APPENDIX

Leicestershire County Council

<u>Equality & Human Rights Impact Assessment (EHRIA)</u>

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

**Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Community Life Choices
Department and section:	Adults and Communities – Strategic Planning and Commissioning
Name of lead officer/ job title and others completing this assessment:	Amisha Chauhan - Strategic Planning and Commissioning Officer
Contact telephone numbers:	0116 3059419
Name of officer/s responsible for implementing this policy:	Amanda Price – Interim Head of Service, Strategic Commissioning and Market Development
Date EHRIA assessment started:	1st July 2015
Date EHRIA assessment completed:	

Section 1: Defining the policy

Section 1: Defining the policy
You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

1	What is new or changed in this policy? *What has changed and why?* The department currently has framework arrangements for Community Life Choices (CLC) services, which commenced 1st October 2012 for a four year period ending 30th September 2016. Due to the level of work needed to be carried out in terms of reviewing the current service and service modelling a three month extension has been agreed, and therefore the framework will now end 31st December 2016. The framework currently has 73 independent providers delivering 198 services. In addition, there are currently 13 services provided In House. The Framework Agreement (Independent CLC) meets the needs of people with learning disabilities, physical disabilities, mental ill health and older people within Leicestershire County. The framework is refreshed annually to encourage opportunities for new providers to join the framework however this is not associated with demand as data shows that only 47% of providers and 45% of services are being accessed. Types of services available from the framework are; Day Services, Outreach, Physical and Social Activities, Community Support etc. Currently, there are circa 849 service users accessing daytime activities. The total CLC budget (In House & Independent Sector) for 2016/17 is £8.3 million. The proposed savings (£500k in 2017/18 rising to £750k in 2018/19) will be achieved through a restricted core service offer. This saving will be achieved across all types of day activities (Independent and In House). Overall the target for gross savings to be achieved will represent 9% of current CLC budget The way that CLC is commissioned and provided in Leicestershire is being reviewed in line with the new Adult Social Care Strategy and Commissioning Strategy, to ensure how CLC support can be more cost effective.
2	Does this relate to any other policy within your department, the Council or with other partner organisations? *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.* The Adult Social Care Strategy 2016 - 2020 has been prepared to outline the vision and strategic direction of social care support for the next 4 years. The life of the strategy has been determined by matching to the life of the current

Medium Term Financial Strategy (MTFS), in order for us to meet our financial targets and implement our new approach to adult social care.

The need for a new strategy has arisen from new and updated legislation (e.g. the Care Act), increasing demographic pressures, ongoing budget cuts and plans for the integration of health and social care services. All of these factors will have a significant impact on our approach, and on how people are supported in the future. Please see respective EHRIA for more details - EHRIA Assessment ASC Strategy and Commissioning Strategy.

In order to meet our statutory and financial obligations we have developed a model which is a 'stepped' approach, designed to ensure that people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence. The 'stepped' approach outlines how the Department can support people with different levels of need in order to:

•   prevent a need for social care (by making universal services eg advice and information, public health wellbeing initiatives available),

•   reduce the need for social care (through targeted interventions, eg social groups),

•   delay the need for social care (through reablement and rehabilitation services) and for those most in need,

•   meeting needs with the minimum amount of support by identifying and using a broad set of social resources as well as formal service provision, and through progressive planning.

The following strategies/workstreams are related to this area of work:

- Adult Social Care Strategy 2016-20
- Help to Live at Home Project
- In-House Services Review
- Adult Social Care Commissioning Strategy
- Medium Term Financial Strategy
- Adult Social Care Workforce Strategy
- Finance
- Assessment, support planning and review
- Resource allocation
- Learning and Development
- Compliance
- Performance Management
- Integration with health
- Market shaping

3	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?
	The potential impact is upon anyone living in Leicestershire with a need or potential need for CLC support, with an aim of ensuring people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence.

The focus is therefore on supporting people to achieve their outcomes, and to delivering only as much support as will enable them to do so, whilst maximising informal support from families and communities.

The table below details current service user profile;

Primary Category of Need	Age		Total No. of Service Users
	18-64	65+	
Mental Health	7	64	71
Learning Disability	470	62	532
Physical Disability & Sensory	84	162	246

The largest cohort is service users of working age with Learning Disabilities. The types of services accessed by this cohort include support to gain employment, volunteering opportunities, Life Skills, personal support etc.

The ethnicity breakdown of those accessing CLC services is detailed in the table below;

Ethnicity Description	
White-English/ Welsh/ Scottish/ N.Irish/ British	778
Asian or Asian British-Indian	31
Asian or Asian British-Any other background	22
White-Any other White background	12
Not recorded, but not refused	7
Other mixed background	6
Asian or Asian British-Chinese	2
Other ethnic group	2
Refused	2
Asian or Asian British-Bangladeshi	1
Asian or Asian British-Pakistani	1
Black or Black British-African	1
Black or Black British-Any other background	1
White and Asian	1
White and Black Caribbean	1
White-Irish	1

Summary of changes to current framework;

1) Future CLC services for the majority of people will not be about providing activities but enabling/facilitating people either by themselves or with support to access community facilities, with a key focus on enabling and supporting people to gain employment/volunteering opportunities and improving life skills
2) The new framework will have approximately 25 providers. This approach will allow providers to offer as many services as they choose whilst the Department ensures an affordable and geographical spread of services across the county. The new categories of support are listed below.

