

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 <u>guidance</u>, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your <u>Departmental Equalities Group</u> or <u>equality@leics.gov.uk</u>

**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:	Fee review project for Residential and Nursing Care Providers	
Department and section:	Adults & Communities Department - Strategy & Commissioning	
Name of lead officer/ job title and others completing this assessment:	Dave Pruden – Lead Commissioner Katie Joondan - Strategic Lead, Equalities	
Contact telephone numbers:	Dave Pruden - 0116 305 8123 Katie Joondan - 0116 305 7832	
Name of officer/s responsible for implementing this policy:	Sandy McMillan	
Date EHRIA assessment started:		
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?

In recent years the fees paid to providers of residential and nursing care homes have been reviewed and uplifted annually in order to keep pace with increases in the National Minimum Wage (NMW) and more recently the National Living Wage (NLW) and inflation. EHRIAs have been undertaken to enable the Departmental Equality Group (DEG) to monitor those annual reviews and provide information to the Fee Panel, which has delegated authority to agree increases via the annual reviews.

However, it has been acknowledged for some time that a fundamental review of how the fees are made up as well as the processes to support it was required.

A project commenced in April 2018, that set out a plan which involves a range of County Council staff, representatives of residential and nursing care providers, EMCARE (the local trade organisation), and a two stage consultation process which is expected to be completed in June 2019, with the fees agreed to be back dated to be effective from April 2019.

This EHRIA will be used by the DEG to monitor the project and provide information to Cabinet and the Fee Panel, which will agree the new arrangements. A screening questionnaire was completed and published with the first stage of the consultation and highlights the key issues.

The key issues to consider are:

- The risk of provider failure because of changes to the fee structure.
- The risk of an erosion of quality because of the new fee structure.
- The impact of the new fee structure on members of each protected characteristic grouping
- The impact on service users that have a Supplementary Needs
 Allowance payment where the needs of the service user are currently
 greater than those catered for in the banded rate.
- The impact on service users that use of Top-Up payments to facilitate choice.
- The impact on service users that are subject to charging, in particular self funders that use the Deferred Payment Scheme, which allows people to delay selling their home in their lifetime to pay for their care.

The Council had proposed in the first stage of the consultation, and reflected in the EHRIA screening, that placements for Working Age Adults be made based on the Care Funding Calculator. Based on feedback from providers and DEG, and alternative proposal using a WAA Band was developed and will be consulted upon in the second stage.

This full assessment will be published with the second stage of the consultation in March ahead of project completion in June 2019.

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.*

Service users in receipt of residential or nursing care services are likely to have been in receipt of other Council services prior to their admission to a care home. All service users would have received a person centred assessment of their needs in accordance with the Care Act, the Cost Effective Care Policy, Residential and Nursing Care placement processes and where required would also have had access to assistance such as advocacy, support and translation services.

These related services and policies have been subject to EHRIA assessments, either at a point at which they have been substantially altered or during a periodic review. The Adults and Communities Department's completed EHRIAs can be found in the relevant policies. Strategies relating to Accommodation for Older People and Working Age Adults, Workforce Development and Assistive Technology are also relevant to this EHRIA.

Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?

Anyone in receipt of residential or nursing care services from providers in Leicestershire and out of County providers contracted by Leicestershire County Council (LCC), their carers, family and representatives are also potentially affected by the review.

Providers are affected by the resulting level of remuneration. There is frequent dispute between providers and the Council concerning the actual costs of care. It is accepted practice to establish fee levels locally, based on local conditions, national guidance and in accordance with the market shaping requirements of the Care Act.

There is no prescribed mechanism for calculating fee levels, although models do exist that may be referred to. However, many Local Authorities use a banding for Older Adult placements and the national CFC for younger adults with more complex needs. Consultation and engagement with providers is a critical element of the process.

Fees must be set at levels to ensure that an appropriate standard of care can be provided to meet the assessed needs of individual service users. This means that considerations such as remuneration for care workers, at least meeting legal minimum and living wage requirements, form an essential element of the calculation. Taking account of the interests of all parties from those receiving

care through to all involved in providing it is therefore integral to the outcome.

