

# Equality Impact Assessment

## Introductory Information

**Budget/Project name** Care & Wellbeing Services Transformational Contract

**Proposal type**

- Budget
- Project

**Reference Number** 2332

**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 Cabinet Member** Cllr Angela Argenzio

**Entered on Q Tier**

- Yes
- No

**Year(s)**

<input type="radio"/> 21/22	<input type="radio"/> 22/23	<input checked="" type="radio"/> 23/24	<input checked="" type="radio"/> 24/25	<input checked="" type="radio"/> 25/26	<input checked="" type="radio"/> 26/27	<input checked="" type="radio"/> 27/28	<input checked="" type="radio"/> 28/29	<input checked="" type="radio"/> 29/30
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**EIA date** 20/04/2022, reviewed 01/09/2023

**EIA Lead**

- Adele Robinson
- Annemarie Johnston
- Bashir Khan
- Bev Law
- Ed Sexton
- Louise Nunn
- Richard Bartlett
- Rosie May

**Person filling in this EIA form**

Catherine Bunten

**Lead officer**

Catherine Bunten

**Lead Corporate Plan priority**

- An In-Touch Organisation
- Strong Economy
- Thriving Neighbourhoods and Communities
- Better Health and Wellbeing
- Tackling Inequalities

## Portfolio, Service and Team

### Cross-Portfolio

- Yes       No

### Portfolio

Adult Care and Wellbeing

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

- Yes       No

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

The proposal is to tender for a contract to Provide Care and Wellbeing Services, to replace Home Care from April 2023. Due to high interest from the market, this has been delayed, with the mobilisation of the contract taking place in Autumn/Winter 23/24 and the new contract going live from April 2024.

The outcome to be achieved is the provision of high quality, person centred, and outcome focussed care services in the home. This delivers against our Statutory duty to provide care services and to maintain a sustainable care market. It is anticipated that the new service model will have a positive impact upon the health, wellbeing, and experience of home support services for the people who receive them.

However, the service delivery model of the new contract will include significant changes to the current ways of working, which will have an impact upon people receiving services in the short term. Most of these changes will be positive, but it is possible that some people may experience some negative impacts in the shorter term.

The outcome of the assessment is to mitigate the short-term negative impact of the changes, and highlight the long term positive impacts that will be achieved as a result.

## 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

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

### Overview

#### **Briefly describe how the proposal helps to meet the Public Sector Duty outlined above**

The proposed new Care and Wellbeing Services Contract, which will replace home care, is designed to ensure that everyone has access to the services provided, and that they are not unduly hindered from accessing services on the basis of any protected characteristic.

The proposed new model of locality-based care will help to facilitate stronger relationships, inclusion and better access to care services, which are religiously and culturally appropriate for people within their local community, offering choice and control.

The provision of care services via providers who are contracted to specific areas, will allow for care to be more tailored to the diversity within the community, and encourage employment from these communities which reflects the demographics of the area.

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.

The changes would potentially affect providers on the current home care 'framework', resulting in some providers no longer being available for Sheffield City Council (SCC) arranged support and, consequentially, people receiving home care from those providers needing to change to another provider. Impacts and mitigations are considered below.

## Impacts

### Proposal has an impact on

<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 checked="" type="radio"/> Poverty & Financial Inclusion
<input type="radio"/> Sex	<input type="radio"/> Armed Forces
<input type="radio"/> Sexual Orientation	<input type="radio"/> Other

Give details in sections below.

### 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

#### Impact

Positive     Neutral     Negative

#### Level

None     Low     Medium     High

#### Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

#### Customers

Yes     No

#### Impact

Positive     Neutral     Negative

#### Level

None     Low     Medium     High

**Details of impact**

The proposed reconfiguration of the care market will closely align the areas in which a provider works in with the neighbourhood model of Adult Social Care, and the Primary Care Networks of the National Health Service.

The proposal of the use of Local Multi-Disciplinary teams will allow for closer working between health and social care organisations, improving communications to share information and concerns regarding health, improve speed and access to health services, and allowing for an earlier identification and resolution to changes in health and support needs.

