

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority 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 relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Re-commissioning of Lincolnshire's Carers Support Service	Person / people completing analysis	Simon Gladwin, Nicola Williamson, Sandra Kelley, Sarah Moody
Service Area	Carers Public Health, Adult Care and Community Wellbeing/ Children's Services	Lead Officer	Emma Krasinska
Who is the decision maker?	Councillor Bowkett	How was the Equality Impact Analysis undertaken?	Desktop <ul style="list-style-type: none"> • Commenced December 2019 • Service user, provider and professional stakeholder feedback, • Desktop exercise • On-going
Date of meeting when decision will be made	06/12/2021	Version control	v0.10
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	LCC directly delivered, commissioned, re-commissioned or de-commissioned?	Re-commissioned

Describe the proposed change

Lincolnshire County Council is seeking to re-commission a countywide statutory carers support service. The service supports carers' wellbeing, achieving a balanced quality of life and ability to have some choice and control in their caring role. The service is preventative. It aims to promote early identification of carers, support their health and wellbeing and reduce or delay a deterioration of need and subsequent escalation to statutory support services.

The Carers Support Service is a key component of LCC's Care Act 2014 requirements. The Care Act (2014) and the Children and Families Act (2014) give carers full legal recognition, by placing their needs and rights on an equal footing to those for whom they care.

Councils have a general duty to promote the wellbeing of carers, and to prevent, reduce and delay the onset of need. Councils are also expected to take a whole family approach when assessing or supporting an adult or child in need. The Local Authority has a legal responsibility to prevent a young carer providing inappropriate or excessive levels of care to an adult or child.

The current service is delivered jointly by Lincolnshire County Council, Carers First and Serco. Service provision is split into the following areas with differing contractual end dates:

- 'Young Carers Service' – delivered within Lincolnshire County Council Early Help and TAC Team
- 'Adult and Young Adult Carers' – commissioned by Lincolnshire County Council Public Health and delivered by Carers First, a registered national charity
- 'Parent Carers' – an element of which is included in the Carers First contract, but is additionally commissioned by Lincolnshire County Council SEND and delivered by LPCF
- 'The Customer Service Centre' - which offers a comprehensive telephone-based support service. Elements of the current service will continue after re-commissioning in line with Lincolnshire County Council's contracts with Serco.

The current model is widely seen as effective however the re-commissioning offers an opportunity to apply learning from the previous six years of experience in implementing the Care Act.

Service review, benchmarking, lessons learnt sessions, service user/provider engagement and surveys will be undertaken to find out what is valued about the current service and to investigate alternative models.

The current contract ends in June 2022.

Proposed Change

The proposal is to re-commission a service based on the current model but with identified shortfalls addressed. Proposed changes therefore include strengthening of statutory practice and carer co-production, address gaps in current offer, build whole family approaches and improve joined up multi-agency support. There will be a tiered offer of support; universal, targeted and complex. The statutory element must be consistent with the Care Act (2014) and other service areas need to consider what support is required by carers and how this may be delivered with the allocated budget. Areas currently funded by the BCF can be

included as core business if the element is required. This proposal will also see support to substance misuse carers commissioned separately to a specialist substance misuse support service provider. Young carer engagement is an element that will also be removed from the re-commissioned service.

Funding

The final budget is confirmed and there will be a slight uplift in funding. Financial modelling has confirmed that the budget identified is adequate to meet future demand, consolidate BCF elements and address identified improvements.

Service model

The service model has been developed using the following methods:

- **Literature Review** – Completed November 2019
- **Benchmarking** – Completed January 2020, this indicates the current model is fit for purpose, but some areas may benefit from a different delivery model or revised monitoring processes
- **Lessons Learned study** – Completed January 2020, this indicates some areas that needs to work better such as service identity, single point of access or the monitoring system
- **Service evaluation** – Completed July 2020 after a coronavirus delay
- **Stakeholder and service user engagement** – Completed June 2020 and key findings are that carers need a comprehensive range of preventative support to meet their needs and support needs to be personalised and flexed according to the level of carer need. As carers reach out to a range of services and organisations for support, partnership arrangements are key to identifying and supporting carers. There needs to be a single service identity and point of contact to make it easier for carers to access support. Although the current model is fit for purpose there is room for improvement.

Governance

There is a project group which meets monthly, and a governance board chaired by the elected portfolio holder. Decisions will be made at that forum prior to seeking commissioning board and executive approval. Decisions will be made to meet the timeline of the new service. The current service has been extended to June 2022 due to coronavirus delays and the resource impact that has had.