As well as ensuring that providers can meet the assessed needs of individual services users, the objectives of the review are to ensure that the Council shapes the market in line with its responsibilities under the Care Act. That is to ensure that a diverse range of care services can continue to be provided at a high standard, that market capacity is maintained at the required level to meet demand efficiently, and effective working relations are maintained between LCC and private, independent and voluntary care providers.

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)

the flood to floot all	Yes	No	How?
Eliminate unlawful discrimination, harassment and victimisation	X		The protected groups who are of principal concern in this review are older age groups and people with a range of physical and mental health problems. Others may also be affected. Appropriate fee setting and the use of Supplementary Needs Allowances (SNAs) for varying individual conditions or vulnerability will ensure that the legal protections are observed.
Advance equality of opportunity between different groups	X		Ensuring fairness across the range referred to above assists in meeting this requirement.
Foster good relations between different groups	Х		Success in achieving the aims set out in the above two responses will assist in meeting this requirement.

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: Re	esearch 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;			
	 b) any potential impact of this change on them (positive and negative, intended and unintended); 			
	c) potential barriers they may face			
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?			
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.			
Secti	ion 2			
	onitoring Impact			
9.	Are there systems set up to:	Yes	No	
	a) monitor impact (positive and negative, intended and unintended) for different groups;			
	b) enable open feedback and suggestions from different communities			
	: If no to Question 8, you will need to ensure that monito		ns are	
Secti				
10.	Use the table below to specify if any individuals or communwith any of the 'protected characteristics' may potentially be and describe any positive and negative impacts, including a	e affected by	this policy	
	Yes No	Comments	•	

	Age			
	Disability			
	Gender Reassignment			
	Marriage and Civil Partnership			
	Pregnancy and Maternity			
	Race			
	Religion or Belief			
	Sex			
	Sexual Orientation			
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities			
	Community Cohesion			
11.	there be an impact on human ri (Please tick)	ghts for	any of	·
		inction of ted belo	or proce ow: [NB	
		Yes	No	Comments

	Autiala 2: Dialet to life					
	Article 2: Right to life					
	Article 3: Right not to be					
	tortured or treated in an					
	inhuman or degrading way					
	Article 4: Right not to be					
	subjected to slavery/ forced					
	labour					
	Article 5: Right to liberty and security					
	Article 6: Right to a fair trial					
	Article 7: No punishment					
	without law					
	Article 8: Right to respect for					
	private and family life					
	Article 9: Right to freedom of thought, conscience and					
	religion					
	Article 10: Right to freedom					
	of expression					
	Article 11: Right to freedom					
	of assembly and association					
	Article 12: Right to marry					
	Article 14: Right not to be					
	discriminated against					
	Part 2: The First Protocol					
	Article 1: Protection of					
	property/ peaceful					
	enjoyment					
	Article 2: Right to education					
	Article 3: Right to free					
	elections					
Secti						
	ecision		_ 1	Vaa	NI -	11-1
12.	Is there evidence or any other resuggest that:	ason t	0	Yes	No	Unknown
	a) this policy could have a d	ifferent				
	affect or adverse impact of		•			
	section of the community;					
	,					
	b) any section of the commu					
	face barriers in benefiting	from t	he			
	proposal					1

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 Y	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 <u>is required</u>, continue to <u>Section 3</u> on Page 7 of this document to complete.

Option 2: If there are <u>no</u> equality, diversity or human rights impacts identified and an EHRIA report <u>is not required</u>, continue to <u>Section 4</u> 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.

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.** 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?
 - a) current needs and aspirations and what is important to individuals and community groups (including human rights);
 - b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);
 - c) likely barriers that individuals and community groups may face (including human rights)

The key issues identified by the screening are:

The risk of provider failure because of changes to the fee structure.

For Older Adults the Council is replacing a 5-band system with a 2 band system, and taking the opportunity to remove QAF payment (approximately on third of incounty providers benefit from these, and where possible reduce TPTU payments. The size of the proposed band increase is so large, 24% for Residential and 14% Residential Plus, that these changes can be absorbed, and an overall increase ensured to meet increasing costs. Transition will be undertaken on a provider by provider basis to ensure that all providers obtain an overall increase in fees.

