Leicestershire County Council

APPENDIX I

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:	Prevention Services – Visual/Dual Sensory Impairment
Department and section:	Strategic Planning & Commissioning Team Adults and Communities Department
Name of lead officer/ job title and others completing this assessment:	Amanda Price Louise Melbourne
Contact telephone numbers:	0116 3057364 / 0116 3055060
Name of officer/s responsible for implementing this policy:	Strategic Planning & Commissioning Officers; Ian Mellor, Carin Davies, Louise Melbourne, Martin Hall and Amisha Chauhan
Date EHRIA assessment started:	EHRIA process started: 26th February 2014 Reviewed following consultation: 14th July 2014
Date EHRIA assessment completed:	5th August 2014

Section 1: Defining the policy

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

1	What is new or changed in this policy? *What has changed and why?* The Strategic Planning and Commissioning Team have been developing a revised prevention service offer which reflects the longer term strategic vision, offering greater opportunity to align services with need and to move to an outcome based framework. It is important to clarify that the main focus of the review is Secondary Prevention/Early Help as defined in the prevention work lead by Public Health during 2012: *'This is aimed at identifying people at risk and halting or slowing down any deterioration. Interventions are aimed at identifying people at risk of specific health conditions or events (such as strokes or falls) or those that have existing low level social care needs'.* A number of Voluntary Sector and Housing Related Support services are being reviewed to ensure alignment of future commissioned services to the secondary prevention model see definition below. In Summer 2013 – The County Council announced a five year savings requirement of £110m. The County Council undertook a detailed budget consultation to inform the Medium Term Financial Strategy (MTFS). Adults and Communities spend £9 million on Housing Related Support and Voluntary sector – it has been identified that we need to save £3.5 million by 2016/17 Therefore, in response make these significant savings, we shall ensure that service delivery is aligned with strategic priorities of the department and that positive outcomes are being achieved for service users The desktop review of preventative services included a specialist re-ablement/ rehabilitation service with sight register for people with visual impairment and dual sensory impairment. During the strategic review it was recognised that one service was meeting specialist needs for people with visual impairment and dual sensory impairment with a tertiary prevention focus. Tertiary prevention is short term support that supports someone after a period of illness or disability to help them recover quickly and regain their independence. For the purpose of clarity this EHRIA specifically refers to one contract that delivers the following elements for people with visual impairment and dual sensory impairment: • Visual Impairment Register (Statutory)

- Equipment
- Information and advice
- Re-habilitation

Contract value was £473,033.50 for 2013-14 and has been revised to £438,533.50 for 2014-15. Revised contract value has been negotiated by the Non-Regulated Compliance Manager as an area of work separate to the review of preventative services.

Prior to consultation it was proposed that these services would end in line with current contractual arrangements, with the exception of the statutory sight loss register; people affected by sight loss/ dual sensory impairment could be supported via Leicestershire County Council Adult Social Care Teams once appropriate training had been provided (this includes HART - Homecare Assessment and Re-ablement Team). Provision is accessed via the Customer Service Centre and is the route for meeting other specialist needs.

During the consultation significant concerns were raised about loss of specialist services for people with sight loss and that their opportunities for independence, inevitably would result in increased need.

In addition, draft guidance relating to the Care Act 2014 was released during the consultation period and concerns were highlighted regarding the departments duties for specialist assessment for visual impairment and deaf blind:

'Local authorities should consider securing specialist qualified rehabilitation and assessment provision – rehabilitation should not be time prescribed'.

'Local authorities must ensure that an expert is involved in the assessment of adults who are deafblind'.

Through further internal consultation the level of work required to deliver assessments and re-ablement services to this cohort within the Department was deemed a key risk.

Furthermore, research indicates reduced numbers of visually impaired people accessing publicly funded social care since 2005 by 46per cent which may be linked to changes in eligibility criteria (those with visual impairments may be disproportionately impacted by higher eligibility thresholds implemented by local authorities). This pattern is replicated locally, since changes in eligibility were introduced in 2011.