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <http://www.research-lincs.org.uk> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the [Council's website](#). As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state 'no positive impact'.

Age	<p>The re-commissioned service will be open to all adult carers from the age of 16 (as appropriate) with an appearance of need. However, the council will place a requirement in the service specification to offer an equal and accessible service when it is re-procured, which will be monitored through contract management. Therefore, individuals with this protected characteristic will not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.</p> <p>Older carers will see a positive impact as according to 2016/17 data from Adult Care's 2018 performance report, over 85's account for around 8% of adult carers in Lincolnshire, while almost half are aged 18-64. The Social Care Institute for Excellence (SCIE) also claims older carers (85+) are a growing group of carers. They are usually providing care to a spouse or partner and are less likely to identify themselves as carers.</p> <p>Working age carers will see a positive impact from a supportive service as figures from Employer for Carers released in October 2019 show that in England alone 2.6 million carers had to leave work and a further 2 million had to reduce their working hours to accommodate their informal caring responsibilities.</p> <p>Sandwich carers have caring responsibilities for an older parent while also bringing up their own young family for example. They are most commonly (35%) aged 35 - 44 and those aged 55-64 provide the longest hours; 29% of them provide over 20 hours of caring a week so are likely to see a great impact from a support service.</p> <p>Young carers are out of the scope of this service, but young adults will be eligible if they have an assessed need.</p> <p>Following a decision made by Children's Executive DLT young carers will not be in scope of the new service but there is joint work with Children's Services to ensure the services take a whole family approach and complement one another.</p>
Disability	<p>The re-commissioned service will take a blended approach and is open to all carers with an appearance of need and therefore will have a positive impact. This protected characteristic will not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.</p> <p>The use of IT will make it easier for some to access support as it limits the needs to travel for example.</p>

	<p>Carers support family and friends with a range of conditions and disabilities. Directly supporting carers to sustain the caring role also prevents, delays and reduces the needs of those they care for. Consequently people with care needs will also indirectly benefit from the service.</p> <p>According to Gov.uk, there are over 11 million people with a limiting long term illness, impairment or disability. The prevalence of disability rises with age. Around 6% of children are disabled, compared to 16% of working age adults and 45% of adults over State Pension age. The 2019 GP Patient Survey also found that carers are more likely to report having a long term condition, disability or illness than non-carers – 63% of carers compared to 51% of non-carers. According to the NHS Information Centre Survey of Carers in Households, 27% of carers were in receipt of Disability Living Allowance as a result of their own disability or ill health. In Lincolnshire, data shows that the reasons people provide unpaid care is predominantly physical (71% of those not receiving adult care services), while 15% of this group have learning disabilities and 5% have a mental health issue</p>
Gender reassignment	<p>No perceived positive impact. This protected characteristic group should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. Evidence is limited and figures for transsexuals are included in broader LGBTQ+ data</p>
Marriage and civil partnership	<p>This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. As many carers care for a spouse or partner there could be a positive impact for this protected characteristic.</p> <p>According to the latest census, over half the population of each district in Lincolnshire is married: Almost 57% in North Kesteven and 49% in Boston. Figures for civil partnerships was much lower with a mean of only 0.17% across all districts in a civil partnership, however this figure is likely to be higher now.</p>
Pregnancy and maternity	<p>No perceived positive impact. This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.</p> <p>If technology is used to meet or support carers who are pregnant or have young children, it will offer greater flexibility to many in this cohort as it reduces the needs to travel and exposure to risk (eg related to coronavirus).</p>
Race	<p>No perceived positive impact. This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.</p>

Religion or belief	No perceived positive impact. This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.
Sex	<p>This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. There will be a greater positive impact on women because they are more likely to be carers.</p> <p>The 2011 Census showed that women are more likely to be carers than men (58%:42%). The percentage of carers who are female rises to 60% for those who are caring for 50 hours or more a week. Women make up 72% of the people receiving Carer's Allowance for caring 35 hours or more a week so services will likely benefit marginally more women than men. Carers UK has calculated that the economic value of the unpaid care provided by women in the UK is estimated to be a massive £77 bn per year. Caring falls particularly on women in their 40s, 50s and 60s. 1 in 4 women aged 50-64 has caring responsibilities for older or disabled loved ones. Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years old. The imbalance reduces amongst older carers; the gender split is 50:50 of carers aged between 75 and 84. Carers over 85 are more likely to be male (59%) than female (41%) 22 – many caring for their partners.</p>
Sexual orientation	<p>No perceived positive impact. This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.</p> <p>According to the SCIE, knowledge about some groups of carers often referred to as “hidden” or “hard to reach” carers are relatively invisible within research. This is particularly the case for carers from BME and LGBT+ communities. Stonewall estimates that 5-7% of the population is gay, lesbian, bisexual and transsexual. Based on the estimates from Stonewall that 3.7 million people in the UK are LGBT, Carers UK estimates there are 390,000 LGBT carers in Britain, although this is higher than the official figures it is presumed that continuing taboos and fear of discrimination around sexual orientation are the reason for the difference in figures.</p>

