

City of York Council Equalities Impact Assessment

Who is submitting the proposal?

Directorate:	A	Adult Social care Integrated Directorate		
Service Area:		Adult Social care Integrated Directorate		
		Reablement Service Recommissioning incorporating the Rapid Response Service		
		Judith Culleton		
		3/02/2023 v1 3/5/2023 v2 18/07/2023 v3 06/02/2024		
Names of those who	contributed to the assessmen	t:		
Name Job title Organisation Area of expertise				
Nicola Greenwood	Social Care Workforce Lead –	Humber and North Yorkshire Health and Care Partnership	Background Equality and Diversity	

Edward Njuguna	Commissioner of Carer Services	City of York Council	Commissioner of Carers Services and lead of Carer Groups
Jan Kilmark	Project Officer Data and Systems	City of York Council	Equality and Diversity

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.

The purpose of this proposal is that The City of York Council is going to review the existing Reablement service that includes a Rapid Response element to the service. CYC will be incorporating another similar Rapid Response Service provided by Springfield Healthcare based on data, feedback and changing priorities support the development of a new enhanced service that continues to provide person centred care and population needs.

The current Reablement Service is supplied by an external Provider called Human Support Group (HSG). The contract has been in place for 11 years with various extensions to the contract utilised. The Springfield Rapid Response service has been in place since 2019. The updated option that will be presented to our Executive Board for decision is that we approach the market to comply with Council Procedure Rules and Government Procurement Regulations 2015 for both services.

A detailed specification, contract, and key performance measures will be developed that encompass the feedback, data, priorities, and outcomes that reflect customer and population needs. Providers who want to supply the services in the future will be part of a competitive tender process to confirm that they fulfil quality standards in service delivery. The Provider will need to deliver outcomes, and quality standards in relation to Equalities and Human Rights. These services are statutory services that enables City Of York Council to achieve its statutory duties under the Care Act 2014.

Eligibility criteria is:

The Service is available to adults aged 18 years and over who live within the City of York Council boundaries and have been referred to the service by Adult Social Care (or any other agreed referrer as the 'One Team' / 'integrated intermediate care service' approach develops) as it is felt they would benefit from a short period of reablement and rehabilitation in their own homes.

The Reablement and Rapid Response services aims to restore people's independence following a period of ill-health or a hospital stay. It is a short-term intervention that involves intensive assessment and therapeutic work from one day to, ideally, a maximum of six weeks. The service is available to residents aged 18 years and over who live within the City of York Council boundaries and who have been referred to the service by the council's Adult Social Care (ASC) team.

The Reablement and Rapid Response service is designed to:

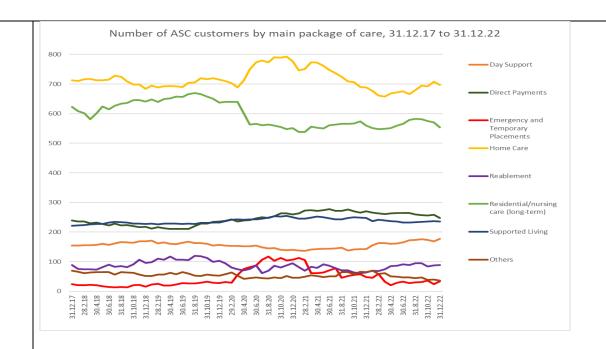
- Promote independent living, especially after hospital discharge using an asset (strength-based approach) building upon people's skills, independence and interests
- Deliver an excellent customer focused, cost-effective Reablement and Rapid Response Service.
- Encourage lifetime wellbeing at home
- Promotes and supports a Home First Approach
- Is a strength based approach that builds on customers interests and skills
- Provide care and support in people's own homes

It is estimated that York is home to 38,735 people over the age of 65 which represents nearly a fifth of the total York population. Haxby and Wigginton ward comprises the highest number of older people with 3,804 residents. Fulford ward, with a total of 854 older residents, has the lowest representation.

The York Joint Health and Wellbeing Strategy (2022-2032)¹² describes York's "changing demographics:

- A growing and ageing population, with a 50% increase in the population over 80 in 2040.
- Projected growth in healthcare use: 4% increase in hospital use (annually)
- 10% increase in social care (over 5yrs) 2.5% increase in GP use (over 5yrs)."