Technology Enabled Care (TEC) will complement care packages, supporting people to maximise their potential for independent living, at the same time safeguarding, and helping to optimise care services. Technologies in people’s homes, such as care alarms, fall pendants, smoke detectors, and bed sensors can all be used to identify if a person is at risk of harm, contacting the TEC Monitoring Services team who can then deploy Citywide Care Alarm responders or the emergency services.

This should all contribute to better health and wellbeing outcomes for people in receipt of care, their family and carers, and help to reduce hospital admissions and the length of time peoples spend in hospital once medically fit.

**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    No

**Health Lead**

**Age**

**Staff**

Yes      No

**Impact**

Positive    Neutral    Negative

**Level**

None      Low      Medium      High

**Details of impact**

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

**Customers**

Yes      No

**Impact**

Positive    Neutral    Negative

**Level**

None      Low      Medium      High

### Details of impact

The vast majority of people in receipt of care at home are over 65. April 2022 data suggests around 85% of current home care customers known to SCC are aged 65 and over.

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 older people to maintain their independence wherever possible and support them to maintain and develop new abilities and skills in relation to their own wellbeing.

In addition, the Locality based model will work to strengthen collaborations between home care provider services with primary care networks, which will support with earlier identification of changes in health needs, and quicker interventions as a result.

This is expected to have an overall positive impact, though it is likely that the changes will induce some anxiety in the short term, especially for people who have had services for a long time and do not wish to change their care provider.

Regular and clear communications will support the change and aim to reduce the anxiety. Planning for transfers of care package will consider the most appropriate options for each individual, prioritising their health and wellbeing and continuity of care.

### Disability

#### Staff

Yes  No

#### Impact

Positive  Neutral  Negative

#### Level

None  Low  Medium  High

### Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

#### Customers

Yes  No

#### Impact

Positive  Neutral  Negative

#### Level

None  Low  Medium  High

### Details of impact

The majority of people in receipt of services will have medical conditions that would impact upon their daily lives. Often this will be at a level to amount to them being disabled, either physically or mentally.

As set out under 'Age' above, the service specification (and model of care) will be designed so that a strength-based approach be the basis of the care services

provided, supporting people with independence and wellbeing. Locality based collaborations with primary care networks will support health needs. This is expected to have an overall positive impact.

As also highlighted under 'Age', where the changes would lead to a provider no longer being available for SCC-arranged support, people will be supported with clear and accessible information.

## Pregnancy/Maternity

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

No anticipated direct impact. However, providers would be expected to be able demonstrate diversity awareness and responsiveness to the needs, identity and choices of each individual within the support provided.

## Race

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

**Level**

None
  Low
  Medium
  High

**Details of impact**

Currently, people from Black, Asian and minoritised ethnicities have a lower representation in SCC arranged home care. It is understood that this is due to a variety of religious and cultural reasons, which result in more people from these communities taking up Direct Payments.

April 2022 data suggests around 83% of current home care customers known to SCC define themselves as White British.

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

We are continuing to work with community groups, for example, SACMHA to tackle these issues and support better access to services for people.

The move to an area based model, with better connections to the local community, will support people from diverse cultural 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. This can help workers to understand meet cultural and religious needs, by drawing on the experience and knowledge of the local voluntary sectors and communities.

**Religion/Belief****Staff**

Yes
  No

**Impact**

Positive
  Neutral
  Negative

**Level**

None
  Low
  Medium
  High

**Details of impact**

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

**Customers**

Yes
  No

**Impact**

Positive
  Neutral
  Negative

**Level**

None
  Low
  Medium
  High

**Details of impact**

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

By working with fewer providers and maximising their delivery, we would hope to achieve economies of scale and an increased probability of each provider having staff that can meet a person's religious and cultural preferences in relation to their care.

## Sex

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

April 2022 data suggests around 63% of current home care customers known to SCC are female and 37% are male. By virtue of this demographic difference, there would be expected to be a disproportionate impact on females. Providers would be expected to be able demonstrate diversity awareness and responsiveness to the support needs, preferences and choices of each individual.

## Sexual Orientation

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

### Customers

Yes  No

### Impact

Positive  Neutral  Negative



**Level**

- None
  Low
  Medium
  High

**Details of impact**

No anticipated direct impact. However, providers would be expected to be able demonstrate diversity awareness and responsiveness to the needs, identity and choices of each individual within the support provided.

