

**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.)
<p>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.</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:</p> <ul style="list-style-type: none"> • 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 <p>Person centred care is a key theme throughout the vision.</p> <p>Statutory Guidance³ defines “<i>Delay: tertiary prevention / formal intervention</i>” stating these “<i>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</i>”</p> <p>This describes the purpose of the Dementia Community Model, also supporting carers through the service.</p> <p>The Paper goes on to state, “<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:</i></p> <ul style="list-style-type: none"> • <i>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>”⁴ <p>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.</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 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 **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, 2023-2027⁵, 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 Statement⁶ 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.

Dementia Community Model

The York Dementia Strategy⁷ (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 community services to access is key to ensuring we have a dementia friendly city.

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 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/)

	<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> <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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Help with having your home adapted	56%	73%																													
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>	Neutral	Low																												

	<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>		
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>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>	Positive	Medium

	<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>		
Religion and belief	<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>	Positive	Low

	<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

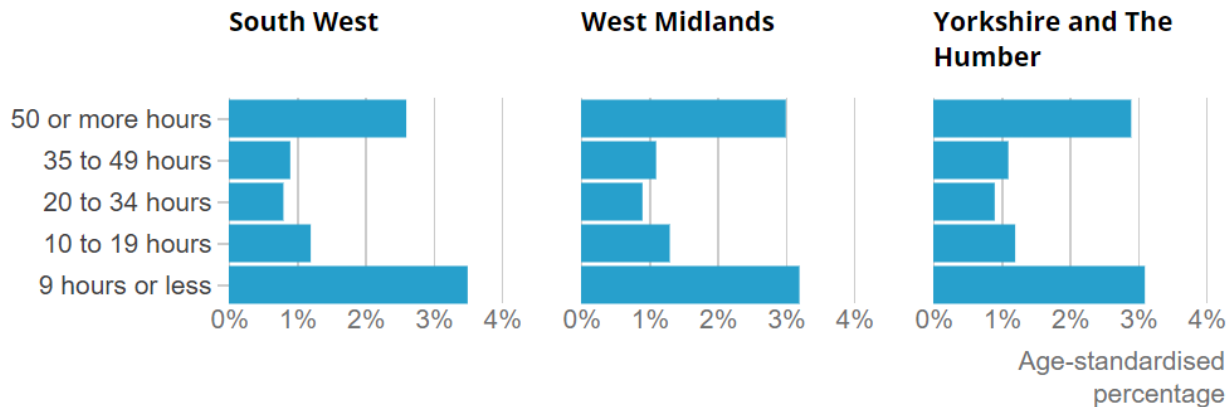


Figure 3 from the census 2021: region with the highest percentage of both unpaid carers, and unpaid carers providing 50 or more hours of care per week

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>

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