

## Appendix 1

### EQUALITY IMPACT ASSESSMENT - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Fair Price for Care Business Case
2	Person responsible for the assessment:	Jo O'Donoghue
3	Contact details:	07971825331 <a href="mailto:Joanne.Odonoghue@trafford.gov.uk">Joanne.Odonoghue@trafford.gov.uk</a>
4	Section & Directorate:	All Age Commissioning Adults
5	Name and roles of other officers involved in the EIA, if applicable:	Jo O'Donoghue, Specialist Commissioner Martin White, Commissioning Officer

B. Policy or Function		
1	Is this EIA for a policy or function?	Policy <input type="checkbox"/> Function <input checked="" type="checkbox"/>
2	Is this EIA for a new or existing policy or function?	New <input type="checkbox"/> Existing <input type="checkbox"/> Change to an existing policy or function <input checked="" type="checkbox"/>

3	What is the main purpose of the policy/function?	<p>The annual Fair Price for Care consultation is a statutory requirement under the Care Act, to consult the provider market with regard to proposed annual uplifts to the fees we pay them to deliver commissioned care services.</p> <p>This EIA relates to the Fair Price for Care consultation for the provision of Residential and Nursing services for the financial year 2021-22.</p>
4	Is the policy/function associated with any other policies of the Authority?	<p>The policy is related to our statutory obligations under the Care Act.</p> <p>It is also related to the Council's pledge to adopt the Residential Care Charter.</p> <p>Residential Care Charter (ECC). ECC sets out minimum standards of pay and working conditions for the residential care workforce. In order to meet these conditions we may need to make a commitment to increase our care fees to bridge the gap for the NLW so providers can improve pay and conditions for their workforce.</p> <p>Promotion of Choice/Person Centre services</p> <p>Dynamic Purchasing System</p> <p>Successful and Thriving Places</p> <p>Services focused on the most vulnerable people:</p>
5	Do any written procedures exist to enable delivery of this policy/function?	<p>Business cases and executive submissions.</p> <p>Agreed contracts to be produced</p>

6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	Not applicable
7	Who are the main stakeholders of the policy? How are they expected to benefit?	<ul style="list-style-type: none"> <li>• Independent Private Providers</li> <li>• Trafford Residents</li> <li>• Trafford Workforce</li> <li>• Trafford Council</li> <li>• Trafford CCG</li> </ul> <p>The proposal will support the providers to bridge the gap towards the real living wage and provide better workforce conditions, training and development thus increasing workforce stability. In addition the rebasing of the bed rate will promote greater market stability.</p> <p>The majority of staff are women and so they will be positively impacted by the changes.</p> <p>The residents are all older people, many of who are also disabled and there is also a significant majority of women within the residential and nursing homes. These changes will have a positive impact on the residents.</p>
8	How will the policy/function (or change/improvement), be implemented?	<p>The change will be implemented as follows:</p> <ul style="list-style-type: none"> <li>• A report is presented to the Executive which presents options for the financial remuneration made to</li> </ul>

		<p>commissioned providers of residential and nursing services for our residents.</p> <ul style="list-style-type: none"> <li>• The Executive considers the report and makes a recommendation for the fees payable for the relevant financial year.</li> <li>• This recommendation is then published for consultation and we gather formal responses from our providers and others.</li> <li>• The responses are then reported back to the Executive who use this information to make a final decision regarding the rates we pay our providers.</li> <li>• Any challenges are considered by the Executive before a final decision is made with regard to the annual rates we pay for commissioned homecare services.</li> </ul>
9	<p>What factors could contribute or detract from achieving these outcomes for service users?</p>	<ul style="list-style-type: none"> <li>• Following consultation and approval, this uplift will take effect from 01/04/2021 automatically increasing all live purchased beds.</li> <li>• The offer would take into account pressures due to the Retail Price Index (RPI) and either the increase to the NLW or 2%, whichever is the higher. This will form the basis of the inflationary uplift.</li> <li>• The increased price of £560 for Residential and £626 for nursing plus the inflationary uplift.</li> <li>• Notification will be provided to enable colleagues to amend the systems and apply the change.</li> </ul>

		<ul style="list-style-type: none"> <li>The impact on the budget of increases to revised rates would be met from within the overall allocation for inflation and demography in the Medium Term Financial Plan (MTFP) that has been allocated to the Adult Social Care budget for 2021/22.</li> </ul>
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	<p>Commissioners are responsible for the consultation and application of the change but this will also include the support from our financial colleagues, in implementation.</p> <p>The policy is shared with finance colleagues and the final decision is made by the Executive</p>

