



Report to Policy Committee

Author/Lead Officer of Report: Janet Kerr, Chief Social Work Officer
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Report of: *Director of Adult Health and Social Care*

Report to: *Finance Sub Committee*

Date of Decision: *6th September 2022*

Subject: *Additional social care support to enable hospital discharge*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? (1220)				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Purpose of Report:

The purpose of this report is to seek approval to accept and allocate monies from NHS South Yorkshire Integrated Care Board to the value of £2.427m on a non-recurring basis.

The purpose of this new funding from NHS is to enable an increase in social care capacity to enable the safe and timely provision of discharge from hospital and reduction of 40 beds on average per month.

Recommendations:

That the Finance Sub Committee:

1. Approves the Council accepting £2.427m of non-recurrent funding from the NHS South Yorkshire Integrated Care Board and thereby becoming the Accountable Body for such funding as set out in this Report.
2. Approves the establishment of a grant fund(s) of a maximum £2m, with eligibility criteria to be agreed with NHS South Yorkshire Integrated Care Board, from which grants will be allocated to successful providers to provide the additional social care support.
3. Delegates authority to the Director of Adult Health and Social Care to set the eligibility criteria for the grant fund(s), in consultation with the NHS South Yorkshire Integrated Care Board, and to award any grants in excess of £50,000.

Background Papers:

None

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>Liz Gough</i>
	Legal: <i>Sarah Bennett and Henry Watmough-Cownie</i>
	Equalities & Consultation: <i>Ed Sexton</i>
	Climate: <i>Jessica Rick</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>
2	SLB member who approved submission: <i>Alexis Chappell</i>
3	Committee Chair consulted:
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.

Lead Officer Name: Alexis Chappell	Job Title: <i>Director Adult Health and Social Care</i>
Date: 25 th August 2022	

1. PROPOSAL

1.1 *Summary of the proposal*

1.1.1 The health and social care system in Sheffield is facing urgent challenges. Social care has continued to see a significant increase in referrals and need for support over the past 12 months and it's anticipated that this will continue and escalate over the winter period.

1.1.2 Funding has been gained from the NHS to increase social care capacity to enable individuals to be discharged from hospital in a safe and timely basis and to enable the release of 40 acute beds.

1.1.3 The purpose of this report is to seek approval to accept and allocate monies from NHS Integrated Care Board to the value of £2,427m on a non-recurring basis towards additional social care support to facilitate timely discharge from hospital.

1.2 *Background*

1.2.1 Sheffield system partners (Sheffield City Council (SCC), the Integrated Care Board (ICB) and Sheffield Teaching Hospitals NHS Foundation Trust (STH)) have been successful in our bid for money from the NHS England (NHSE) Discharge Funding stream.

1.2.2 This funding is to support system discharge proposals and ensure timely discharges from hospital freeing up acute beds to ensure elective surgery can be prioritised as well as ensuring sufficient beds are available to support winter pressures and any spike in demand

1.2.3 A number of initiatives have been successful in the funding bid, one of these is to secure additional social care support to assist discharge and ensure people who do not need to remain in hospital can be discharged home with support. This encompasses the provision of:

- Additional homecare hours dedicated towards facilitating discharge from hospital.
- Additional social care review capacity to review the support needs of individuals being discharged from hospital and promote individual's independence.
- Additional care at night rounds for health to support discharge from hospital.
- Performance and system monitoring capacity to enable dedicated performance reports on delivery of timely discharge and release of acute beds.

1.2.4 The current home care market is under pressure from additional demand and the plans to transform these into a new wellbeing service is already underway, with agreement provided at Committee on 15th June 2022 for the new service¹.

1.2.5 In the meantime, the additional social care capacity that this funding is looking to create will aim to free up acute beds by building capacity in the homecare market to be able to accept and support people on a timely basis.

