

APPENDIX B

Equality & Human Rights Impact Assessment (EHRIA)

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: | 1 st July 2015 |
| Date EHRIA assessment completed: | 26 th September 2016 |

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 | <p>What is new or changed in this policy? <i>What has changed and why?</i></p> <p>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 by the Director of Adults and Communities, and therefore the framework will now end 31st December 2016.</p> <p>The framework currently has 73 independent providers delivering 198 services. In addition, there are currently 13 services provided In House.</p> <p>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.</p> <p>Types of services available from the framework are; Day Services, Outreach, Physical and Social Activities, Community Support etc.</p> <p>Currently, there are circa 849 service users accessing daytime activities.</p> <p>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</p> <p>The way that CLC is commissioned and provided in Leicestershire has been reviewed in line with the new Adult Social Care Strategy and Commissioning Strategy, to ensure how CLC support can be more cost effective.</p> |
| 2 | <p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>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</p> |

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|---|---|
| | <p>Medium Term Financial Strategy (MTFS), in order for us to meet our financial targets and implement our new approach to adult social care.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>The following strategies/workstreams are related to this area of work:</p> <ul style="list-style-type: none"> - 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 | <p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>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.</p> |

The focus is therefore on supporting people to achieve their outcomes, and on 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 | Total |
|--|------------|
| Asian/ Asian British-Any other ... British Chinese ...British Indian ... Black British-African | 82 |
| Not recorded | 9 |
| White – ...Any other background ...English ... Welsh ... Scottish ... N. Irish ... British | 758 |
| Total | 849 |

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 26 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 aligned to new banding criteria, which correspond to differing levels of support needs. The cost of services and banding criteria will be applied to all those accessing CLC services whether their 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 the total number of service users who are currently living in 24/7 residential care and, of that total, the numbers who access CLC support services

| Primary Need | Total No of services users in residential care | | No of services users in residential care also receiving CLC | |
|------------------------------|--|---------|---|---------|
| | Age 18-64 | Age 65+ | Age 18-64 | Age 65+ |
| Learning Disability | 363 | 70 | 87 | 27 |
| Physical Disability | 79 | 1944 | 7 | 6 |
| Mental Health/Social Support | 99 | 551 | 5 | |

Data: 2015/16, numbers under 5 are rounded

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| | The data indicates that 86% of the people living in residential care and using CLC services have a learning disability which is the largest cohort compared to other categories of need (Physical Disability = 10%, Mental Health = 4%). 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 focus 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, as with any type of social care support, will need to support this equality aspect in line with their support plan. |
| | Foster good relations between different groups | X | | The new CLC model is 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

| | | | |
|----|--|-----|-----|
| 5. | Have the target groups been consulted about the following? | Yes | No* |
| | a) their current needs and aspirations and what is | X | |

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| | important to them; | | |
| | 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. | <p>*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.</p> <p>Specific CLC provider workshops and market testing have been carried out in relation to the new model.</p> <p>There are two specific proposals for the delivery of CLC on which the Department has consulted;</p> <p>1) Individuals in long term 24/7 residential care should not also receive community life choices 2) Reduction in the number of weeks of LCC paid support</p> <p>A formal consultation took place from 25th July to 18th September 2016. The aim of the consultation was to enable the department to determine the impact of implementing these proposals and to enable plans to be put in place to minimise any negative impact of change to an individual's package of support and care.</p> <p>If these proposals are agreed then it is envisaged that they will not be implemented until July 2017 earliest which will allow sufficient time for review officers to carry out comprehensive service user reviews and to support providers to adapt to any impact upon them.</p> | | |

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| Section 2 | | | |
| B: Monitoring Impact | | | |
| 9. | Are there systems set up to: | 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, who 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 Section 3 details breakdown for current users of CLC services by disability. 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 | |
| Pregnancy and Maternity | | x | |
| Race | x | | The focus on achieving individual outcomes will support equality of service delivery. Ongoing monitoring is required |

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| | | | | 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. | <p>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)</p> <p>Explain why you consider that any particular <u>article in the Human Rights Act</u> 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]</p> | | | |
| | | 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 are 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. |

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| | 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 |
| | 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 | |

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| 13. | Based on the answers to the questions above, what is the likely impact of this policy | | | |
| | No Impact <input type="checkbox"/> | Positive Impact <input type="checkbox"/> | Neutral Impact <input type="checkbox"/> | Negative Impact or Impact Unknown <input checked="" type="checkbox"/> |
| Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required. | | | | |
| 14. | Is an EHRIA report required? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is required 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 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to 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.

