

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:	Leicestershire Equipment, Adaptations and Assistive Technology Strategy 2016-2020
Department and section:	Strategic Planning and Commissioning Adults and Communities
Name of lead officer/ job title and others completing this assessment:	Karen Walmsley – OT Manager Louise Melbourne – Strategic Planning and Commissioning Officer James O'Flynn - Strategic Planning and Commissioning Officer
Contact telephone numbers:	0116 30 59628 0116 3055060
Name of officer/s responsible for implementing this policy:	Heather Pick
Date EHRIA assessment started:	28 October 2016
Date EHRIA assessment completed:	9 th November 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	What is new or changed in this policy? <i>What has changed and why?</i> The Adult Social Care Strategy 2016 - 2020 sets out how the Adults and Communities Department will meet identified need in Leicestershire within available resources. With rising demand for social care support alongside an ongoing reduction in resources, social care will have to be delivered differently. The department needs to focus on opportunities to prevent, reduce and delay the need for social care services, to successfully minimise the need for local authority funded support. This will be achieved by making full use of community support underpinned by personalised, progressive support that maximises independence. As stated in Leicestershire's Equipment, Adaptations and Assistive Technology Strategy the use of equipment, adaptations and new technology offer a real opportunity to meet needs more effectively. The strategy seeks to bring together Equipment, Adaptations and AT provision for the delivery of wider organisational strategies and follows the principles of integrated, efficient and cost effective service provision for Leicestershire. The landscape of equipment, adaptations and assistive technology (AT) is sizeable and the assessment and access pathways are complex. This strategy highlights these complexities, and along with the action plan, outlines opportunities to address some of the current pressures facing local authorities, as well improving lives with the least intrusive forms of support. The strategy emphasises, in line with the Care Act 2014 that co-ordinated advice and information is key to supporting people to take responsibility to plan for their future needs, including information about maintaining independence through the use of equipment, adaptations and AT. Promoting self-serve and effective self- assessment for those people who do not want to or do not need to access public services provision, alongside information that guides those people with more complex needs to appropriate referral points for access to specialised assessments, are fundamental for ensuring the right person gets the right support. The strategy also recognises that the opportunities that equipment, adaptations and AT provide, particularly around re-ablement, recovery and assessment for long term support, should be made more integral to our social care assessment and commissioning processes and the benefits could be better understood by the public. The present system is complex with cross over in terms of commissioned services and what they offer customers in terms of outcomes. Services such as the HIA, CAT, Equipment and AT are often providing similar information and advice, and support. The strategy emphasises the importance of coordination in terms of how services can be joined up to work together, both in terms of delivery and strategic vision.
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	The vision supported by the strategy and initiatives like Lightbulb is to have a unified offer, ensuring a co-ordinated approach to these services both across the county and with different stakeholder organisations. A system that is easy for customers to navigate, a system that customers value, and one that is strategically aligned with the objectives of not just LCC but our wider partners in health and the borough councils. The strategy links to the wider Adult Social Care strategy in respect to the examples below: Preventing Need by providing information and advice enabling individuals to make informed choices about aspects of their life ie accommodation options and arming them with the tools to plan effectively for their future. Reducing need by providing alignment across services including effective triage that utilises expertise at point of enquiry Delaying need by aiding recovery through the development and mobilisation of innovative, customer focussed services such as Lightbulb. Meeting need by ensuring the best use of resources; delivering efficiencies through, for example, integrated procurement, use of the trusted assessor role, making the most effective use of specialist skills and roles.
2	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> The Strategy relates to a number of other policies and strategies, and is linked to the following strategies/work streams: • The Lightbulb Programme • Information and Advice Strategy • Adult Social Care Commissioning Intentions • Medium Term Financial Strategy • Draft Older Person's Accommodation Strategy • Carers Strategy • Adult Social Care Workforce Strategy The strategy specifically deals with a number of service areas, both delivered in-house and externally including: • The Occupational Therapy (OT) Service • The AT Service • Adaptations Service • Home Improvement Agency (HIA) Service