In light of the issues raised proposals have been revised and it is recommended that £150,000 is allocated to fund specialist visual impairment and deafblind provision (this represents a reduction of 65.8 percent against current investment).

The new model will be developed through a stage of market testing prior to the procurement of the service. The current contract delivering this service has been commissioned in excess of 15 years through Exception to Contract Procedure Rules due to lack of competition for specialist provision in the

	market. It will therefore be necessary and sensible to test the market prior to procurement by inviting Expression of Interests to establish whether competition has emerged to determine next steps: re- procurement or negotiation of existing contract. The new service will include the Statutory Sight Register, and Specialist Re-ablement provision that is targeted at those most at risk (of needing social care support in the future). The specialist re-ablement provision will be a comprehensive package which includes identifying re-ablement needs through an assessment process. Links to the care pathway will need to be strengthened to ensure that those with longer term and eligible requirements can get support via a Personal Budget. The future model of provision will be specifically developed in alignment with Care Act 2014 requirements (final guidance and regulations will be available in October 2014). The current service specification provides objectives to deliver and highlights the commitment of the council to the UK Vision Strategy which underpin the objectives : ➢ To improve the eye health of people in Leicestershire ➢ To eliminate avoidable sight loss and deliver excellent support to those with a visual impairment ➢ To enhance the inclusion, participation and independence of blind and partially sighted people. ➢ To enable people who have a visual impairment to have the same life expectations, aspirations and choices as people who are not visually impaired and to have equal access to the whole range of services commissioned by the department and to those of other relevant organisations. All services should seek to maximise service user's choice, dignity and independence. ➢ To enable people with visual impairment to live in the community with the maximum level of independence accepting that this may involve taking reasonable risks. ➢ To enable people with a visual impairment to receive services that are planned on an individual basis with the active participation of the visually impaired person and their family or carers where appropriate. This participation may require the use of an advocate or assistance with self advocacy. ➢ To enable people with a visual impairment to receive equal access to services irrespective of race, gender, age, sex, sexual orientation or disability. ➢ To enable people with a visual impairment to receive services that will take account of their existing social network. ➢ To enable people to receive services that also takes account of the needs of carers. ➢ To enable people to access advice and information about services in a format of their choice which ensures that it is accessible to them and their carers.

	Desired outcomes also specified in the contractual information relate to the 7 white paper outcomes and any service specification developed for future commissioning will need to refer the White Paper's successor (Adult Social Care Outcomes Framework). The data that is collected for contract monitoring purposes should be used with caution and shows an over representation of utilisation based on the disaggregation of contract components associated with the duplication of data. This will need to be considered when developing the template for monitoring data for any future commissioning. For the purposes of consistency and to enable comparisons to be made for a complete year the monitoring data included in this EHRIA refers to the 2012-13, unless specified otherwise. This period of monitoring data shows that: ➢ 4,181 people accessed information and advice in the period specified (this is likely to include duplicates) ➢ 404 people accessed equipment ➢ 1,972 people accessed re-habilitation services ➢ 369 people were added to the register (at the end of quarster 4, 2012-13 there were 3,534 people on the visual impairment register). As mentioned above the monitoring data does not provide a great deal of clarity in terms of the actual numbers of unique individuals benefiting the service, with the exception of the register as this provides both a total of the numbers of people on the register, and the number of newly registered people per quarter. This element of the monitoring data has therefore been used for the purpose of service modelling.
2	Does this relate to any other policy within your department, the Council or with other partner organisations? *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.* The proposals included in this EHRIA potentially impact on a range of different services within Adult Social Care in particular. Successful preventative services would reduce demand and future pressure on budgets and services such as residential, domiciliary care and carer's services and this has been the focus of the review and the development of a new model. Departmental EHRIAs include those relating to re-ablement (HART), eligibility criteria, information and advice, Assistive technology,equipment and re-ablement provision are relevant to this EHRIA. There are interdependencies between the proposed service provision and health (particularly opthalmology and opticians) and social care (particularly the care pathway). These stakeholders have been targeted for feedback on proposals during the consultation period. The impact on these stakeholders has been reduced with the revised proposals since provision is now planned.
3	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?