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

The Care Act (2014) and the Children and Families Act (2014) give carers full legal recognition, by placing their needs and rights on an equal footing to those for whom they care. The mitigation is proactive identification services, and health partners playing their role to proactively identify carers.

Councils have a general duty to promote the wellbeing of carers, and to prevent, reduce and delay the onset of need. Councils are also expected to take a whole family approach when assessing or supporting an adult or child in need. The local authority has a legal responsibility to prevent a young adult carer providing inappropriate or excessive levels of care to an adult or child.

Councils have a duty to offer a carer an assessment, if they have the appearance of need. All carers, including parent carers, young adult carers and young carers, have the right to have an assessment of their needs, either upon request, or if they appear to have needs. This is regardless of for whom they care, what type of care they provide or how often they provide it. (Source: ADASS (2015) The Care Act and Whole Family Approaches).

The health of carers is known to decline as the number of hours care they provide increases. The JSNA highlights census data showing that around four fifths of those providing up to 19 hours care say they are in good health while less than 5% say they are in poor health. When the number of hours of care increases to 50+, those reporting good health drops to half and those in poor health rises to approximately 15%. Services which seek to improve this picture can only be positive.

Working carers

This group is often hidden and don't identify themselves to their employer or manager as a carer. According to Employer for Carers, 67% of working carers struggle to balance their work and carer responsibilities. WeMa Carer's research uncovered that 49% of informal carers in full-time work have lied about needing a sick day in order to fulfil care commitments, and the same number have already reduced or changed their working hours in order to care for a loved one. A comprehensive service that meets need could help this group to maintain all of their responsibilities, but it is essential that employers are helped to be positive about those in caring roles and being flexible enough to accommodate their needs.

Digital

Coronavirus has meant a huge shift for many services to be provided online from GP appointments to quizzes. Young people in particular are now easier to reach in many ways as the use of technology has improved and meetings, events and discussions can take place virtually. This should be reflected in the specification as a way of encouraging the use of online tools for those with limited time to travel to assessments or events for example.

Substance Misuse

Feedback from carers who have accessed the service, and the provider themselves, suggests that the existing service is not meeting need. There has been limited success in reaching those who care for family members with addiction (in part perhaps due to the individuals not seeing themselves as a carer). The needs of this group are very specific and it requires specialist knowledge of substance use and its impacts, therefore if it is proposed to commission this element separately a better quality of service, in touch with the right people, could be provided to better meet their needs.

Adverse/negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state 'No mitigating action identified'.

Age	No perceived adverse impact. Engagement has shown that carers would like service delivery to take a blended approach which is a mixture of face to face and virtual. Carers aged over 85 do not want to access the service through social media, apps, video calls or groups and carers aged 25 and under do not want to use telephone. Providing the new service offers choice there should not be any adverse impact in relation to age.
Disability	No perceived adverse impact. Engagement has shown that carers would like service delivery to take a blended approach which is a mixture of face to face and virtual. Providing the new service offers a range of options for engagement there should not be any adverse impact in relation to disability.
Gender reassignment	No perceived adverse impact. No mitigating action identified
Marriage and civil partnership	No perceived adverse impact. No mitigating action identified

Pregnancy and maternity	No perceived adverse impact. No mitigating action identified
Race	No perceived adverse impact. No mitigating action identified
Religion or belief	No perceived adverse impact. No mitigating action identified
Sex	No perceived adverse impact. No mitigating action identified
Sexual orientation	No perceived adverse impact. No mitigating action identified

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Carers who are not online, for example those in very rural areas, older carers or those in poverty and without access to broadband or a device could potentially be excluded from support if it is primarily available online. Services will continue to offer an alternative, such as written correspondence, telephone interview or face to face meetings to ensure they are not further excluded. The service will also have a focus on digital inclusion to ensure, where possible, barriers to accessing online support are addressed. There have been stark warnings about this, particularly in the spring of 2020 when the coronavirus pandemic has forced many services to use virtual gatherings, from Government, advisors and engagement specialists, such as the Consultation Institute.