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| Section 3 | |
| A: Research and Consultation | |
| When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised. | |
| 15. | <p>Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you now explored the following and <u>what</u> does this information/data tell you about each of the diverse groups?</p> <p>a) current needs and aspirations and what is important to individuals and community groups (including human rights);</p> <p>b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);</p> <p>c) likely barriers that individuals and community groups may face (including human rights)</p> |
| <p>Throughout the strategic review process, historic contract monitoring data for existing community life choice service provision was examined in order to better understand existing service provision.</p> <p>This has been further supplemented with a full public consultation exercise which took place between 25th July and 18th September 2016, to seek views from all current users of CLC, family carers, relatives and providers on the proposals for the future delivery of CLC support services.</p> <p>The consultation process has enabled officers to understand potential impact to providers as well as service users/carers.</p> <p>Prior to any changes to individual packages of care, a comprehensive review with the provider, service user and/or representative will be undertaken to determine if there is any likelihood of a negative impact to the individual.</p> <p>In all circumstances the review process will ensure that all potential negative impact and relevant mitigating actions are effectively identified prior to consideration of exceptions to both proposals. Exceptions shall be agreed according to the department's exceptions policy, which shall only be agreed at senior level.</p> | |
| 16. | Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known effects of the policy on target groups? |
| <p>No further research or data collection is required in relation to the overarching CLC model.</p> <p>Throughout the strategic review process and formal consultation exercise research, data collection and evidence gathering has taken place from a variety of sources:</p> <ul style="list-style-type: none"> • Online and other published resources • Contract monitoring data | |

- Information received from providers and stakeholders
- Benchmarking information from other local authorities and commissioning organisations
- Results from consultation exercise (including responses from current users, family carers, relatives, providers, stakeholders, LCC staff and the general public)

As described above, this research and data gathering has allowed a relatively comprehensive assessment of risks and impacts and those specific to the Equalities Act and Human Rights have been described above (see Section 2). However, it should be noted that the primary impact is the reduction in commissioned weeks and to cease CLC support for those in 24/7 residential care and support services.

When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.

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| 17. | Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups? |
|------------|---|

In addition to a consultation questionnaire (online and hardcopy), engagement was achieved through face to face consultation meetings at 18 existing services located across the county, and three specific events primarily for family carers and relatives. In addition, the Departments carers support provider also discussed the proposals at 4 of its carers support groups. These activities engaged with 427 people in total. The questionnaire was completed and returned by 486 people.

Using the findings from the strategic review and formal consultation exercise potential impacts and barriers upon the Protected Characteristics under the Equality Act 2010 and Human Rights articles have been identified.

The key themes around potential impact for service users and family carers for each of the proposals are as follows;

Proposal A

- Reduction of stimulation and increase of isolation
- Loss/maintaining friendships
- Individual choice taken away
- Reduced quality of life
- Lack of safeguarding reporting

Proposal B

- Health & Wellbeing of family carer
- Reduced stimulation for service user
- Isolation for service user
- Service user challenging behaviour

Of note, it has been recognised that in respect of the protected characteristics, there is the potential for all individuals (regardless of which protected characteristic(s) they have) to experience an impact arising out of these proposals because of the proposed level of

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| savings required. | |
| 18. | Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups? |
| | No |

| Section 3 | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|--------------------------|----------------------------|---------------|--|---------------------|-----|-------------------------------|-----|-----|-----|-------------------|---|--------------------------|----------------------------|---------------|----|---------------------|-----|-------------------------------|-----|
| B: Recognised Impact | | | | | | | | | | | | | | | | | | | | | |
| 19. | Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are likely be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face. | | | | | | | | | | | | | | | | | | | | |
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| Physical Disability & Sensory | 246 | | | | | | | | | | | | | | | | | | | | |