### C. Data Collection

1	Do you have monitoring data on the number of people (from different equality groups) who are using or are potentially impacted	<p>As of March 2020 <b>Skills for Care Workforce Intelligence Workforce</b>  19% Male / 81% Female  23% BAME / 77% White  85% British / 7% EU / 8% Non-EU  Average Age: 44 years old  <a href="https://public.tableau.com/shared/7HNQ226Y7?:display_count=y&amp;:origin=viz_share_link&amp;:embed=y&amp;:showVizHome=no">https://public.tableau.com/shared/7HNQ226Y7?:display_count=y&amp;:origin=viz_share_link&amp;:embed=y&amp;:showVizHome=no</a></p> <p>For Trafford the average hourly rate for all social care related job roles in the independent sector in March 2020 was £9.45 / hour. On average, the pay in the independent sector was £1.24 higher than the National Living Wage of £8.21. The hourly rate for managerial jobs in the Independent sector in March 2020 was £13.25. which is £5.04 higher than the NLW.</p> <p><a href="https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx">https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx</a></p>
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upon by your policy/function?

Males paid on average were paid 7.4% more than females, down from 9% in 2019  
 The gender pay gap among all employees was 15.5% in April 2020, down from 17.4% in 2019.  
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2020>

81% Care workers in the independent sector in Trafford are female

23% Care workers in the independent sector Trafford are BAME. In the 2011 Census, 32,744 people said that they belonged to a BAME group (1), 14.5% of the total population (similar to England at 14.6%).

This shows an over-representation of women and BAME staff in the sector.

<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Local-authority-area-summary-reports/North-west/2020/Trafford-Summary-2020.pdf>

Data in between Censuses is limited and ONS is currently looking at methods for reliable ethnicity estimates by local authorities.

The breakdown of people known to Trafford, who are place in nursing and residential care is as follows:

As of January 2021  
 Service Users (LAS)

Gender	Nursing	Residential	Grand Total
Female	145	234	379
Male	84	141	225
<b>Grand Total</b>	<b>229</b>	<b>375</b>	<b>604</b>

Disability	Nursing	Residential	Grand Total
Multiple	13	17	30
Mental/Cognitive	25	60	85

Physical Disability	16	21	37
Sensory	18	24	42
Blank	157	253	410
<b>Grand Total</b>	<b>229</b>	<b>375</b>	<b>604</b>

<b>Ethnicity</b>	<b>Nursing</b>	<b>Residential</b>	<b>Grand Total</b>
Any Other Asian Background	1	3	4
Any Other Black Background	2	2	4
Any Other Ethnic Group		2	2
Any Other Mixed Background		2	2
Any Other White Background	7	6	13
Black - African		1	1
Black Caribbean	2	4	6
Chinese	1		1
Indian	1	1	2
Information Not Yet Obtained	4	6	10
Pakistani		1	1
Traveller of Irish Heritage	1	1	2
White - British	197	338	535
White - Irish	12	7	19
White and Black Caribbean	1	1	2
<b>Grand Total</b>	<b>229</b>	<b>375</b>	<b>604</b>

<b>Religion</b>	<b>Nursing</b>	<b>Residential</b>	<b>Grand Total</b>
Christian	31	30	61
Church of England	29	51	80
Islamic	2	3	5

		<table> <tbody> <tr> <td>Jewish</td> <td>1</td> <td>3</td> <td>4</td> </tr> <tr> <td>None</td> <td>4</td> <td>2</td> <td>6</td> </tr> <tr> <td>Not Stated</td> <td>85</td> <td>138</td> <td>223</td> </tr> <tr> <td>Other religion</td> <td>1</td> <td>10</td> <td>11</td> </tr> <tr> <td>Roman Catholic</td> <td>15</td> <td>29</td> <td>44</td> </tr> <tr> <td>Blank</td> <td>61</td> <td>109</td> <td>170</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>229</b></td> <td><b>375</b></td> <td><b>604</b></td> </tr> </tbody> </table>	Jewish	1	3	4	None	4	2	6	Not Stated	85	138	223	Other religion	1	10	11	Roman Catholic	15	29	44	Blank	61	109	170	<b>Grand Total</b>	<b>229</b>	<b>375</b>	<b>604</b>
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2	Please specify monitoring information you have available and attach relevant information*	<p>ONS (population data and estimates)</p> <p>Poppi (Projecting Older Peoples Population Information)</p> <p>JSNA (<a href="http://www.traffordjsna.org.uk">www.traffordjsna.org.uk</a>)</p> <p>Trafford Data Lab (<a href="http://www.trafforddatalab.io">www.trafforddatalab.io</a>)</p> <p>NOMIS</p> <p>Public Health England Fingertips (<a href="http://www.fingertops.phe.org.uk">www.fingertops.phe.org.uk</a>)</p> <p>ASCOF performance data – this looks at the proportion of people accessing our services and this is benchmarked. This is monitored on a monthly basis and submitted annually.</p> <p><a href="https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx">https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx</a></p> <p><a href="https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Local-authority-area-summary-reports/North-west/2020/Trafford-Summary-2020.pdf">https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Local-authority-area-summary-reports/North-west/2020/Trafford-Summary-2020.pdf</a></p>																												
3	If monitoring has NOT been undertaken, will it be done in the future or do you have access to	Monitoring of placement data is managed by Trafford performance and they provide reports on a monthly basis as well as information on request as detailed in point 1 above around age and demographics.																												