Increasing Independence – Employment, Education, training, volunteering support

Personal and skills development – life skills, including use of public transport, cooking, money management

Community engagement – A focus on meaningful inclusive activities based in the community, with an emphasis on tailored support, which aims to meet the needs of both the individual and, where relevant, associated carers, with a view to reducing dependence on paid support.

Health and wellbeing - Offer advice and support on healthy lifestyles and wellbeing to individuals. The Service will promote the physical and mental health of individuals offering emotional support and enabling people to develop personal resources to deal with life changes, stresses and crises.

3) The new CLC framework will have set prices for support which shall be aligned to a new banding criteria, which will determine individual support needs. The cost of services and banding criteria will be applied to all those accessing CLC services whether there package of care is managed by the council or through a Direct Payment.

4) Based on IAS data there are currently 132 (16%) service users receiving long term 24/7 residential care that are also accessing Community Life Choices support. It is deemed that providers of such services should be able to provide activities for its service users thus minimising the need for them to also access community life choices. Which would further embed the cost effective care policy ensuring services commissioned are the most cost effective solution.

5) Currently 50 weeks are commissioned per annum due to Bank Holidays. To meet the savings target it is proposed that the number of commissioned weeks is reduced to 48.

The table below provides a breakdown of service users who are currently receiving 24/7 residential care and support and also receiving CLC support services:

Primary Need	Age		Total number of service users
	18-64	65+	
Learning Disability	87	27	114
Physical Disability	7	6	13
Mental Health/Social Support	-	-	5

As of May 2016 Numbers under 5 are rounded.

The data shows that 83% of the people using CLC services have a learning disability which is the largest cohort compared to other categories of need.

		Yes	No	How?
	Therefore, it is evident that there is an inconsistent commissioning approach for those in long term residential care in terms of access to CLC services.			
4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**			
		Yes	**No**	**How?**
	Eliminate unlawful discrimination, harassment and victimisation	X		The strategy and delivery model focuses on individual outcomes for each person and encompass the full range of need
	Advance equality of opportunity between different groups	X		The CLC framework will enable commissioning workers to arrange support for people who do not want to take their personal budget as a direct payment. The support provided to eligible individuals will need to, as with any type of social care support, will need to support this area in line with their support plan.
	Foster good relations between different groups	X		The new CLC model will be based on inclusion, focussing on maximising family and community assets and supporting people to be part of a wider community network.

Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

Section 2 A: Research and Consultation		Yes	No*
5.	Have the target groups been consulted about the following?		
	a) their current needs and aspirations and what is important to them;		X
	b) any potential impact of this change on them (positive and negative, intended and unintended);		X

	c) potential barriers they may face		**X**
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	**X**	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	**X**	
8.	*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary. There has been formal consultation as part of the Adult Social Care Strategy consultation which included detail about our ideas for how the council will 'meet need'. 321 questionnaire responses were received during the consultation, 19 per cent of respondents were people who use social care, and a further 19 per cent were family member/carer of an adult who uses social care. A further 732 individuals were engaged with through the consultation period, as part of workshops and meetings, 21 per cent of who were people who used social care and 10 per cent were family member/carer of an adult who uses social care. The following table shows the responses to the specific questions in the strategy consultation which relate to the principles around meeting need, demonstrating majority support for the proposals.		

Question number	Grid option	Response		
Q8a	We will work out what support the community can provide before considering local authority funded support. This might include community groups and activities, volunteering and education opportunities.	Agree		197 (67.5%)
		Neither agree nor disagree		43 (14.7%)
		Disagree		43 (14.7%)
		Don't know		9 (3.1%)
Q8b	We will support people to manage their personal budget as a cash payment (this could be helping people through the process of employing personal assistants). For people who cannot manage cash payments, we can manage the personal budget for them. We call this a managed budget.	Agree		203 (69.3%)
		Neither agree nor disagree		48 (16.4%)
		Disagree		26 (8.9%)
		Don't know		16 (5.5%)
Q8c	We will work with a smaller number of providers to deliver quality, cost effective support (this may mean less choice of provider for those on a managed budget)	Agree		152 (51.7%)
		Neither agree nor disagree		55 (18.7%)
		Disagree		76 (25.9%)
		Don't know		11 (3.7%)
Q8d	We will require providers to work in ways that can maximise people's independence and reduce reliance on the services that the council pay for.	Agree		189 (64.3%)
		Neither agree nor disagree		58 (19.7%)
		Disagree		37 (12.6%)
		Don't know		10 (3.4%)
Q8e	We will make sure people get just enough support to meet their needs. Regular reviews will mean that levels of support will change as a person's needs change.	Agree		193 (65.6%)
		Neither agree nor disagree		46 (15.6%)
		Disagree		45 (15.3%)
		Don't know		10 (3.4%)
Q8f	We will develop alternative approaches to residential care, including Supported Living, Extra Care Housing and Shared Lives.	Agree		186 (64.6%)
		Neither agree nor disagree		73 (25.3%)
		Disagree		20 (6.9%)
		Don't know		9 (3.1%)