The graph below shows the use of Services Adult Social Care (ASC) offer within the city.



York's Joint Strategic Needs Assessment¹ 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%)

The Reablement and Rapid Response services will see an increase in demand due to the demographic characteristics detailed above and it is imperative that this service continues to be available with improvements in service delivery to

¹ York JSNA, April 2023 JSNA | York Health & Wellbeing (healthyork.org)

meet population needs. Information about care needs will be included in specifications so that Providers understand the trends in population and areas of needs.

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

The Reablement and Rapid Response services enables the council to meet several of its priorities such as the *Council Plan* stipulates an important outcome for our population of good health and wellbeing and is further supported by the key principles for the York Health & Wellbeing Board of:

- Ensure that we work together in true partnership for the good of the people of York
- Involve local people in identifying the challenges and redesigning services (surveys and engagement)
- Promote equality of opportunity and access for all communities, and challenge discrimination if it arises

In addition, one of the eight core outcomes within the *Council Plan*² is; "*Good health and wellbeing*." The plan states that the Council aims to; "Use innovative strategies to support individuals' independence, health and wellbeing, enabling people to stay in their own homes (Home First) or communities for longer and significantly reducing admission rates to residential care".

The Reablement and Rapid Response Services is currently in the process of being recommissioned as the current contract cannot be extended and an Equality Impact Assessment is required to inform the impact of the services on different groups within York.

As a local authority, the City of York Council (CYC) has a duty under the *Care Act 2014*, to prevent, reduce and delay formal intervention for people with care and support needs. CYC provides reablement to those who require it. The Care Act dictates that this must be provided free of charge for a period of up to 6 weeks. This is for all adults, irrespective of whether they have eligible needs for ongoing care and support. Although such types of support will usually be provided as a preventative measure under section 2 of the Act, they may also be provided as part of a package of care and support to meet eligible needs. In these cases, regulations also provide that reablement cannot be charged for in the first 6 weeks, to ensure consistency.

The adult social care reform white paper 'People at the Heart of Care' sets out an ambitious 10 year vision for the transformation of support and care in England. The vision puts people at its heart and revolves around 3 objectives:

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

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 Statement*³ is to "The Reablement and Rapid Response

services plays a pivotal role in terms of supporting the pathway and reenabling people to return home (Home First) with or without support depending on individual needs".

Legal duties to comply with the <u>accessible information standard</u> for publicly funded care.

NICE guidance (NG74) <u>Overview | Intermediate care including reablement | Guidance | NICE</u>

Reablement and Rapid Response Service is a CQC regulated service and CQC regulations apply https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers

The legislations detailed above strengthen and support the ethos and outcomes of York Council's policies and strategies detailed in this equality impact assessment and fully supports the Home First Principle in York.

² City of York Council Plan, 2019-2023, City of York Council Plan 2021

³ All Age Market Position Statement, City of York Council, 2023-2025 <u>all-age-market-position-statement-2023-to-2025</u> (york.gov.uk)

1.3 Who are the stakeholders and what are their interests?

Stakeholders: The York Multiple & Complex Needs Network, YOPA (York Older People's Assembly, Age Friendly York Older Citizens Group, Reablement and Rapid Response - care and support pathway attendees, Reablement and Rapid Response customer voice group, Live Well York Site, CYC Reablement and Rapid Response Task and Finish Group, CYC operational teams, CYC social work teams, CYC Brokerage team, ASC Social Work and Occupational Therapy Teams, NHS Humber and North Yorkshire Integrated Care Board, Existing and past users of the Reablement and Rapid Response service, Voice of past Reablement and Rapid Response customers - report from contract, Age UK, Healthwatch, York Advocacy, York Sensory Service, York and Scarborough Hospital NHS Foundation Trust, Carers Strategy Group, York Carers Centre, Providers – bulletin, local Area Co-ordinators, GP from York Place, Nimbuscare, York Integrated Care Team(YICT), Community Response Team(CRT), CYC's independent living communities (for +55s) Rapid Assessment & Treatment Service (RATS"), Independent Care Group(ICG), The Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Providers. Primary Care Networks (ie GP's), Support for Veterans and York Interfaith.