	• Community Assessment Team (CAT) • County Wide Community Alarm Telecare and Mobile Responder Service																								
3	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them? The potential impact of this strategy is upon everyone living in Leicestershire with or without a need for social care, with any kind of disability, and/or their carer. The range of solutions that are available to people under the broad spectrum of equipment, adaptations and AT is vast and constantly expanding due to ongoing technical advancement, therefore the people who can be affected is as vast. A more joined up approach to this broad area of solutions is beneficial in terms of improvement in customer access via the provision of joined up, coordinated and targeted information and advice. Improved access pathways have the potential to increase demand for provision which stretch the reach of the people affected by the strategy. One of the aims of the strategy is to make better use of the various self-serve possibilities available currently and build on those being developed. The strategy includes a delivery plan with a series of objectives and associated actions that sets out how the strategy aims to achieve its intentions. The strategy also explains the way things operate now and what changes we need to make. Each areas of service contained within the strategy has different reach and individual service area EHRIAs will be completed in respect of the work planned. Detail about the current demand for services is detailed within the strategy. Relevant demographic information taken from POPPI and PANSI (Oct 2016) is tabled below: <table><tr><th>Leicestershire</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th></tr><tr><td>Total Pop – all ages</td><td>665,100</td><td>669,500</td><td>673,900</td><td>678,100</td><td>682,300</td></tr><tr><td>Total Population 65 and over</td><td>130,400</td><td>134,000</td><td>137,300</td><td>140,600</td><td>143,800</td></tr><tr><td>Total population aged 65 and over unable to manage at least one domestic task on their own.</td><td>52,091</td><td>53,581</td><td>55,008</td><td>56,485</td><td>58,238</td></tr></table> The services that span equipment, adaptations and AT are not however, just aimed at older people. The future vision for the strategy aims to address support needs across the county for those people who need this type of support. Demographic profiling, conducted by the Lightbulb project in preparation for the delivery of their services has shown: • Oadby and Wigston have the highest proportion of people aged 65+; the highest proportion of informal carers; and the highest proportion of people aged 65+ requiring help with self-care. • North West Leicestershire has the highest proportion of households without central heating; and also a high proportion of fuel poor households which can	Leicestershire	2014	2015	2016	2017	2018	Total Pop – all ages	665,100	669,500	673,900	678,100	682,300	Total Population 65 and over	130,400	134,000	137,300	140,600	143,800	Total population aged 65 and over unable to manage at least one domestic task on their own.	52,091	53,581	55,008	56,485	58,238
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	lead to poor health and the further development of support needs. • North West Leicestershire ranks highest in deprivation, has the largest proportion of people who are income deprived, the second highest of those aged over 60 who are income deprived - and also the highest proportion of those aged 65+ in rented council or social housing • Oadby and Wigston ranks lowest on median income; highest on the proportion of those aged 60+ who are income deprived - but lowest on the % of those aged over 65 in rented council or social housing • Charnwood has the highest rates of alcohol and drug dependency, and ranks second highest on the deprivation score • Melton has the highest proportion of those aged 65+ living alone, and also a high proportion of those aged 65+ requiring help with domestic tasks • Blaby and Charnwood ranked low for lone older households and lowest on levels requiring help with domestic tasks To take a snapshot of just one service that provided support to people throughout 15/16, the Home Improvement Agency, they supported: • Mostly older people • Older people who would be described as frail • A large majority of people who classed themselves as disabled • A majority of people who were white British Disabled Facilities Grants are specifically for people with a disability or long term health condition, so this large area of work will continue to be focused upon people with disabilities. Disabled Facilities Grants are available to families who have a disabled child in order that the property can be adapted to meet the child's needs. Equalities monitoring forms are not completed by Occupational Therapists or Technical Officers for people applying for Disabled Facilities Grants. The Lightbulb project aims to improve on this data collection going forward so that figures can be used in future planning. It is anticipated that the vast majority of people supported via the strategy and associated support routes will be older, frail and disabled. *At the time of writing some work was taking place to evaluate the customer profiles of people supported by existing services encompassed under the strategy, to ensure that the position is as thought i.e. that most people are older, frail and disabled.		
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 strategy aims to take a holistic approach which encompasses people who do not meet eligibility criteria. It is personalised and designed to meet individual needs, available to all regardless of any protected characteristics.
	Foster good relations between different groups	X		The 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 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)?		
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 consultation as part of the Adult Social Care Strategy formal consultation		