1.2.6 To ensure effective governance, transparency, and accountability over use of the funding, and to enable effective reporting on use of the funding its proposed that the following arrangements will be implemented:

- Grant Fund – To establish a grant fund in partnership with NHS, Finance, Legal and Commercial colleagues which enables providers to bid for additional funding to facilitate them being able to deliver the additional homecare support set against an eligibility criterion agreed with NHS colleagues. This will be led by Senior Finance Manager, NHS South Yorkshire Integrated Care Board Sheffield and Assistant Director Adult Commissioning and Partnership, Sheffield City Council.
- Coordination Group – to establish a Coordination Group which consists of health, social care, and providers to oversee use of the totality of funds allocated, reporting on use of the funds and implementation of the project plan, in recognition that the funds will be used to fund commissioned and internal Adult Health and Social Care services. This will be led by Deputy Director of Quality, NHS South Yorkshire Integrated Care Board Sheffield and Assistant Director Ageing Well, Sheffield City Council.
- Performance Report – to establish a discharge performance report and discharge coordinator post to deliver performance reports on impact of the funding on reducing delayed discharges. The Coordination Group will oversee this work.
- Discharge Model and Pathway – to agree a model and pathway with NHS colleagues and providers to ensure arrangements are in place which optimise use of the additional social care support and ensure delivery upon the objectives aligned to the additional funding. This includes recruitment of social care staff to support delivery. The Coordination Group will oversee this work.

¹ [\(Public Pack\)Item 9 - Recommissioning Homecare Services Agenda Supplement for Adult Health and Social Care Policy Committee, 15/06/2022 10:00 \(sheffield.gov.uk\)](#)

1.4 Project Milestones

The following are high level project milestones. The Coordination Group will implement a detailed project plan to ensure delivery on the project.

6 th September 2022	Approval to Accept Funding from NHS by SCC Finance Sub Committee.
7 th September 2022	Letter to Homecare Framework Providers setting out process for application to the fund. Commencement of the recruitment process to the social care review and discharge coordination social care staff and for temporary additional social care staff. Commissioning of an additional care at night health round to increase care support capacity. Establishment of the Coordination Group.
Week Commencing 3 rd October 2022	Evaluation of applications received and approval to commence recruitment to the additional homecare support provided. Discharge Model and Pathway Agreed for the Additional Support.
Week Commencing 31 st October 2022	Reporting on Use of the Funds and Impact on Discharge Commences to Committee and NHS Governance Routes. Confirmation of staff recruited to across commissioned and Sheffield city council.
December – June 2022	Project implementation

2. HOW DOES THIS DECISION CONTRIBUTE ?

- 2.1 ***The One Year Plan*** - In the One Year Plan for 2021/22, the Council committed to 'review homecare services (to ensure) that they are delivering support that enables people to live independently at home in Sheffield'. The proposal described in this report seeks to enhance delivery of that commitment.

- 2.2 **The Care Act 2014 Section 2(1) - Preventing needs for care and support**, this service will meet the elements of the Care Act by :-
- (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support.
 - (b) contribute towards preventing or delaying the development by carers in its area of needs for support.
 - (c) reduce the needs for care and support of adults in its area.
 - (d) reduce the needs for support of carers in its area.
- 2.3 **The Care Act 2014 Section 5(1) - Promoting diversity and quality in provision of services** – this service will ensure the city:-
- (a) has a variety of providers to choose from who (taken together) provide a variety of services.
 - (b) has a variety of high-quality services to choose from referred to in paragraph [\(a\)](#) or [\(b\)](#).
- 2.4 This proposal supports and links to the commitments stated in the **Adult Social Care Strategy, “Living the Life you Want to Live” 2022 - 2030** in particular:-
- Commitment 1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
 - Commitment 2 - Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis by ensuring that when individuals are assessed they are given an opportunity to maximise their potential before doing so.
 - Commitment 6 - Make sure there is a good choice of affordable care and support available, with a focus on people’s experiences and improving quality.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Due to the need to procure these additional hours in a timely way it has not been possible to consult exclusively on this proposal, however, there has been a significant programme of consultation with a wide range of stakeholders about home care.
- 3.2 All the feedback from this has been fed into the new wellbeing service that is imminent in its implementation. This service will mirror the new wellbeing service in many ways, but its implementation will be expediated.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 Decisions need to take into account the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

4.1.2

The proposal is supportive of the Council's obligations under the Duty, primarily by advancing equality of opportunity for people sharing protected characteristics which include Age and/or Disability. It will enable people to leave hospital earlier and to derive wellbeing and other benefits of a familiar home environment and community.