For Working Age Adults, the proposed band rate increase is 50%, but relatively few people are accommodated at this rate. Though, there are providers with a significant number of residents, that will benefit from this very large increase. The majority of placements are made on the basis of a person centred assessment or review using the Care Funding Calculator, a nationally benchmarked tool used by many councils across the country.

It should also be noted that the proposed bands are in line with the recommendations of an independent financial consultant that surveyed providers about the cost of care in Leicestershire; and that the market in Leicestershire has been stable for many years with hardly any providers leaving it.

The risk of an erosion of quality because of the new fee structure.

For the reasons detailed above, that is an overall increase in funding, the Council does not believe there is a risk to quality. Whist the current Quality Assurance Framework will be removed, it currently reaches a third of Older Adult homes and no Working Age Adult homes. Currently 80% of Residential providers are judges to be good by the CQC, ahead of the proposed increase in fees, and the CQC itself

cites leadership and management as a key determinant of quality, rather than funding.

The impact of the new fee structure on members of each protected characteristic grouping

As part of its implementation planning, the Council has tested its approach to assess how groups with each protected characteristic are allocated to either the new OA banding or review compared with all current service users as a whole. In terms of ethnicity, religion, age, gender and disability (using primary support reason as an indicator) there are no adverse patterns of transfer to the new arrangements. See Appendix 1

The impact on service users that have a Supplementary Needs Allowance (SNA) payment where the needs of the service user are currently greater than those catered for in the banded rate.

The fee review will result in higher banded rates that will be used for Older Adult placements. This should have the effect of reducing the need for SNA payments. So, the average proportion of Older Adult cases with an SNA should be reduced and the sums paid in SNAs should also be reduced.

However, some SUs will have needs that are greater than those that can be catered for within the band rates, so the option to pay a Supplementary Needs Allowance, tailored to the needs of the individual to ensure the care is properly funded is essential.

The impact on service users that use of Top-Up payments to facilitate choice.

The fee review may result in higher banded rates that will be used for Older Adult placements. This may have the effect of reducing the need for Top Up payments. So, the average proportion of Older Adults with a Top Up should be reduced and the sums paid in Top Ups should also be reduced.

From a contractual perspective, the Individual Placement Agreement will be revised to bring more clarity about the additional services obtained for the Top Up payment and to reinforce the requirement that inflationary increases on Top Ups paid should only be made each April.

Top up payments are used to facilitate choice, so service users will continue to have to option to agree such payments with providers for additional services and benefits.

However, increasing the banded rates may have the overall positive benefit of reducing the need for, and size of such payments. Also, for those service users that are not able to make Top Up payments, the increase in banded rates may increase the choice of homes available.

But, whilst providers may receive higher banded rate payments, they will be incurring higher costs; and may seek to maintain current Top Up payments in addition to those higher payments. This issue will be monitored during implementation to mitigate the risk of providers absorbing the full increase and

maintaining Top Up payments, mainly via individual reviews.

The impact on service users that are subject to charging, self-funders that use the Deferred Payment Agreement (DPA), which allows people to delay selling their home in their lifetime to pay for their care.

There are currently some 70 service users using the DPA. The fee review may result in an increase in the fee payments that these people make to providers.

Where these services users expect to repay the Council using the equity in their property when it is sold, these increases will have the effect of depleting that equity at a quicker rate.

If the service user lives beyond the point at which the equity is depleted, in line with Care Act Guidance, then the Council will assume responsibility for the payments to the care home. However, this may, subject to review, result in the person having to move to a different care home, which charges a rate in line with the Council band rate.

If the service user dies before the point at which the equity is depleted, the increase in the fee will mean that more of the equity had been used to pay the care homes fees than would have been the case without the fee increase.

These service users were contacted individually during the first stage of the consultation to highlight the fee review to highlight this issue and will be contacted during the second stage of the consultation, which will set out the proposed new band rates.

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?

Data related to the service users affected, referred to in 15 above, and is available via the Council's case management and financial management systems, so the analysis needed is available internally.

The proposed plans for implementation, which may also have an impact, have been developed and feedback on those plans will be part of the second stage of the consultation.