relevant monitoring data?	
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*\*Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*



<b>D. Consultation &amp; Involvement</b>		
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1	<p>Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?</p>	<p>Every year we engage with providers on setting the bed rate, but the engagement response is limited.</p> <p>We have also considered the rates which other neighbouring local authorities pay their providers and we have considered the impact of the 2020-21 UK Living Wage rates.</p> <p>We have adopted a price model which factors in all of the above and which reflects budget pressures for the Council.</p>
2	<p>Please list any consultations planned, methods used and groups you plan to target. (If applicable)</p>	<p>We expect the increase to have a beneficial impact on service users by maintaining greater stability in the workforce, and the market and increasing choose locally enabling more residents to stay closer to home and more easily maintain contact with friends and families.</p> <p>An increase in the amount Trafford Council will pay towards their cost of care may result in a reduction in the amount a 3rd party is paying the service provider for a Care Fee Top up.</p> <p>The increase in fee rates paid by Trafford Council should increase staff wages in the future, to the real living wage encouraging staff to remain in their roles and new people to work in care provision.</p> <p>Consulting with current residents could cause confusion and anxiety, as there will be no change to the service they receive as a result of the proposed changes..</p>

		<p>There is therefore no need to conduct a consultation with current service users or staff. The consultation will be carried out with Service Providers.</p> <p>Consultation with providers took place from 28/10/2020 until 30/11/2020.</p>
3	<p><b>**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?</b></p>	<p>Provider reluctance to engage and preferred methods of methodology to be applied such as LaingBuisson by one respondent as detailed in Appendix 1 of the FPFC Exec Report.</p> <p>Providers were written to with details of the options being considered and the recommended proposal for uplifts for next year. Meetings have been offered with providers to discuss the proposals. We are also undertaking market testing in relation to the DPS which will further include workshops with the providers.</p> <p>Previous experience shows that a small number of providers do engage, but that many do not and often set a bed rate which is different to that proposed by the Council.</p> <p>In addition, this year the Council has brought in a minimum bed rate of £571.76 for residential beds and £639.15 for nursing beds. The Council's fee range for care is in fact much wider than that of LaingBuisson, and is paying fees in the region of up to £1,300 for beds - 53.12% higher than the bed rate suggested by that organisation.</p> <p>Trafford Council is committed to keeping the bed rate under review, and to working towards creating a more equitable fees structure within Trafford through the introduction of the Dynamic Pricing System</p>

*\*\*It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

**E: The Impact – Identify the potential impact of the policy/function on different equality target groups**

*The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low*

	<b>Positive</b>	<b>Negative (please specify if High, Medium or Low)</b>	<b>Neutral</b>	<b>Reason</b>
<b>Overview</b>			✓	<p>When Trafford Council engage with providers to offer care services to service users / residents, it is agreed that they will work to Local and National policies and procedures, including adhering to appropriate legislation. This is not only for service users but also for the workforce. This increase encourages providers to work towards becoming a Real Living Wage employer (meeting the threshold for pay above that of the National Living Wage), invest in environmental development, focus on the continued improvement of quality and services and enhance the service for service users.</p> <p>From April 2021, the National Living Wage (NLW) will increase to £8.91 (a 19p increase from £8.72) and will be available to people aged 23 and above (down from the current age of 25).</p> <p>Using Adult Social Care Workforce Data Set (ASC-WDS) data, it is estimated that 35% of the adult social care workforce</p>

(485,000 workers) are currently paid below the new NLW rates and will therefore directly benefit from this increase. Increasing the pay of these workers to the new NLW rates would increase the wage bill of the sector by £115 million.

The wage bill could increase by more than this if employers also provide pay rises to other workers in order to maintain pay differentials between roles.