**Transgender****Staff**

- Yes
  No

**Impact**

- Positive
  Neutral
  Negative

**Level**

- None
  Low
  Medium
  High

**Details of impact**

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

**Customers**

- Yes
  No

**Impact**

- Positive
  Neutral
  Negative

**Level**

- None
  Low
  Medium
  High

**Details of impact**

No anticipated direct impact. However, providers would be expected to be able demonstrate diversity awareness and responsiveness to the needs, identity and choices of each individual within the support provided.

**Carers****Staff**

- Yes
  No

**Impact**

- Positive
  Neutral
  Negative

**Level**

- None
  Low
  Medium
  High

**Details of impact**

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

**Customers**

- Yes
  No

**Impact**

- Positive
  Neutral
  Negative

**Level**

- None     Low     Medium     High

**Details of impact**

The outcomes and independence focused model should have benefits for people in receipt of support and carers. We would expect providers to involve the person, and their carers in care plan reviews and use all feedback to continue to improve services.

As noted for other protected characteristics, where there is a change of provider likely that informal carers may need to be actively involved, and therefore impacted, where the changes result in the need for the person receiving home care to change provider.

**Voluntary/Community & Faith Sectors**

**Staff**

- Yes     No

**Impact**

- Positive     Neutral     Negative

**Level**

- None     Low     Medium     High

**Details of impact**

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

**Customers**

- Yes     No

**Impact**

- Positive     Neutral     Negative

**Level**

- None     Low     Medium     High

**Details of impact**

The new contract and ways of working specifies an expectation for better integration and closer ties with the local community, including voluntary, community and faith sectors.

Supporting people to have closer ties with their local community is anticipated to have a positive impact upon decreasing loneliness and isolation, which for those in receipt of care services is statistically higher. This will be even more prevalent because of the Covid-19 Pandemic, and so a reduction in isolation will have a significant impact upon people's physical and mental wellbeing.

With a focus on supporting people to access the right service at the right time, there will be an increased use of these groups to support people with needs that should not/cannot be met by regulated care services.

## Cohesion

### Staff

Yes       No

### Impact

Positive     Neutral     Negative

### Level

None       Low       Medium       High

### Details of impact

No anticipated impact.

### Customers

Yes       No

### Impact

Positive     Neutral     Negative

### Level

None       Low       Medium       High

### Details of impact

The use of an area based model, combined with a reduction in the number of care providers working in each Locality, will support with better working relationships between Adult Social Care and home care providers.

Additionally, the Care and Wellbeing Service will look to support better communication between care services and primary care networks.

## Partners

### Staff

Yes       No

### Impact

Positive     Neutral     Negative

### Level

None       Low       Medium       High

### Details of impact

There is an anticipation that the changes proposed will have both positive and negative impacts upon current Home Care providers.

Where current providers are unsuccessful in applications to remain on the framework or choose not to apply once the requirements of the new contract are known, there is likely to be a detrimental impact on them, especially considering the struggles that have faced the sector following Covid. There is a possibility that some providers may choose to exit the market early upon confirmation of the planned changes.

However, the benefits that will come from the changes proposed will still outweigh any negatives, with successful providers likely to have opportunities to work to a new, transformative model and to build relationships with SCC.

The purpose of many of the proposed changes are to embed new, more collaborative ways of working. The reduction in the number of providers contracted with will support SCC's Commissioning team to have more frequent,

meaningful interactions with providers. This will support with better partnership and accessibility to support from SCC.

Additionally, the area-based model will allow for closer ties between providers and ASC, as well as Primary Care Networks and hospital services.

We have engaged with both current and prospective new providers, with 'Equality, Diversity, and Inclusion central to our Soft Market Testing to gather providers' perspectives of the proposed new Care and Wellbeing Services to help inform our learning. Feedback includes:

#### **Positives**

- We feel this will impact everyone the same way
- We believe the model is inclusive. Our workforces should and do reflect the communities we serve. Ensuring that everyone has access, therefore having various methods of communication is something we need to consider with every proposal and model of care we deliver.
- I don't see the new model being an issue however we are a majority BAME agency
- Ideally it should offer better employment opportunities which should attract more carers into the workplace including those from BAME communities