	which included detail about our ideas for how the council will ‘prevent, reduce, delay and meet need’. The consultation questionnaire asked respondents to what extent they agreed with our ideas to delay need and one idea was to “increase the use of assistive technology to help people stay in their own homes, reducing reliance on more costly services. Assistive technology includes things like alarm systems, automatic lights, adapted telephones, etc.” The majority of respondents agreed with our ideas (62%), 20% neither agreed nor disagreed and 11% disagreed. Recent consultation for the Draft Older Person’s Accommodation Strategy re-emphasised the importance of information and advice in helping to keep people independent and older people generally expressed preferences of staying independent and in their own home (both for themselves as a representative of other older people). The questionnaire aimed to understand what various different user groups, staff and public, knew about housing related support, including equipment, assistive technology and adaptations. Feedback showed that there is progress to be made in terms of all groups peoples understanding of the benefits of these provisions. More detailed and targeted engagement will take place at the point that the service areas are being reviewed and will be developed in line with the delivery of the action plan. Further to this, targeted engagement will be occurring with some providers who are currently delivering services underneath the umbrella of this strategy, in light of the proposal to move towards the Lightbulb model. This targeted engagement will support a full EHRIA form for the Lightbulb project that will be presented to DEG. It is anticipated that this feedback will support this screening form, and as such it is recommended that this form is not considered in total isolation but alongside the Lightbulb Project and its equality considerations.
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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 <u>potentially</u> 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.

			The Strategy aims to ensure that people who might not approach social care or are not eligible can still access the relevant support. Age-related conditions must be factored in when planning services (e.g. failing eyesight and higher incidence of dementia in older people, onset of psychosis in 16 - 25 year old men, or depression in 40+ year old women, etc.). Data available through JSNA and internal records must be fully utilised when planning services. For services such as CAT and HIA it can be determined that the largest group of people with protected characteristics are people who are older and frail. *At the time of writing this EHRIA a data collection exercise was being initiated to gain a more detailed insight to other services that fall under the strategy to determine characteristics of the service users. Including Age. However It is anticipated that a large proportion of people supported under the strategy will be older.
	Disability	X	All disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and mental health conditions, when services are planned and commissioned. Attention should be paid to physical access, and format of information and advice. For services such as the HIA and CAT it is known that a large proportion of its service users classify as having a disability. Further analysis is currently being taken forward for the other services under the strategy to

				determine levels of disability that are currently being served. However It is anticipated that disability will be something that a large proportion of service users self-identify with.
	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 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		Attention should be paid to physical access including the location of service provision, and the format of information and advice. Integration with health services will contribute to addressing health inequalities. Further data collection is occurring in regards to this area as above. However under the Lightbulb model (a major delivery function of the strategy) demographic analysis has occurred identifying areas of deprivation and isolation and these geographical areas/people affected will be supported.
	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. Safeguarding ensures the protection and safety of customers falling underneath this policy, promoting the right to life.
Article 3: Right not to be tortured or treated in an inhuman or degrading way	x		The Strategy is underpinned by ASC duty to promote wellbeing and personal dignity
Article 4: Right not to be subjected to slavery/ forced labour		X	
Article 5: Right to liberty and security	X		Security and liberty is partially achieved by being able to remain independent and move freely. It is also achieved by the customer feeling safe and secure in their own home, which is also an aim of the service.
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		The strategy is 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 Strategy's values and principles 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	
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 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 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): *L. Red*

Date: ...09/11/16.....