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| | <p>There is potentially a greater impact on people with higher levels of support needs (predominantly those with Learning Disabilities) when considering proposal A and/or B, either to the individual and/or family carer, because they may be more reliant upon these services to maintain their health and wellbeing</p> <p>As mentioned in section 15 the impact to individuals within this group would be managed through the review process, and if it is deemed that there is a negative impact to either the service user or family carer an exception would be considered.</p> <p>A major barrier will be a reduced level of investment due to the MTFs savings which may lead to a reduction in a service users support package.</p> |
| Gender Reassignment | <p>Monitoring data for existing services does not provide any specific evidence related to gender reassignment. However, there will be no impact on gender reassignment.</p> <p>A major barrier will be a reduced level of investment due to the MTFs savings which may lead to a reduction in a service users support package.</p> |
| Marriage and Civil Partnership | Not affected |
| Pregnancy and Maternity | <p>No specific impact identified</p> <p>Monitoring data for existing services does not provide any specific evidence related to pregnancy and maternity.</p> <p>Future services will always be provided with regard to policies and good practice in relation to the needs of the group</p> |
| Race | <p>No specific impact identified</p> <p>Future services will always be provided with sensitivity</p> |
| Religion or Belief | Future services will always be provided with sensitivity and respect paid to religious observance requirements. |
| Sex | <p>No specific impact identified</p> <p>Monitoring data for existing services shows that there is an equal split of males and females</p> |
| Sexual Orientation | No specific impact identified |

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| | <p>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</p> | <p>The new CLC specification and contract require that providers are monitored on service user outcomes (8 in total) one of which will be "Individuals report an increase in social contact with others, either one to one or in groups".</p> <p>Within the consultation process, concerns were expressed about the potential for individuals to feel isolated (due to eg a lack of peer group in a residential setting, being "stuck" at home for 2 weeks).</p> <p>Carers also commented that a 2-week reduction in service provision would impact upon them, either being able to manage the cared-for person within the home setting or upon their own health, wellbeing or employment.</p> <p>Therefore, when comprehensive individual reviews are carried out, officers will need to determine if isolation is a risk, the potential impact and whether alternative support is required to mitigate this.</p> <p>If there is a reduction in the number of weeks, the impact to the carer must be considered when reviews are undertaken, and a carer assessment or reassessment completed if required.</p> |
| | <p>Community Cohesion</p> | <p>Service user outcomes include; Community Engagement; Service Users are accessing universal facilities and services in their community. CLC providers will be expected to encourage and support individuals to be part of the community. An example of this could be accessing local libraries, leisure facilities, community centres etc.</p> |

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| <p>20.</p> | <p>Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?</p> | |
| | <p>Comments</p> | |
| <p>Part 1: The Convention- Rights and Freedoms</p> | | |
| <p>Article 2: Right to life</p> | <p>Risks to service users and suitable policies relating to Health and Safety and</p> | |

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| | | safeguarding adults will be a requirement of new services commissioned under these proposals. |
| Article 3: Right not to be tortured or treated in an inhuman or degrading way | | It will be a requirement of the providers to have policies concerning safeguarding and whistleblowing, for example, and this will be a requirement of new services commissioned under these proposals. |
| Article 4: Right not to be subjected to slavery/ forced labour | | N/A |
| Article 5: Right to liberty and security | | N/A |
| Article 6: Right to a fair trial | | All service users will be made aware of complaints procedures and the right to have decisions reconsidered. |
| Article 7: No punishment without law | | N/A |
| Article 8: Right to respect for private and family life | | Services are expected to respect privacy, maintain dignity, and ensure service users and their families have choices and are supported to make decisions about their own lives. |
| Article 9: Right to freedom of thought, conscience and religion | | N/A |
| Article 10: Right to freedom of expression | | N/A |
| Article 11: Right to freedom of assembly and association | | N/A |
| Article 12: Right to marry | | N/A |
| Article 14: Right not to be discriminated against | | The new CLC service has the potential to support people who represent some of the protected characteristics covered by the Equality Act (see above). Services will be expected to be delivered without any discrimination to customers. |
| Part 2: The First Protocol | | |
| Article 1: Protection of property/ peaceful enjoyment | | X |
| Article 2: Right to education | | X |
| Article 3: Right to free elections | | X |
| Section 3 | | |
| C: Mitigating and Assessing the Impact | | |
| Taking into account the research, data, consultation and information you have reviewed | | |