Table 1 shows the full-time equivalent annual or hourly pay rate of selected job roles in Trafford (area), North West (region) and England. All figures represent the independent sector as at March 2020, except social workers which represent the local authority sector as at September 2019. At the time of analysis, the National Living Wage was £8.21.

Table 1. Average pay rate of selected job roles by area

	England	Region	Area
Full-time equivalent annual pay			
Social Worker <sup>†</sup>	£36,400	£34,800	£35,300
Registered nurse	£31,800	£30,800	£31,800
Hourly pay			
National Living Wage	£8.21	£8.21	£8.21
Senior care worker	£9.54	£9.30	£9.29
Care worker	£8.80	£8.58	£8.72
Support and outreach	£8.97	£8.70	£8.86

<sup>†</sup>Local authority social workers only.

Please note that pay varies by sector,

				with local authority pay generally being higher than independent sector pay.
<b>Gender – both men and women, and transgender;</b>	✓			<p>The majority (81%) of the workforce in Trafford were female, and the average age was 44 years old. Workers aged 25 and under made up 8% of the workforce and workers aged over 55 represented 23%. Given this age profile approximately 1,200 people will be reaching retirement age in the next 10 years.</p> <p><a href="https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx">https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx</a></p> <p>Nationality varied by region, in England 83% of the workforce identified as British, while in the North West region this was 92%. An estimated 85% of the workforce in Trafford identified as British, 7% identified as of an EU nationality and 8% a non-EU nationality, and therefore there was a higher reliance on non EU than EU workers.</p> <p>All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms</p>

				<p>Residents</p> <p>This increase would affect females more than males due to the 2:1 ratio of the residents. As this should have a direct effect on staffing, this provides residents with increased stability and potentially a better care experience. We are not aware of any residents who identify as transgender or different from the gender they were assigned at birth, however the increase could see more focussed training and development of the workforce around matters such as these, meaning a greater quality of care should such individuals present.</p>
Pregnant women & women on maternity leave	✓			<p>Workforce</p> <p>Given the higher proportion of female staff within the caring workforce, this should assist providers increase wages, supporting those women on low incomes prior to pregnancy, and provide continued stability in the workforce for those to safely return to work after a period of leave.</p> <p>All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms, they also legally offer Statutory Maternity Leave/Pay</p> <p>Residents</p>

				As these providers are a registered service for adults over 65, there are no residents who identify within this category so this is not relevant.
Gender Reassignment			✓	<p>Workforce All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms.</p> <p>This increase could see improved awareness and training on similar matters, providing better understanding and empathy for colleagues and residents.</p> <p>Residents We are not aware of any residents that would fall into this category at present. However the increase of funding would assist with workforce training and understanding, for future or unknown residents, enabling better awareness and tailored care.</p>
Marriage & Civil Partnership	✓			<p>Workforce All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms.</p> <p>Residents We work closely with our providers to enable service user couples to be placed together. In addition, we maintain contact between partners by placing in accessible locations – the</p>

				<p>rebased bed rate will increase the affordability of local placements and increase local choice in accessible locations.</p> <p>This is also a focus of the Regulator CQC in supporting relationships and sexuality through part of their inspection process  <a href="https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf">https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf</a></p>
<p><b>Race-</b> include race, nationality &amp; ethnicity (NB: the experiences may be different for different groups)</p>		✓		<p>Workforce  23% of the independent sector workforce are of BAME origin. The uplift will provide additional stability for workforce, and move towards the real living wage for all staff.  <a href="https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx">https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx</a></p> <p>All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms.</p> <p>Residents  Each resident will have a personalised care plan which will take account of their cultural needs.</p>



				<p>This increase would help providers invest in training for the workforce to enable and assist towards the provision of culturally appropriate care.</p> <p>This increase in funding would provide better quality of care and choice for potential residents</p> <p>TMBC have had initial discussions with providers to develop an Equality and Diversity Pledge, to share a commitment to supporting residents, and addressing barriers. Early discussions had started prior to introduction of Covid 19 restrictions, and the development of the pledge remains on hold whilst services focus on maintaining heightened IPC and delivery of a safe service for their residents,</p> <p>Development of the pledge will recommence as soon as possible to ensure, as far as possible, cultural needs are recognised and supported within the provision of care.</p>
<p><b>Disability – physical, sensory &amp; mental impairments</b></p>	<p>✓</p>			<p>Workforce All providers are bound by the Equality Act 2010, and are part of our agreed standards/terms.</p> <p>Residents 30% of service users have a recorded</p>