Feedback from the consultation will be considered before any final decisions are made.

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.

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?

Engagement and consultation are central to the fee review project, the key activities undertaken so far are:

Departmental Equalities Group (DEG) – managed by the Fee Project Oversight Group, the EHRIA screening tool was drafted and reviewed by the DEG.

Provider Reference Group (PRG) – this was established to represent the views of the residential and nursing care providers, met five times between April and October 2018. Though primarily concerned with issues affecting providers, the key findings relating to service users highlighted were the DPA and top up issues discussed above.

Stage 1 Consultation – this entailed publication of the Council's plans via the Cabinet and Scrutiny and press release. Service users with DPAs were consulted directly about the plans, as were advocacy agencies who were asked for views on the impact on Service Users in particular. Also, as part of the stage 1 consultation, the Learning Disability Board Carers Group was consulted alongside the Equality Challenge Group.

Because of this activity the proposed approach of not having a band for WAAs has been revised and a band will now be proposed in the second stage consultation. As well as bringing certain operational benefits, this approach reduces the risk of discrimination against older people as both Older Adults and Working Age Adults placements will now be made using bands.

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?

Stage 2 Consultation – This EHRIA Full Assessment will form part of the stage 2 consultation and views will be sought from the same stakeholders.

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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 <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.

	Comments
Age	Most people in receipt of residential or nursing care services will be in older age groups. In addition, Leicestershire is predicted to have a significant rise in the population of older people in the coming years. Ensuring that remuneration meets the assessed needs of this group is therefore crucial to protecting their current and future safety and wellbeing. For Older Adults and Working Age Adults, it is proposed that a two-band system is used to set the weekly fee for care, and where appropriate a Supplementary Needs Allowance will be paid through a defined mechanism. Both methods entail a person-centred assessment to ensure that the needs can be met within the agreed fee.
Disability	There are a wide range of health conditions that may give rise to care needs. The expertise and specialisms required to meet these needs are acknowledged in care home registration procedures. Fee levels (supported by SNAs where appropriate) must be set at levels to ensure that appropriate skills and facilities are available.
Gender Reassignment	Nothing identified for this group.
Marriage and Civil Partnership	Nothing identified for this group.
Pregnancy and Maternity	Nothing identified for this group.
Race	Attention must be paid to provision of culturally appropriate services. If required,

	SNA payment would be used to enable providers to meet cultural needs.
Religion or Belief	Although services should be designed and delivered in such a way as to allow service users to observe their faith, this is not known to impact on the costs of provision. The comments for Race may also apply here.
Sex	As a greater number of older women than men are in receipt of services from Adult Social Care, there is disproportionately high impact in the outcome of the fees review.
Sexual Orientation	Nothing identified for this group.
Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	Carers are naturally concerned that remuneration should be enough to meet the needs of service users.
Community Cohesion	Nothing identified

20.	Based on any evidence and findings, use the table below to specify if any Articles in the Human Rights Act are <u>likely</u> to 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?		
		Comments	
	Part 1: The Convention- Rights and Freedoms		
	Article 2: Right to life	This article imposes a positive obligation	

	on Councils to take steps to safeguard life, applicable in circumstances where decisions may have a negative impact on life expectancy. Provision of care to particularly frail and vulnerable people highlights the requirement to observe Article 2 rights and take steps to ensure that the person is safe.
Article 3: Right not to be tortured or treated in an inhuman or degrading way	It is well established through the Courts that care provision must not fall below acceptable standards. To do so is likely to amount to inhumane treatment under Article 3 Impact in relation to those with protected characteristics, this is applicable to care for people who are more vulnerable because of their age or physical or mental health.
Article 4: Right not to be subjected to slavery/ forced labour	
Article 5: Right to liberty and security	Security, particularly in care homes, should not restrict physical movement unduly or be achieved via excessive restraint
Article 6: Right to a fair trial	
Article 7: No punishment without law	
Article 8: Right to respect for private and family life	Provision of personal care has the potential to be intrusive. A residential care service is the provision of an alternative home. Such services must respect Article 8 rights by being sensitive to privacy at the same time as providing the protection and safety that will always be required.
Article 9: Right to freedom of thought, conscience and religion	Care homes must enable residents to practice their religion.