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| and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy. | |
| 21. | If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons. |
| The department will carry out a comprehensive review of each individual's care needs and if they require alternative support, we will work closely with them, their families and the providers to commission the most cost-effective care. | |
| N.B. | |
| i) If you have identified adverse impact or discrimination that is <u>illegal</u> , you are required to take action to remedy this immediately. | |
| ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate</u> , you will need to consider what actions can be taken to mitigate its effect on those groups of people. | |
| 22. | Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination. <ul style="list-style-type: none"> a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why |
| <p>In terms of ceasing CLC support for those in 24/7 accommodation based care and support, the residential care home is expected (as per contractual arrangements) to provide day time opportunities and/or support residents to access wider community based activities in order to meet their assessed needs. This will need to be negotiated with individual providers under their current contracts. There are many ways to promote social inclusion, beyond traditional day services, including supporting people to take part in everyday 'mainstream activities' in local communities.</p> <p>Enablement activities which help people to remain more independent should be encouraged. This can be achieved through residential care staff working differently to enable residents to take part in activities in or outside of the home which support them to be as independent as they can. This would be achieved by person centred planning and effective risk management.</p> <p>If the number of weeks is reduced to 48 to mitigate any negative impact to a service user/ family carer alternative support options shall be considered. For example, a service user due to high needs may need to attend CLC 5 days a week, throughout the year. If no other alternative support can be put in place or is not as cost effective as CLC for either the service user or family carer then this would need to be agreed through</p> | |

the exceptions process as per the CLC guidance and exception policy.

Section 3

D: Making a decision

- 23.** Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

The new CLC model aims to support people to become as independent as possible and should therefore have positive impact upon individual wellbeing. It requires that vulnerable people are safeguarded, and that community support and engagement are maximised. This and the overarching Adult Social Care strategy meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

Section 3

E: Monitoring, evaluation & review of your policy

- 24.** Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?
The attached action plan will be used to support checks on progress of implementation of the delivery of CLC support services, which will be overseen by the Adult Social Care Compliance team reporting to the Adult Social Care Strategy steering group. Specifically, the Equalities Improvement Plan will be reviewed by the Departmental Equalities Group to monitor the impact of the strategy.

- 25.** How will the recommendations of this assessment be built into wider planning and review processes?
e.g. policy reviews, annual plans and use of performance management systems
Clear and robust guidance will need to be in place in terms of reviewing support packages. In addition, it will be expected that the Compliance Team will carry out ongoing monitoring of the contracts to ensure that individual's outcomes are being met. This will be done through quarterly performance monitoring meetings with providers, followed by at least annual quality assurance and contract monitoring visits.

Section 3:**F: Equality and human rights improvement plan**

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

| Equality Objective | Action | Target | Officer Responsible | By when |
|--|---|--|--|----------------|
| Equalities monitoring is ongoing and embedded | Use the outcomes of EHRAs to inform Service Planning, monitoring whether the EHRAs and associated action plans lead to improved outcomes for customers. | All service plans reflect EHRIA outcomes. | Contract Compliance Manager | Ongoing |
| Improve internal procedures to protect the long term health and wellbeing interests of service users, particularly in relation to their Article 3 rights. | Ensure timeliness of care plan reviews. Ensure that financial assessments are accurate and that direct payments are efficient and prompt. | Improved protection for vulnerable service users through more efficient and responsive service delivery. | Head of Service (Reviews) CCF Manager | |
| Ensure that customers of existing service provision are aware of the changes to service provision (reduction of commissioned weeks from 50 to 48) and that where required, transitional arrangements are in place. | The Council has a duty of care to existing customers. Work with providers, individuals and family carers will be undertaken to establish impact. | That customers feel supported and know what alternative support they can access if required | Review officers | By July 2017 |