#### **Challenges**

- Some service users are not accepting of other races to look after which may be problematic. Some service users will not accept their own races due to cultural reasons which may be problematic.
- Important to make links with other local services
- Ensure other groups are included - not just BAME communities, e.g. LGBT groups
- The main challenge is going to be the demographics. It is not always easy to ensure the workforce reflects the community particularly if it's an affluent area with low levels of unemployment.
- We need a stronger line on the Sheffield Care industry's EDI standards. Both in protection of our staff and regarding including the bespoke diversity in care packages.
- Some groups are difficult to recruit from - do not see care worker as a career
- Client perception of care staff and attitude against them needs to be challenged and backed up by the Commissioner. We also need to have very clear escalation pathways where clients break this agreement in becoming abusive toward our carers.
- As an organisation we would undertake targeted recruitment in those areas hence we'd welcome the support from the council to allow us to do this effectively. I understand the need, the areas and potentially support with translation etc.
- We would like support in challenging the perception that only a female care worker is appropriate which would give us greater scope to increase the percentage of male care workers we can recruit

We recognise that equalities education and challenging discrimination is key for both the workforce and people in receipt of care.

#### **Customers**

Yes       No

#### **Impact**

Positive       Neutral       Negative

#### **Level**

None       Low       Medium       High

### Details of impact

The positive impacts of closer ties between SSC and home care providers, Primary care networks, hospital, voluntary, community and faith services have been discussed in the relevant sections and is anticipated to support people to live more fulfilling and independent lives.

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 have had services for a long time and do not wish to change their care provider.

Where the changes would lead to a provider no longer being available for SCC-arranged support, options will accompanied with clear and accessible information.

## Poverty & Financial Inclusion

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

No anticipated direct impact. As described under 'Consultation' below, a plan to change to paying and charging based on planned care (from actual care) has been completed, and the proposal included in the new contract.

This change would not uniformly affect people receiving home care and would not automatically lead to any increase in individuals' charged-for contributions.

## Armed Forces

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

**Details of impact**

No anticipated impact.

**Customers**

Yes  No

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact**

No anticipated direct impact.

**Other**

**Staff**

Yes  No

*Please specify*

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact**

No anticipated impact.

**Customers**

Yes  No

*Please specify*

**Impact**

Positive  Neutral  Negative

**Level**

None  Low  Medium  High

**Details of impact**

No anticipated impact.

## Cumulative Impact

### Proposal has 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*

The current contract is city wide and will continue to be so under the proposal. The reconfiguration of the market will ensure that home care providers work in set, condensed geographical areas, maximising their efficiency, and reducing the amount of travel they need to do. This will have a positive impact on carbon footprints, and support goals towards green initiatives.

### Local Partnership Area(s) impacted

All  Specific

*If Specific, name of Local Partnership Area(s) impacted*

## Action Plan and Supporting Evidence

### Action Plan

The following actions were completed during the tender and evaluation process:

1. **A dedicated method statement (question) developed by representative groups from Black, Asian and minoritised communities to support the tender evaluation** – to support the accessibility, equality, and diversity of the care services delivered
2. **An inclusive and equitable approach in Evaluation** – diverse and representative evaluation panels

The following actions will be undertaken during the mobilisation and contract term

3. **Monitor ethnicity within the contract** – for example, to ensure an appropriately diverse workforce based on the locality-based service delivery areas
4. **Regular and clear communications** will support the change and aim to reduce the anxiety. Planning for transfers of care package will consider the most appropriate options for each individual, prioritising their health and wellbeing and continuity of care.
5. **Work with partners, providers and staff to develop our response to racism or discrimination faced by staff or people with lived experience.** This could include an acceptable behaviour statement, or pro-active activities to promote respect and good relationships.
6. **Work with providers to develop our ASC Workforce Strategy to promote carer career pathways, and take positive action to increase the diversity of recruitment and promotion.**

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



## Consultation

### Consultation required

- Yes  No

### If consultation is not required please state why

There is no duty to consult on the substantive proposed changes as any individual choice to remain with their current provider (or choose a provider who has not been successful in their application to the framework) will be case managed on an individual basis.

However, due to the ambitions and scope of the proposed changes over the lifetime of the contract, consultation has taken place with the current Home Care Providers and the workforce, to ensure that there is sufficient confidence in the workforce in relation to their long-term job security, and to check and challenge our thinking.