	Article 10: Right to freedom of expression			
	Article 11: Right to freedom of assembly and association			
	Article 12: Right to marry			
	discriminated against	The safeguards outlined in comments under Articles 2, 3, 5 and 8 above should ensure that no discrimination occurs within each context, and any related policy revisions should bear this in mind.		
	Part 2: The First Protocol			
	Article 1: Protection of property/ peaceful enjoyment	No issues identified		
	Article 2: Right to education	No issues identified		
	Article 3: Right to free elections	No issues identified		
Secti C: Mi	on 3 itigating and Assessing the Impact			
		on and information you have reviewed and/or 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.			
None	e identified			
N.B.				
i) If yo	ou have identified adverse impact or o	discrimination that is illegal, you are required		

to act 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.
 - 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 group, please explain why

None identified

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.

By potentially increasing the level of expenditure on nursing and residential care the Council is supporting the sustainability of the market, which in turn improves access for those that need these services. To that extent the outcome is positive.

The proposed approach should enable the Council to fund the support needed and make residential and nursing placements efficiently and effectively.

Higher payments made in respect of some SUs, have historically been made because of the market, that is, limited supply. The strategic approach to invest in new services, develop a new Target Operating Model and the work of the Fee Review will help to develop a more competitive market that should bring about change in this position.

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?

This EHRIA will be reviewed by the DEG, Project Board, DMT and Scrutiny Commission prior to the Stage 2 Consultation.

Following the Stage 2 Consultation it will be reviewed, alongside feedback from the consultation, ahead of any decisions to implement proposed new fees, processes and contractual arrangements.

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

The recommendations will be reviewed by the Project Board and built into the project implementation plan.

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
Ensure that good quality care is available to all age and disability groups, is not unduly restricted by financial means, and supports Article 3 and 14 rights under the Human	Fee levels to be set paying due regard to the actual cost of care.	Due regard is paid to the Equality and Human Rights considerations for affected protected groups throughout all steps involved in fee setting,	Judith Spence – financial modelling	Dec 2019
Rights Act (HRA).	Negotiations with providers for each individual placement do not factor in top up payments as a prerequisite to meeting assessed needs.	Service delivery meets the stated objectives of providing consistently good quality care.	Julie Drake – Commissioning guidance	Dec 2019
	Develop guidance I as necessary.	Minimise the incidence of disruptive and potentially harmful moves between homes arising from inappropriate or illadvised top up	Julie Drake – Commissioning guidance	Dec 2019

		agreements.		
Ensure that choice of geographical location of care homes is not unduly restricted because of financial means for vulnerable people protected by age and	Collect robust data to reflect patterns of top up payments across the County.	Localities where there are concerns about availability of appropriate care are identified and addressed in Market Shaping.	Dave Pruden – Implementation Planning	March 2020
disability characteristics and supports Article 8 and 14 rights under HRA.	Lead Practitioners take responsibility for ensuring a fair and consistent approach to placement arrangements.	People moving into residential settings can preserve their family relationships and community contacts as far as is reasonably possible, and in accordance with their wishes.	Zoe Musgrave – TOM Review	March 2020
	Develop implementation and commissioning guidance material as necessary.		Julie Drake – Commissioning guidance	Dec 2019
Ensure that assessed needs arising from health conditions associated with age and disability are adequately addressed by appropriate use of SNAs.	Appropriate use of SNAs is well understood by practitioners, with Lead Practitioners holding responsibility for management and training to maintain standards.	The interests of vulnerable people with additional needs are addressed appropriately, resulting in safe and successful placements.	Julie Drake – Commissioning guidance and training	Dec 2019

The level of SNA payments is calculated to ensure that they can adequately cover additional needs. The incidence of SNA use is recorded and mapped to support appropriate practice and inform future Fees	Dave Pruden – Implementation Planning and project review	March, June and Dec 2019 and ongoing
Reviews and policy.		

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 <u>Departmental Equalities Group</u> 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
1 st Authorised Signature (EHRIA Lead Officer): Date:
2 nd Authorised Signature (DEG Chair):