				<p>disability, assuming potential care costs on top of bed rate (already covered for additional care/assistance).</p> <p>The uplift will assist providers in obtaining appropriate access and equipment as standard, supporting individuals' ongoing needs.</p>
<p><b>Age Group</b> - specify eg; older, younger etc)</p>	✓			<p>The majority (81%) of the workforce in Trafford were female, and the average age was 44 years old. Workers aged 25 and under made up 8% of the workforce and workers aged over 55 represented 23%. Given this age profile approximately 1,200 people will be reaching retirement age in the next 10 years.</p> <p>Nationality varied by region, in England 83% of the workforce identified as British, while in the North West region this was 92%. An estimated 85% of the workforce in Trafford identified as British, 7% identified as of an EU nationality and 8% a non-EU nationality, therefore there was a higher reliance on non EU than EU workers.</p> <p>stability of employment for staff, reducing the likelihood of potential redundancies, which those above 41 receive a greater statutory package (1.5 week's pay for each year worked, as opposed to 1 week's pay for those aged 22-40). It is known that obtaining another job over the age of 41 is substantially harder than the</p>

				<p>lower age group. This increase could also provide the workforce with an increase in pay, enabling them a greater opportunity to save. All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms.</p> <p>Residents These are specific and specialist services for Adults over 65</p> <p>To promote inclusion and valuing older people, TMBC have launched “Intergenerational Partnership” project which creates opportunities for residents to interact with School children and educational providers.</p>
<p><b>Sexual Orientation –</b> Heterosexual, Lesbian, Gay Men, Bisexual people</p>			✓	<p>Workforce Providers have policies that promote diversity for workforce.</p> <p>All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms.</p> <p>Residents 94.6 of people in the UK, 16+ have identified as Heterosexual, ONS annual population survey 2018</p> <p>TBMC are currently working with providers and the market to create an</p>

				<p>LGBTQ+ Pledge, considering the impact on residents and reducing barriers, through a joined up approach coupled with provider</p> <p>This is also a focus of the Regulator CQC in supporting relationships and sexuality through part of their inspection process</p> <p><a href="https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf">https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf</a></p> <p>policies/procedures.</p>
<p><b>Religious/Faith groups</b> (specify)</p>			✓	<p>Workforce Providers have policies that promote diversity for workforce.</p> <p>All providers are bound by the Equality Act 2010, and is part of our agreed standards/terms.</p> <p>Residents Residents should have personalised care plans that reflect each individual's needs and identity. Their religious beliefs will be reflected in this and residents will be supported in activities related to their faith.</p> <p>We are unaware of the beliefs of the majority of our residents (61%),</p>

			however without this increase; the impact could see a lack of diversity and tailored activities/events or reduced private spaces, including a lack of understanding for various religious choices. This helps to build in and develop conversations at assessment stage to tailor care accordingly.
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\*data referenced was produced independently by skillsforcare (<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>)

**As a result of completing the above what is the potential negative impact of your policy?**

High

Medium

Low

Neutral

F. Could you minimise or remove any negative potential impact? If yes, explain how.	
Race:	Not applicable
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership	Not applicable
Disability:	Not applicable
Age:	Not applicable
Sexual Orientation:	Not applicable
Religious/Faith groups:	Not applicable
Also consider the following:	
1   If there is an adverse impact, can it be justified on	At this point there has been no potential negative impact

	the grounds of promoting equality of opportunity for a particular equality group or for another legitimate reason?	identified
2	Could the policy have an adverse impact on relations between different groups?	At this point there has been no potential negative impact identified
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	

**G. EIA Action Plan**

<b>Recommendation</b>	<b>Key activity</b>	<b>When</b>	<b>Officer Responsible</b>	<b>Progress milestones</b>
Carry out planned consultation with Care Home Providers	Acknowledge any negative impact that may be raised through the consultation, review this EIA to include impact and identify actions to mitigate	Consultation with providers Oct-Nov 2020	Joanne O'Donoghue	Consultation Start; 28.10.2020 Consultation End; 30.11.2020

Introduce Dynamic Purchasing System	Working towards creating a more equitable fees structure within Trafford through the introduction of the Dynamic Pricing System.	Trafford Council has published a soft market testing exercise in regards to its Residential and Nursing Homes and the anticipated Dynamic Purchasing System.	Joanne O'Donoghue  Lewis Sinkala	Soft Market Testing December to January 2020

Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed  
Lead Officer Joanne O'Donoghue  
Date 2.02.2021

Signed  
Service Head  
Date 12.02.2021