4.1.3

An Equality Impact Assessment has been completed and is **attached at Appendix 1**, there is expected to be an overall positive impact for the following reasons: -

- The service specification (and model of care) will support a strength-based approach, supporting people with independence and wellbeing.
- It will ensure that people do not have to stay in hospital longer than is necessary where there is a risk of deconditioning
- The cost of the service will be in line with the home care transformation proposals discussed at the June 2022 Committee thereby enabling a broader care offer to be achieved
- The wider home care changes have been collaboratively developed with a range of stakeholders, in response to information gathered from extensive engagement and consultation with people from a variety of backgrounds. This service expedites that new offer

4.2 Financial and Commercial Implications

4.2.1 The £2.427m non-recurring NHS funding is for the period October 2022 to March 2023.

4.2.2 The funding will be from the NHSE discharge funding stream and transported to SCC via the ICB. There are already financial agreements in place which will allow for the transfer of this funding between the ICB and SCC

4.4 Legal Implications

- 4.4.1 Under the Care Act 2014, the Council has a duty to meet the eligible needs of those in its area and it may do this through Council- arranged services. The nature of this duty means that the service is essentially demand-led. However, the Council has mechanisms to help manage the resulting cost pressures, including through the assessment/review, procurement, and contracting processes, and through the management of the resulting contracts. The Care Act 2014 also contains duties on local authorities to facilitate a diverse, sustainable high quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole.
- 4.4.2 S111 Local Government Act 1972, gives local authorities power to do anything 'which is calculated to facilitate, or is conducive or incidental to the discharge of any of their functions'. This would include entering into grant arrangements.
- 4.4.3 The Council have not currently been provided with any grant terms from the NHS South Yorkshire Integrated Care Board and the decision to agree to be the Accountable Body for this grant is being made on that basis. However, similar arrangements in the past have been on mutually acceptable terms and it is not anticipated that there will be any provisions included that the Council will be unable to comply with.
- 4.4.4 The grant process and the arrangements to implement the grant must be transparent and aligned to a clear eligibility criterion, before awarding any grants.
- 4.4.5 Each successful grant applicant will be required to enter into a grant agreement with the Council.
- 4.4.6 The grant to the Council is not deemed to be a subsidy. If any details around the project change then this will need to be re-assessed.
- 4.4.7 Prior to the grants being awarded, a subsidy control assessment must be undertaken to ensure that it is compliant with Subsidy Control to award grants to the successful organisations.
- 4.4.8 The Council must comply with all applicable legislation and regulations including but not limited to UK GDPR, the Data Protection Act 2018 and Subsidy Control.

4.5 Climate Implications

- 4.5.1 The contribution made to Sheffield's Climate Change plan can be found in the Climate Impact Assessment, Appendix 2
- 4.5.2 In summary:

- The main impacts of providing this service are in the form of transport emissions, and the opportunity to influence and work with the provider to prioritise local provision as far as possible, minimise vehicle miles, enable non-drivers to work as carers, and include assessment of the providers overall approach to carbon reduction in the tender process. Although the service will be on a citywide basis there are opportunities to ensure this is delivered by workers local to the area thereby reducing vehicle travel.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The Council could decline the grant funding but it is anticipated that demand would still increase and there would be no additional funding to meet those costs. In addition, it is highly unlikely that the homecare sector could provide the additional capacity without the measures proposed in this Report.
- 5.2 The Council could agree to be Accountable Body for the funding but only look to directly provide additional capacity or contract for it without the grant funding arrangements proposed in this Report. However, as above, it is highly unlikely that the homecare sector could provide the additional capacity without the grant funding measures proposed in this Report. It is believed that those grant funding arrangements will stimulate the market and enable them to increase capacity so that we are able to enter into additional call off contracts under existing contractual arrangements.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The additional social care support and funding will:-
- Alleviate short and long-term pressures which will lead to people being discharged from hospital on a timely basis and within 48 hours of being 'Medically fit for discharge'.
 - Support the existing home care providers who are dealing with increased demand pressures
 - Support and enable where possible the individual to return home if they are able to do so
 - Reduce the number of people deconditioning due to extended stays in hospital
 - Free up acute beds for other purposes
 - Support increased demand due to winter pressures and other

spike in demand due to COVID/Flu etc

Appendix 1 – EIA

Equality Impact Assessment **Number 1220**

PART A **Introductory Information**

Proposal name

Additional social care support to support hospital

Brief aim(s) of the proposal and the outcome(s) you want to achieve

It is proposed that This will be :-

- Funded by NHS South Yorkshire Integrated Care Board with one off funding which Sheffield has been awarded from the National Discharge Funding stream
- Additional to the home care already commissioned
- Available for approximately one year commencing Autumn 2022 (approx.)