Additionally, consultation has previously taken place with representatives from a variety of customers, people from many cultural backgrounds, faith groups, dementia specialists, experts by experience, carers, and other interested parties in relation to the development of the Care and Wellbeing model to support with identifying barriers to and within care, and actions we can take to overcome these.

A linked consultation was carried out between March and April 2022, targeted to home care clients. This sought respondents' views about whether to move to paying and charging for home care based on *planned* care from the current focus on *actual* care. This would be an enabling change, supporting the wider transformational aims. There was a reasonable level of support for the proposal:

- 46% of all respondents agreed with it,
- 16% did not mind either way,
- 22% were unsure, and
- 16% disagreed with the proposed change.

The consultation also received feedback about potential areas of focus for the new contract, including:

- Better adherence to care plans and care worker visits
- Consistency and turnover of care workers
- Communication between care workers and unpaid carers.

### 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

Subject to approval, communication will take place with customers when the timescale and implications are fully known.

## Summary of overall impact

### Summary of overall impact

There is expected to be an overall positive impact through new model of care:

- There is an expectation that there will be an overall positive impact because of the proposed changes. The service specification (and model of care) will be designed so that a strength-based approach is the basis of care services, supporting people with independence and wellbeing. Locality based collaborations with primary care networks will support health needs.
- The Contract is anticipated able to implement changes over a long period of time that are designed to improve the experience Care Services.
- The changes proposed have been developed with a range of stakeholders and in response to information gathered from engagement with people from a variety of backgrounds.

However, there are potential negative impacts in terms of changes in provider:

- It is very likely that some people in receipt of home care will need to change providers, inducing some anxiety in the short term, especially for people who have had services for a long time. This will have a impact on older people and people with disabilities, as these are the main groups who receive homecare
- To mitigate, we will provide clear and accessible information about the changes, and support people through it. All decisions will be made with the individuals best interests at the centre.

Primary impacts are in relation to protected characteristics of Age and Disability:

- In-line with the nature of home carer, the changes would directly affect people who share either or both of these protected characteristics.

There is a disproportionate impact on women:

- By virtue of the demographic difference between females (who represent 63% of current home care customers) and males (37%), there would be expected to be a disproportionate impact on female.

There are opportunities to address low usage and confidence in home care by some Race communities:

- The move to a more area based model and community connections is aimed to support people to have better access to, and support from their communities and networks. This would potentially have a positive impact for people who are currently under-represented in SCC arranged services as the delivery model would be more culturally appropriate.
- It is also anticipated, that Providers will be more easily able to recruit staff from the area, increasing their ability to overcome language and cultural understanding barriers and drawing on the experience and knowledge of the local voluntary sectors and communities.

There are no anticipated direct impacts in relation to other protected characteristics:

- Providers would be expected to be able demonstrate diversity awareness and responsiveness to the needs, identity, and choices of each individual within the support provided.

<p>There are likely to be impacts on informal carers:</p> <ul style="list-style-type: none"> <li>• A more independence and outcomes focused provision should relieve pressure on carers.</li> </ul>
<p>There are impacts on the voluntary, community and faith sectors:</p> <ul style="list-style-type: none"> <li>• There should be better integration and closer ties with the local community, including VCF sectors, including for people with needs that should not/cannot be met by regulated care services.</li> <li>• This may support reductions in loneliness and isolation</li> </ul>
<p>There are implications for provider organisations and for their staff:</p> <ul style="list-style-type: none"> <li>• Home care providers who unsuccessfully apply for the framework will be negatively impacted and will need to adhere to their HR/legal processes and responsibilities.</li> <li>• Successful organisations will have opportunities to work to a new, transformative model and to build relationships with SCC.</li> </ul>
<p>Consultation has informed the EIA:</p> <ul style="list-style-type: none"> <li>• Anticipated impacts described in this EIA are informed by engagement with providers and consultation with people using home care and informal carers.</li> </ul>

**Summary of evidence**

**Summary of overall impact**

**Changes made as a result of the EIA**

## Escalation plan

**Is there a high impact in any area?**

- Yes  No

**Overall risk rating after any mitigations have been put in place**

- High  Medium  Low  None

## Sign Off

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

- Yes  No

Date agreed

20/04/2022

**Review Date**

02/09/2023