| Equality Objective | Action | Target | Officer Responsible | By when |
|---|--|--|---|--|
| Ensure that the specification for the new service model includes clearly specified referral routes, taking account of groups with known difficulties in accessing services (as identified in section 2 & 3 above) to avoid their exclusion. | Work with various sections of the council such as; Working Age Adults, Whole Life Disability Team - Residential Review Team, Community Care Finance, | The commissioned service is compliant with the Council's equality priorities, reflects the findings of the strategic review and the comments of providers, families and stakeholders gathered as part of formal consultation. | Strategy and Commissioning | |
| Ensure that new services have appropriate geographical spread. | Work with providers of Community Life Choice services | The commissioned service is compliant with the Council's equality priorities, reflects the findings of the strategic review and the comments of providers and stakeholders gathered as part of formal consultation/Market Testing. | Strategic Planning and Commissioning in particular Market Development | |
| Ensure that the specification for the new service model is outcome based and has clearly specified targeted interventions | These will be monitored through contract monitoring during the life of the contract. | The commissioned service is compliant with the Council's equality priorities, reflects the findings of the strategic review and the comments of providers and stakeholders gathered as part of formal consultation/Market Testing. | Strategic Planning and Commissioning | Throughout the life of the contract (contract monitoring). |

| Equality Objective | Action | Target | Officer Responsible | By when |
|---|--|---|---|---|
| <p>Ensure that existing residential providers and service users are aware of the changes (in terms of ceasing CLC support for residential service users) to service provision and that where required, transitional arrangements are in place</p> | <p>Work with providers will be undertaken to establish which customers will not continue to receive CLC support and what alternative provision can be provided by the residential care provider</p> | <p>That existing customers feel supported and know what alternative support they can access if required</p> | <p>Compliance Officers (working with current providers)</p> | <p>By September 2017</p> |
| <p>Monitor the impact of both proposals if they are agreed and implemented</p> | <p>These will be monitored through contract monitoring during the life of the contract and also during individual annual reviews.</p> | <p>That existing customers and family carers feel supported and the concerns raised in consultation about negative effects of the proposals are satisfactorily addressed.</p> | <p>Compliance Officers and operational staff</p> | <p>Throughout the life of the contract.</p> |
| <p>Proposal A</p> <p>Reduction of stimulation Increase of isolation Loss/maintaining friendships Individual choice taken away Reduced quality of life Lack of safeguarding reporting</p> | <p>Individual reviews and through discussions with care home providers and compliance checks, the Council will ensure that the care homes are offering meaningful social activities to meet individual needs. This could potentially include joining up with current CLC services. If care home providers are not able to meet individuals outcomes then the</p> | <p>That existing customers and family carers feel supported and the concerns raised in consultation about negative effects of the proposals are satisfactorily addressed.</p> | <p>Compliance Officers and operational staff</p> | <p>Throughout the life of the contract.</p> |

| Equality Objective | Action | Target | Officer Responsible | By when |
|---|---|--|--------------------------|---|
| <p>Proposal B Health & Wellbeing of family carer Reduced stimulation for service user Isolation for service user Service user challenging behaviour</p> | <p>exceptions policy will be applied and alternative cost effective support shall be commissioned</p> <p>Through individual reviews, officers will be expected to determine impact not only to the individual but also the family carer if a reduction in commissioned weeks is to be applied. For those most vulnerable individuals (high needs) the exceptions policy will be applied to commission the most cost effective support. In addition, where applicable a carers assessment/reassessment will also need be considered.</p> | <p>That customers and family carers feel supported</p> | <p>Operational staff</p> | <p>Throughout the life of the contract.</p> |

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): ... *K. Red*

Date: ...27th September 2016...