This NHSE funding is to support system discharge proposals and ensure timely discharges from hospital freeing up beds to ensure elective surgery can be prioritised as well as ensuring sufficient beds are available to support winter pressures and any spike in demand

The current home care market is under pressure from additional demand and the plans to transform these into a new wellbeing service is already underway. (Agreed by Committee in June 2022). The additional support will not only free up acute beds but support the current demand and ensure there are no additional pressures on the current market whilst it transitions into the new arrangements

Proposal type

- Budget Non Budget

If Budget, is it Entered on Q Tier?

- Yes No

If yes what is the Q Tier reference

Year of proposal (s)

- 21/22 23/23 23/24 24/25 other

Decision Type

- Coop Exec
 Committee (e.g. Health Committee)
 Leader
 Individual Coop Exec Member

- Executive Director/Director
- Officer Decisions (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

Lead Committee Member

CLIs George Lindars – Hammond and Angela Argenzio

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Joanne Knight

EIA start date

11/08/2022

Equality Lead Officer

- | | |
|--|--|
| <input type="radio"/> Adele Robinson | <input type="radio"/> Beverley Law |
| <input type="radio"/> Annemarie Johnston | <input checked="" type="radio"/> Ed Sexton |
| <input type="radio"/> Bashir Khan | <input type="radio"/> Louise Nunn |

Lead Equality Objective ([see for detail](#))

- | | | | |
|---|---|--|--|
| <input type="radio"/> Understanding Communities | <input type="radio"/> Workforce Diversity | <input checked="" type="radio"/> Leading the city in celebrating & promoting inclusion | <input type="radio"/> Break the cycle and improve life chances |
|---|---|--|--|

Portfolio, Service and Team

Is this Cross-Portfolio

- Yes No

Portfolio

People

Is the EIA joint with another organisation (eg NHS)?

- Yes No Please specify

Consultation

Is consultation required (Read the guidance in relation to this area)

- Yes No

If consultation is not required please state why

Consultation was undertaken for the home care transformation project the outcomes of this will be utilised in the procurement of these additional hours of support

Are Staff who may be affected by these proposals aware of them

- Yes No

Are Customers who may be affected by these proposals aware of them

- Yes No

If you have said no to either please say why

As the service will take referrals exclusively from NHS organisations particularly people leaving hospital it is not possible to inform the people who will use this service as they have not yet been identified

Initial Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Identify Impacts

Identify which characteristic the proposal has an impact on tick all that apply

<input checked="" type="radio"/> Health	<input type="radio"/> Transgender
<input checked="" type="radio"/> Age	<input checked="" type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input checked="" type="radio"/> Voluntary/Community & Faith Sectors
<input type="radio"/> Pregnancy/Maternity	<input type="radio"/> Cohesion
<input checked="" type="radio"/> Race	<input checked="" type="radio"/> Partners
<input checked="" type="radio"/> Religion/Belief	<input type="radio"/> Poverty & Financial Inclusion
<input type="radio"/> Sex	<input type="radio"/> Armed Forces
<input type="radio"/> Sexual Orientation	<input type="radio"/> Other
<input type="radio"/> Cumulative	

Cumulative Impact

Does the Proposal have a cumulative impact

Yes No

<input type="radio"/> Year on Year	<input type="radio"/> Across a Community of Identity/Interest
<input type="radio"/> Geographical Area	<input type="radio"/> Other

If yes, details of impact

Proposal has geographical impact across Sheffield

Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

All Specific

If Specific, name of Local Committee Area(s) impacted

Initial Impact Overview

Based on the information about the proposal what will the overall equality impact?

This proposal is a temporary arrangement to support hospital discharge (approx. 1 year) However the principles that were developed as part of the new Care and Wellbeing Services transformational contract, will be applied in as much as can and as much as they meet the temporary nature of this service.

The wellbeing service is designed to ensure that everyone has equal access to the services provided, and that they are not unduly hindered from accessing services on the basis of any protected characteristic.