Interests: The current intermediate care (Hospital) pathway is under redesign and review as the new care and support pathway. The Reablement and Rapid Response services is a critical part of the service delivery for service users, residents, carers and professionals. The stakeholders identified must have the opportunity to voice their opinions on the developments of the Reablement and Rapid Response Service to shape the future service. Some people within the stakeholder groups have experienced the Reablement and Rapid Response services first-hand when being discharged from hospital and other people within the stakeholder group may require the Reablement and Rapid Response Services in the future as either a patient or carer. It is vitally important that we engage with networks and people to gain a full understanding of how any barriers or challenges when accessing or receiving the service can be improved upon and embedded into the redesign process, documentation, and contract measures to ensure equality across York for all its residents. A survey in February 2023 was circulated to stakeholders and a Customer Voice Report is currently being produced to feed into the specification and associated tender documents.

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 (2019-2023) and other corporate strategies and plans.

The Reablement and Rapid Response services is focused on City of York residents being in good health and wellbeing with Home First being an integral outcome for our residents as evidence supports that people that return home stay more independent. This will enable people to be supported to make healthier choices and that health and social care services are quick to respond to those that need them. This includes meeting the 6-week target for reablement and/or reduce the length of time that people need reablement support and prevent readmissions to hospital by returning home with any equipment,

telecare and/or medications rather than enter long term care i.e., resident care. For the Rapid Response service the short term intervention could be up to a maximum of 28 days

The new services will have additional elements in the specifications of what we want the new service to deliver. The service will be therapy lead with occupational therapists as part of the service delivery to enable people to gain the support, confidence, equipment, and independence to return home.

Local defined outcomes

The anticipated outcomes for the service are:

- Early intervention and prevention in York
- Reduced unplanned hospital admissions.
- Reduced readmissions to hospital.
- Reduced length of hospital stays.
- Reduced care home admissions.
- Improved health and wellbeing.
- Reduced duplication of service provision.
- Improved satisfaction for people who use the service.
- We will ensure that residents voice is heard and is part of the strategies going forward, building on the social care survey and JSNA.
- People who use services and their Carers are fully involved in the design and implementations of future services.

Initial analysis of the feedback from the Customer survey and Health and Social Care survey enabled people to have a voice. Key themes from comments that they would like to see improved were; information and guidance; staffing; visits; communication between services; about me; technology and equipment.

These themes were supported by several comments: 'Staff all kind and compassionate with my mum. very professional'; 'Reablement is a perfect way for Customers to gain independence'; 'Everyone told me what I needed'. 'The reablement service website needs updating with more information'. 'Leaflets should be provided to participants about what to expect and their entitlement'. This feedback will be used to shape specifications so that they meet needs identified through the survey.



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.	ora, participants, research reports, the views of equality groups, as well your own	
Source	of data/supporting evidence	Reason for using	
City of You	ork Council Plan, 2019-2023, City of York Plan 2021	Outlines York's key priorities	
York JSN (healthyo	IA, June 2022, <u>JSNA Ageing Well</u> ork.org)	Population data	
Council,	larket Position Statement, City of York 2023-2025 <u>all-age-market-position-</u> t-2023-to-2025 (york.gov.uk)	Includes outcomes for City of York Population and outlines key priorities	
	al Health and Wellbeing Strategy 2022- rk Joint Health & Wellbeing Strategy	Details the health and wellbeing priorities for the city will be and how these will be addressed	
York Den	nentia Strategy, 2022-2027, <u>Annex A.pdf</u> (.uk)	Dementia priorities and data	
Service of	lata	Data from current contract delivery	
City of Yo 2025	ork All Age Commissioning Strategy 2023-	Includes outcomes for City of York Population as well as detailing key priorities	
Decembe	from the survey for older people in York, er 2017, Annex A - 2017 Older People ent to HWBB.pdf (york.gov.uk)	Findings from the survey of older people in York 2017	
those wh	and feedback from current services with o access the services. Survey sent to ders listed above. 2 surveys: 1 for s and Carers who have and who have not	February – March 2023	

experienced the service. 1 for Health, Social Care and other Professionals. Report being developed.	
Healthyork.gov.uk	Deprivation in York 2019, Latest Indices of Multiple Deprivation
Yorks Human Rights City Network Indicator Report	Seeking to Rebuild
Survey for Customers and Professionals (Health and Social Care)	Feedback from customers who have used and not used the service. Stakeholders were sent the surveys links to distribute. Paper copies were also made available. Letters and paper surveys sent to people who had used the service.