Specific CLC provider workshops and market testing has been carried out in relation to the new model.

There are two specific proposals for the delivery of CLC which the Department intends to consult on;

1) Individuals in long term 24/7 residential care should not also receive community life choices
2) reducing the number of weeks support

A formal consultation is planned subject to Cabinet Approval. This will enable the department to determine the impact of implementing these proposals and to enable plans to be put in place to minimise any disruption to an individuals' package of support and care.

If people's support changes as result of this work, this will be managed through usual transitional/decommissioning processes to ensure any negative impact to the user is minimised and/or mitigated.

Section 2			
B: Monitoring Impact			
9.	Are there systems set up to:	**Yes**	**No**

			Yes	No	
	a) monitor impact (positive and negative, intended and unintended) for different groups;		X		
	b) enable open feedback and suggestions from different communities		X		

Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.

Section 2 **C: Potential Impact**

10.	Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

		Yes	**No**	**Comments**
	Age	x		Older people make up the largest group of users of social care, and numbers are increasing. However community life choice users tend to be younger age adults as tend to access these services earlier in their lives. As of November 2015, 561 people accessing community life choices were under 65, and 288 were 65 years and over.
	Disability	x		All people accessing community life choices services will be eligible for social care services in line with national eligibility criteria. The data in paragraph 3 details breakdown of disability for current service users of CLC services. Any associated changes to individuals support will need to consider the best way to do this for the individuals involved through transition planning and decommissioning processes.
	Gender Reassignment		x	
	Marriage and Civil Partnership		x	

		Yes	No	Comments
	Pregnancy and Maternity		x	
	Race	x		The focus on achieving individual outcomes will support equality of service delivery. Ongoing monitoring is required to ensure that services are accessible and inclusive.
	Religion or Belief	x		As above
	Sex	x		As above
	Sexual Orientation	x		As above
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	x		Integration and partnerships with health services will contribute to addressing health inequalities.
	Community Cohesion	x		The focus on maximising use of community resources should promote greater inclusion and community cohesion.
11.	Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)** Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]			

	Yes	No	Comments
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life	x		Safeguarding is likely to engage this article
Article 3: Right not to be tortured or treated in an inhuman or degrading way	x		Social Care services including community life choices is underpinned by ASC duty to

			promote wellbeing and personal dignity. All services, either in house or commissioned, are expected to be delivered at an acceptable standard to maintain health and dignity.
Article 4: Right not to be subjected to slavery/ forced labour		x	
Article 5: Right to liberty and security	x		Safeguarding will protect these rights
Article 6: Right to a fair trial		x	
Article 7: No punishment without law		x	
Article 8: Right to respect for private and family life	x		Community life choices are focused on how to support people to remain independent in the setting of their choice.
Article 9: Right to freedom of thought, conscience and religion		x	
Article 10: Right to freedom of expression		x	
Article 11: Right to freedom of assembly and association		x	
Article 12: Right to marry		x	
Article 14: Right not to be discriminated against	x		The values and principles of community life choices are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefitting from them.
Part 2: The First Protocol			
Article 1: Protection of property/ peaceful enjoyment	x		Supporting people to remain independent in the setting of their choice supports this article, together with safeguarding policy
Article 2: Right to education		x	
Article 3: Right to free elections		x	

Section 2 D: Decision				
12.	Is there evidence or any other reason to suggest that:	**Yes**	**No**	**Unknown**

				X	
	a) this policy could have a different affect or adverse impact on any section of the community;			**X**	
	b) any section of the community may face barriers in benefiting from the proposal			**X**	
13.	Based on the answers to the questions above, what is the likely impact of this policy				
	No Impact ☐ Positive Impact ☐ Neutral Impact ☐ Negative Impact or Impact Unknown ☒				

Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.

14.	Is an EHRIA report required?	Yes ☒	No ☐

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report is required, continue to Section 3 on Page 7 of this document to complete.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to Section 4 on Page 14 of this document to complete.

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA

should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

Section 4
A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening ☐

Equality and Human Rights Assessment Report ☐

1ˢᵗ Authorised Signature (EHRIA Lead Officer): …………………………………………………

Date: ………………………….

2ⁿᵈ Authorised Signature (DEG Chair): …………………………………………………….

Date: ……………………………

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