This additional support which effectively accelerates the implementation of the wellbeing contract will also ensure that more people have the opportunity to leave hospital and go home with support

The proposed model will facilitate stronger relationships, inclusion and better access to care services, which are religiously and culturally appropriate for people, offering choice and control.

This will ensure that we meet our Public Sector Equality Duties and to provide equitable access to care support without discrimination to any of the protected

characteristics, as well as fostering good relationships with people the residents of Sheffield and the providers that we contract to care for them.

Is a Full impact Assessment required at this stage? Yes No

If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.

Initial Impact Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes No

Date agreed

Name of EIA lead officer

Part B

Full Impact Assessment

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes N

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The vast majority of people in receipt of care at home are older people. It is likely that the changes we propose to people who receive services will induce some anxiety in the short term, especially for people who are worried about their discharge from hospital and potentially at the end of the contract term if they need to change providers.

However, the positive impact is that more older people will be able to leave hospital when they are medically fit and return home so this should reduce some of the concerns. The ending of the contract will be safely managed so people have a good transition between outgoing and incoming provider

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The majority of people in receipt of services will have medical conditions that would impact upon their daily lives enough so as to amount to them being disabled, either physically or mentally.

The service specification (and the model of care that will be incorporated over the life of the contract) will be designed so that a strength-based approach be the basis of the care services provided, looking at what people can do, alternative ways to manage activities of daily living, and a long-term approach to enablement to prevent and reduce deterioration in abilities and health.

This will support those with disabilities to maintain their independence wherever possible and support them to maintain and develop new abilities and skills in relation to their own wellbeing.

This is expected to have an overall positive impact upon those with disabilities

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

[Empty text box for details of impact]

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There is a reported proportionally lower access of current home care services for people of BAME backgrounds, due to a variety of religious and cultural reasons, which result in more people taking up Direct Payments.

BAME community groups have been collaborated with in regard to the drivers behind not accessing services, and reasons includes stigma regarding diagnosis of mental ill health, cultural and social pressures to support family, language barriers, and lack of awareness.

The team working on the home care transformation have engaged with community groups for example SACMHA to tackle these issues and support better access to services for people of BAME backgrounds.

Despite this procurement acting as a city wide service the principles of the care and wellbeing specification will be adhered to and where it is possible more Locality based interactions with better connections to the local community, will support people from BAME backgrounds to access services, both formal and voluntary. Providers will be able to recruit staff from the area, increasing their ability to overcome language and cultural understanding barriers.

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

There can be some barriers wanting to access care services for those with religious and cultural beliefs in relation to the gender of the carer supporting them.

By working with a minimal number of providers, we can achieve economies of scale with an increased probability of each provider having staff that can meet a person's religious and cultural needs in relation to their care.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The use of fewer larger care providers, who can achieve economies of scale with the way in which they organise their care, and a Locality based model to reduce city wide travel.

This releasing of capacity will support to reduce the waiting time for home care, and therefore reduce and remove the pressure on informal carers to bridge the gap.

Often carers are concerned about prolonged periods spent in hospital and therefore support that helps them to return home as early as possible is likely to be welcomed

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Details of impact

This is a partnership approach, where NHS are funding social care to help alleviate system issues. the development of the additional funding not only therefore creates a better working relationship with providers but with partners in the NHS who will all aim for the same outcomes for people

There is an anticipation that the changes proposed will have both positive and negative impacts upon the relationship Sheffield City Council has with

its current Home Care providers.

Where current providers are unsuccessful in applications or choose not to apply, this may have an impact on their relationship with SCC

However, given the funding allows for an increase in hourly rate to that which is currently paid this might help providers see that there is a belief in homecare as a service and our commitment to invest in it

Providers will be able to establish much improved relationships with secondary care colleagues and be part of a system wide delivery of pathways out of hospital

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Other

Please specify

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Action Plan and Supporting Evidence

What actions will you take, please include an Action Plan including timescales

- As part of the method statements, test out providers understanding of accessibility, equality, and diversity of the care services delivered and how this can be met/improved

Supporting Evidence (Please detail all your evidence used to support the EIA)

Detail any changes made as a result of the EIA

Following mitigation is there still significant risk of impact on a protected characteristic. Yes No
If yes, the EIA will need corporate escalation? Please explain below

Sign Off

EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?

Yes No

Date agreed Name of EIA lead officer

Review Date

Appendix 2 – CIA