Step 3 - Gaps in data and knowledge

3.1 What are the main gaps in information and understar gaps will be dealt with.	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		
Current data collected as performance data provides limited information.	Develop specification and key performance measures to catch data required by Health Social Care, Other Professionals and Government returns		
Trends in needs so that what is being commissioned is meeting the needs of the population as detailed throughout this Equality Impact Assessment.	Develop key performance measure to capture this.		
Pregnant service users of the Reablement service	Develop key performance measure to capture this data.		
Data regarding sexual orientation of service users	Develop key performance measure to capture this data.		
Service usage broken down into age	Develop key performance measure to capture this data.		

Step 4 - Analysing the impacts or effects.

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	The evidence below demonstrates through population data that we have an increasing ageing population and that our residents aged 18 – 64 account for 64.2% of York's population. Therefore it is likely that the demand on the Reablement services will increase and could have a potential spike in demand for residents currently in the 18 – 64 age range in the future. York's current population is 202,821 (2021 census), due to rise to almost 215,000 people by 2030. Currently in York, a lower proportion of people are offered reablement services than the national average and also the majority of York's statistical neighbours. It is estimated that York is home to 38,735 people over the age of 65 which represents nearly a fifth of the total York population. Haxby and Wigginton ward comprises the highest number of older people with 3,804 residents. Fulford ward, with a total of 854 older residents, has the lowest representation. There has been an increase of 15.8% in people aged 65 years and over, an increase of 0.4% in people aged 15 to 64 years, and a decrease of 3.2% in children aged under 15 years. • York's population is on the whole healthy, but this is not true of all communities and groups • There are predicted to be large increases in the number of people with dementia. • More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority. By 2030, it is estimated that the 65+ population in York will have	+	H
	increased by 17% and the 85+ population in York will have increased		

by 27% from 2020. Within York, there are approximately 135,536 residents aged 18 - 64, which is 64.2% of the population.

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.

York is already part of the UK Network of Age Friendly Communities. Age Friendly York will:

- enable people to live healthy and active lives
- encourage communities to treat people with respect, regardless of their age

The figures above demonstrate that the population will increase and may need to utilise the reablement service so there will be a potential increase in demand.

More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority.

The introduction of a new enhanced reablement service will provide more accessible care and support with a therapy lead service where people of York will be enabled to return home with equipment, confidence, technology, right levels of medication if required, tailored care and support to meet people's needs to enable people to get home sooner and promote their independence. There will also be a requirement for the Provider to sign post people who feel isolated and/lonely to be linked to community support, voluntary sectors and the Local Area Coordinator for the area they live in.

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/	

Disability	The way that social care is organised and delivered can be a critical +	M
	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 that are using the	
	Reablement service to get them Home.	
	Information and guidance such as leaflets about the service must be	
	available in different formats to enable residents to fully understand	
	what the Reablement service is; such as easy read, braille. This was	
	feedback from the recent survey 'The reablement service website	
	needs updating with more information. Leaflets should be provided to	
	participants about what to expect and their entitlement'.	
	Training for staff will be a requirement of the new contract and	
	specification to enable them to support a wide range of disabilities so	
	that our residents can access the reablement service and feel	
	supported when receiving care.	
	The All-Age Commissioning and Contract Team will monitor the	
	performance of the contracts against the requirements set out within it.	
	periormanico di uno comucacio againiot uno requiremente cot cut una uni iu	
	The Council will comply with all relevant and forthcoming legislation,	
	Equalities Act 2010, Human Rights Act 1998.	
	Evidence below demonstrates that we have a population that has a	
	variety of disabilities, and each person is an individual with their own	
	needs.	
	Other work on population health management has looked at the issue of	
	people who live with multiple long-term conditions (multimorbidity):	
		ı

- 10.7% of the York practice population have multimorbidity; this represents 24,124 people.
- 2.7% of the population have a physical and mental health comorbidity.
- Number of proportion of people with disabilities in Yorkshire and The Humber (18.9%, 1.0 million).