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity

The EIA aims and objectives for engagement were:

Objective

- To develop a specification that meets carer and stakeholder need as well as meeting statutory requirements of the Care Act 2014 and budgetary provision

Aims

- To determine what services will best meet carer need
- To determine stakeholders needs and aspirations
- To test a service model against need and aspirations

To achieve the objectives of the engagement the service model was developed using the following methods:

- **Literature Review** – Completed November 2019
- **Benchmarking** – Completed January 2020, this indicates the current model is fit for purpose, but some areas may benefit from a different delivery model or revised monitoring processes

- **Lessons Learned study** – Completed January 2020, this indicates some areas that needs to work better such as service identity, single point of access, combined whole family approaches in complex cases or the recording and reporting system. This study involved internal and external stakeholders over a number of group and one to one discussions
- **Service evaluation** – Completed July 2020 after a coronavirus delay
- **Stakeholder and service user engagement** – Completed June 2020 and key findings are that carers need a comprehensive range of preventative support to meet their needs and support needs to be personalised and flexed according to the level of carer need. As carers reach out to a range of services and organisations for support, partnership arrangements are key to identifying and supporting carers. There needs to be a single service identity and point of contact to make it easier for carers to access support. Although the current model is fit for purpose there is room for improvement.

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	The community engagement team has provided information to populate this EIA, including evidence from organisations such as CarersUK and Age UK. On-going work including Lessons Learned, benchmarking, service user engagement, stakeholder engagement are now complete. Evidence from young people via Children's Services has also been included from version 0.7
Disability	The engagement report demonstrates the levels of representative involvement among this group. Carers identified having their own health issues and those being cared for often also fall within this category. Representative organisations were particularly targeted as well as carers themselves
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	
Religion or belief	

Sex	
Sexual orientation	
<p>Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way?</p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	<p>Yes</p> <p>Engagement re-commenced in March 2021 following a coronavirus delay and was completed in June 2021. We are confident that we have included all groups with the relevant characteristics. The engagement was available in a variety of formats. We are confident that we have received and considered responses from all the groups. The engagement included an opportunity for people to raise concerns about any impacts of a revised service model on protected characteristics (of the person providing care and the person being cared for). There are a couple of examples of how this worked in action above.</p>
<p>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</p>	<p>The Equality Impact Analysis will be a live document, regularly reviewed.</p> <p>There will be regular implementation meetings with the successful providers as part of awarding the contracts. These meetings will review whether there are any impacts against individual service users, particularly those who are protected under the Equality Act 2010. A review of any adverse impacts will be carried out six months after the new service has been implemented.</p> <p>Following implementation there will be quarterly contract management meetings, again these will review the service delivery and will identify any protected groups or individuals who may be impacted either in a positive or negative way.</p>

Further Details

Are you handling personal data?	<p>No</p> <p>If yes, please give details.</p> <p>Personal details are held as part of Mosaic however all data used within the re-commissioning is anonymous, so no personal data leaves Mosaic to contribute to this exercise</p>
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Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	Engagement with carers, potential carers and people who are cared for to ensure the service is/will meet the additional needs they might have as a result of one of the nine protected characteristics	Amy Smithson	Completed

Version	Description	Created/amended by	Date created/amended	Approved by	Date approved
V0.1	Original desktop version prior to service modelling	Simon Gladwin	04/12/19		
V0.2					
V0.3	Includes scope and benchmarking/lessons learned	Simon Gladwin	31/01/20		
V0.4	Engagement team comments and evidence inclusion	Sarah Moody	05/02/20		
V0.5	Further update with additional evidence for	Sandra Kelley	26/02/20		
V0.6	presentation to meeting	Sarah Moody			

V0.7	Coronavirus impact update following project meeting with errors corrected in response to feedback from EK 16/7	Sarah Moody	08/07/20		
V0.8	V0.7 updates incorporated	Sandra Kelley	13/08/20		
V0.9	V0.8 updates incorporated	Sandra Kelley	15/07/21		
V0.10	Updated to include legal remarks in advance of committee	Nicola Williamson and Sarah Moody	15/11/21		

Examples of a Description:

'Version issued as part of procurement documentation'

'Issued following discussion with community groups'

'Issued following requirement for a service change; Issued following discussion with supplier'

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