52%</td> <td>60%</td> </tr> <tr> <td>Help with the practicalities of running a home</td> <td>50%</td> <td>70%</td> </tr> <tr> <td>Help with personal care</td> <td>45%</td> <td>70%</td> </tr> <tr> <td>Access to information on support and services</td> <td>58%</td> <td>not asked</td> </tr> <tr> <td>Help with having your home adapted</td> <td>56%</td> <td>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%			
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Pregnancy and maternity	<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>Impact identified These services are primarily for older people in York, however younger people may access the services.</p> <p>Supporting Evidence Previously commissioned services have largely been accessed by individuals who are over 50.</p> <p>Mitigation</p>		<p>Neutral</p>	<p>Low</p>																											

	<p>Services should also be able to provide appropriate information and support to help with the issues younger may have. The new pathway will work towards ensuring that people have the support they need.</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>		
Race	<p>Impact identified</p> <ul style="list-style-type: none"> • Language Barrier can mean less likely to approach services or to receive good service provision. • Low BAME workforce representation • Health and wellbeing in BAME communities <p>Supporting Evidence</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>The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 0.5% in 2011 to 1.0% in 2021.</p>	Positive	Medium

	<p>There are many factors that may be contributing to the changing ethnic composition of England and Wales, such as differing patterns of ageing, fertility, mortality, and migration. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.</p> <p>The COVID-19 pandemic has continued to have a disproportionate impact on people from some ethnic minority ethnic backgrounds.</p> <p>Our survey of more than 4,000 people aged 65 and over who had used health or social care services recently shows that older people from ethnic minority backgrounds tend to use services less frequently (68% said they use them about once every 2 to 3 months or once in the last 6 months, compared with 58% of people from White British backgrounds.</p> <p>Language barriers can sometimes prevent professionals from effectively assessing and supporting people 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> <ul style="list-style-type: none"> • Provider will source interpreters where English is not their first language and provide information in designing multi-lingual leaflets. • The Council would provide links to Local Area Co-ordinators as they would share important Local information for local communities. • 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 • Clear written policy of language and translation services ensuring that information is delivered quickly • All professional organisations have clear written policy for racial harassment. <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</p>		
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	<p>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 and therefore circumstances that may lead some residents not accessing support when needed.</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</p>	<p>Positive</p>	<p>Low</p>

	<p>affiliation is the religion with which someone connects or identifies, rather than their beliefs or religious practice.</p> <p>Mitigation All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
Sexual orientation	<p>Impact identified 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>	Positive	Low
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	<p>Impact identified</p> <ul style="list-style-type: none"> • Unpaid Carers • Adult carers • Young Adult Carers 	Positive	High

- Young Carers

Supporting evidence

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

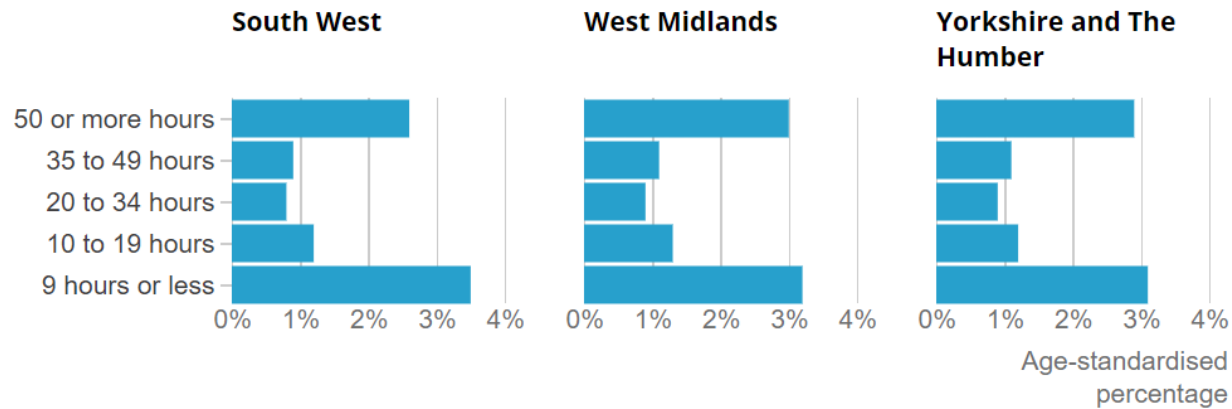


Figure 3 from the census 2021: region with the highest percentage of both unpaid carers, and unpaid carers providing 50 or more hours of care per week

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

	<p>(34.9%) of care home residents were classified as self-funders, compared with 234,838 (65.1%) state-funded residents.</p> <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</p> <ul style="list-style-type: none"> • Fall in employment • Decrease in working hours • Debt and financial crises. <p>Supporting Evidence</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 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.</p>	<p>Positive</p>	<p>High</p>

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

Financial living crises and debt

	<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>Mitigation</p>	<p>Positive</p>	<p>Low</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/		
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. The 3 most relevant Human Rights that need to be considered for both the services are:</p> <ul style="list-style-type: none"> - Right not to be tortured or treated in an inhuman or degrading way - Right to respect for private and family life - Right not to be discriminated against <p>People accessing two services; Advice & Information Service and the Supporting Independence Service will have their human rights protected and people will be encouraged to exercise their human rights.</p> <ul style="list-style-type: none"> - Commissioners and the Provider(s) will take an approach which respects a person's dignity, values, their right to choose and make decisions based on their personal needs and beliefs. - Service providers ensure equal access for all. - Provide assurances that staff are trained to understand the importance of human rights in the delivery of the service and ways in which they can support it. People should be able to discuss their preferences and make choices in how and when their care is delivered, breaking down any barriers in communication to enable this. - Relationship between the person receiving and those delivering support. A relationship centred on promoting human rights and ensuring that decisions are made together which helps individual lead a dignified and fulfilling life, free from discrimination and degrading treatment. - Where possible to have consistency of workers to enable a relationship to be built between the individual and the workers, and for progress to be properly monitored. - Staff are empowered to speak up about their training needs or impact of delivering the service. 	Positive	Medium

	<p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> • provide strategic direction for the council's human rights and equalities work • tackle the issues raised within the York Human Rights City Indicator Report <p>Any services being developed and put in place to provide person centred care must adhere to these principles.</p>		
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Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

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

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

<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 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 only negative impact may be the changes to current provision where there may be less service than previously provided in relation to community day services for older people which the Council previously subsidised through a different contractual arrangement.</p> <p>The main initial change will be the change to the new service and way of working. There will be changes to some of the services in terms of delivery which may be through a new provider. Details of these changes will be set out as appropriate and further Equalities Impact Assessment will be considered as appropriate.</p>	

Solutions in the above EIA have been provided to provide reassurance that any impacts that we foresee will be minimised by the actions outlined in the EIA.

Step 6 – Recommendations and conclusions of the assessment

6.1 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:

- **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
Continue with the proposal	Overall, it is considered that the proposal will have a positive impact in creating fairer and more equitable community provision for the population of York. The Advice & Information Service and the Supporting Independence Service will have a positive impact for people living in York however it is acknowledged that funding contributions to these services has been reduced.

Step 8 - Monitor, review and improve

8.1 How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?

In addition to a Council Commissioning Strategy which has been developed and will shape the direction of commissioned services, in line with the Council's Plan. Each contract will have Key Performance Indicators that will measure the outcomes with our providers included in the specifications.

The procurement of the new contracts should have no negative impact on the end recipient of services. Any future changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.

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

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