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

Around 850,000 people (most of whom are aged 50 or over) are living with dementia in the UK, and Alzheimer's UK predicts that this figure will rise to 1 million people by 2025. Of these, around a third (288,000) are currently living in residential care settings.

According to CQC, disabled people under 65 may use social care for long periods – even for the whole of their lives, whether they have a physical or sensory impairment, a learning disability or use mental health services.

The National Autistic Society (NAS) has reported a 61% increase in the autism since 2005. According to the All Age Autism strategy 2017-2021 York, there are estimated to be 1,635 adults with autism in York, either diagnosed or undiagnosed and 388 children.

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

Reablement and people with dementia

 service providers deliver a more personalised reablement approach drawing on a person's strengths, creating an enabling

 care environment that helps realise the potential abilities of people living with dementia. Staff will be appropriately trained to ensure they have knowledge of assessment methods and how to build on the remaining ability of the person with dementia. 	
People with communication difficulties, learning difficulties and/or sensory impairment. - The provider will have appropriate communications strategies to enhance choice and control.	

Gender	The service is open to all genders. There could be cultural restrictions or preferences whereby a specific care worker is requested by gender. This will be part of finding a care package by our Brokerage team but cannot always be guaranteed. This issue will be considered by the provider who will employ both female and male carers dependent on the availability of workforce within the market. From the survey carried out 49% of people that responded did not want to share their gender. 33% were female and 15% were male. According to mid-year population estimates published by the ONS in 2019, males account for 48.2% of York's 201,672 population, while females made up 51.8% of the total. Life expectancy: A gap between wards in York of 10.1 years (Male) and 7.9 years (Female). More information about the Reablement service can be found All on the Live Well York site that can be accessed https://www.livewellyork.co.uk/	+	Low
Gender Reassignment	The service is open to both men and women regardless of any possible previous gender reassignment / and transgendered people. The service is provided where reablement potential is identified after a stay in hospital. Specifications will state that a person that uses the Reablement service must be treated with dignity and respect and receive person centred care.	+	Low
Gender Reassignment	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> .	+	Low
	The Council's Equalities duties state: advance equality of opportunity between persons who share a relevant protected characteristic and		

Race	Reablement services are available to all customers over the age of 18. People accessing this service will be treated with dignity and respect and their Race and Culture needs will be detailed in their care plans and/or discharge records. 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.	+	Low
Pregnancy and maternity	Reablement is available for everyone over 18 (with eligibility criteria) there may be customers who receive the service that are childbearing age adults. There is limited data available on pregnant users of the reablement. Between 2016 and 2017, conception rates increased by 2.6% for women aged 40 years and over. For the second year running, this was the only age group to see an increase. For the fifth year in a row, the largest percentage decrease in conception rates happened among women aged under 16 years (12.9%).	+	Low
	persons who do not share it for our customers and people who work within the Health and Social Care system. 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. CYC Workforce Development Unit- MyLo also offers LGBTQ, e-learning accessible for all ASC workforce the module will enable vulnerable individuals to feel respected, cared and dignified by our colleagues, team and customers.		

	The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8% (non-White British) compared to 4.9% in 2001. In 2021, 92.8% of people in York identified their ethnic group within the "White" category (compared with 94.3% in 2011), while 3.8% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 3.4% the previous decade). The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 0.5% in 2011 to 1.0% in 2021. 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. Provider will source interpreters where English is not their first language and provide information in designing multi-lingual leaflets. The Council would provide links to Local Area Co-ordinators to the Provider as they would share important Local information for local communities.		
Religion and belief	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 these categories. The cultural sensitivities will be listened to and will shape their care and support whilst receiving the Reablement services e.g., enabling them to participate in cultural and religious activities.	+	Low

	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). 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.		
Sexual orientation	No Data Available. The survey results had limited information provided about sexual orientation. All services commissioned by CYC are available to residents of York under the individual service criteria. The Human Rights Act provides people with a right to not disclose this information, and this must be respected.	+	Low
Other Socio- economic groups including :	Could other socio-economic groups be affected e.g. carers, exoffenders, low incomes?		
Carer	In 2021, 4.6% of York residents (aged five years and over) reported providing up to 19 hours of unpaid care each week. This figure decreased from 7.2% in 2011. These are age-standardised proportions. 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.	+	Medium

	Reablement Services will communicate with Carers and loved ones when people are in use of the service and will gain information on an individual needs as they will know them best and care plans will be developed with this information to ensure that customers needs are known and used to shape their care. The following organisations offer support and advice for carers, and those in need of care: York Carer Centre https://yorkcarerscentre.co.uk/ Crossroads https://www.alpheimer/s/www.ageuk.org.uk/york/ York and Selby Alzheimer's Society https://www.alzheimers.org.uk/support-services/Selby+&+York+Local+Service+Office/York+&+Selby+Dementia+Information+Service		
Low income groups	Ways that promote reablement as a care option and ensure everyone has access to information, including hardest to reach people. When reablement service is ending service provider will link in with Local Area Co-ordinator to signpost to income maximisation and benefit advice agencies, health services and community services. The service is a non-chargeable (for up to 6 weeks, integrated with health) service to all assessed adults. Signposting is part of the Reablement service, and this should include signposting to income maximisation and benefit advice agencies, health services, etc. as well as other community services such as Age UK, Yorkshire Housing,	+	M

	has in place. Carers Trust just launched the re in 7 unpaid carers are using food	esults of their recent survey showing 1 dbanks as a result of soaring living at being able to afford paying bills. Plus £134 increase in September 2022 + 70% this year + int.rates & rents + int.rates & rents		
Veterans, Armed Forces Community	an agreement that no one who had or their families, should be disact. In practice, this does not mean to preferential treatment compared agrees to work together to ensure can access the same level of see. This information should be share ensure that any symptoms from	ed and detailed on any care plans to their service days are incorporated into haped to meet their individual needs	+	Low
Other				

Impact on human rights:		
List any human rights impacted.	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 reablement are:	
	 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 	
	Personalisation is at the heart of reablement and an opportunity to embed a human rights-based approach.	
	People accessing the Reablement Service will have their human rights protected and people will be encouraged to exercise their human rights.	
	 Commissioners and the Provider will take an approach which respects a person's dignity, values, their right to choose and make decisions based on their personal needs and beliefs. Service providers ensure equal access for all. 	
	 Provide assurances that staff are trained to understand the importance human rights in the delivery of the service and ways in which they can support it. People should be able to discuss their preferences and make choices in how and when their care 	
	 is delivered, breaking down any barriers in communication to enable this. Relationship between the person receiving and those delivering support. A relationship centred on promoting human rights and ensuring that decisions are made together which helps individual load a dignified and fulfilling life, from from 	
	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.

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:

- provide strategic direction for the council's human rights and equalities work
- tackle the issues raised within the York Human Rights City Indicator Report

Any services being developed and put in place to provide person centred care must adhered to these principles.

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.

High impact (The proposal or process is very equality relevant)	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.
Medium impact (The proposal or process is somewhat equality relevant)	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
Low impact (The proposal or process might be equality relevant)	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

Step 5 - Mitigating adverse impacts and maximising positive impacts.

5.1	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?

There will be no negative impact on the above groups and subsequent customers of the Reablement services. Any impacts will be managed as part of an assessment of individuals needs and care and support services will be designed in accordance with information provided by the customer.

The service will not change but the provider may, but they will be delivering services in accordance with the robust specification. The survey completed has positive comments 'The service was essential, it meant I could come home and be safe' and 'Reablement is a perfect way for Customers to gain independence'.

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

- 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.
 - **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

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

Option selected

Conclusions/justification

No major change to the proposal	The proposal for the Reablement service will have a positive impact in providing services for the population of York enabling customers to return Home First to an environment they recognise with the care and support required to increase confidence and their independence.

Step 7 – Summary of agreed actions resulting from the assessment

7.1 What action, by who	1 What action, by whom, will be undertaken as a result of the impact assessment.			
Impact/issue	Action to be taken	Person responsible	Timescale	
Outcomes for customers and impacts outlined in EIA	Produce the voice of the customer from the surveys returned	Judith Culleton	July - September 2023	
Documentation	Robust specifications and contract documents to be updated incorporating the needs from the surveys for example provision of information	Judith Culleton	July – January 2023	
Equality and Human Rights Act	Quality Assurance	Laura Williams		

Step 8 - Monitor, review and improve