The prevention review and commissioning options for the Departmental prevention offer have the potential to affect anybody living in Leicestershire aged 18 years or over (i.e. of adult age). This is true of the whole review and specific options for other vulnerable people (including victims of domestic abuse).

As described above, the purpose of the review was to develop a Departmental prevention offer with an emphasis upon aligning services to need and a move towards a robust outcomes framework for all commissioning activity. This strategic shift is also set against the MTFS – the scale of required savings means commissioning in a different way and at a reduced level of investment. Inevitably, this has the potential to impact upon on all individuals who currently access or would potential access prevention services.

The target group for the proposals specifically addressed In this EHRIA are people with visual impairment or dual sensory impairment. Data shows the prevalence of visual impairment is greatest amongst older people and this is reflected in national and local data as well as current monitoring data which includes utilisation figures by age. For more details please see section 3.

Drawing on information derived from the prevention review, public consultation exercise, and Care Act Guidance it is intended that the new model for Visual Impairment/ Dual Sensory Impairment Reablement will be developed through a stage of market testing prior to the procurement of the service. The service will include the Statutory Sight Register, and Specialist Re-ablement provision that is targeted to those who most need it (those most at risk of needing social care) and will benefit from it. The specialist re-ablement will be a comprehensive package which includes identifying re-ablement needs through an assessment process. Links to the carepathway will need to be strengthened to ensure that those with longer term and eligible requirements can get support via a Personal Budget. This proposal has taken into account the role and Integrated Care Team (where deaf and hard of hearing staff/ equipment is located) and compliments rather than duplicates provision.

Full details of how the commissioning options have been developed will be set out in a report which will go to Cabinet in September 2014.

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 review process (including the strategic review of existing service provision, formal public consultation and discussions with stakeholders and partner organisations) has enabled a good overview of preventative services – in terms of determinants, interventions that help aid recovery, and to establish what service provision is most likely to benefit the people of Leicestershire in a way that is cost-effective to the department. It has also enabled identification of those groups and individuals

				who are likely to benefit from the proposed commissioning intentions. Conversely, it has also allowed consideration of any groups or individuals who might be adversely affected by the proposals and to establish what mitigating actions are required to enable them to access other support and services.
	Advance equality of opportunity between different groups	X		As above.
	Foster good relations between different groups	X		As above. In addition, the review process has also sought to establish community opportunities for those experiencing problems and using the services to access preventative services alongside other community-based/universal services. This has the potential to encourage community cohesion and develop relations between different groups.

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? 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);	**Yes**	**No***
			X
			X
			X

	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)?	A formal public consultation exercise was conducted (April to July 2014). The consultation documents (including information sheet and questionnaire) were accessible to the target groups (including current customers), the general public, providers and stakeholders. Specific events were also held with customers, providers and stakeholders as part of the review process and the consultation period. In addition, research into prevention services and the role of preventative services has been undertaken throughout the review process to inform decision making and commissioning proposals. The consultation process was subject to the Department's Research Governance Framework (RGF) to ensure that the process was carried out to high standards in line with national guidance on health and social care research as set out by the Department of Health (2010)	
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.		
	Provider workshops were held in January and February 2014. Providers were also asked to complete a questionnaire to seek further contractual information. In addition, providers were given the opportunity to have a one to one with Commissioning Officers. Results of the consultations/workshop assisted Commissioning Officers to shape the future of the Prevention model, and what services shall be required in the future. Officers of the Council shall also be carrying out Public Consultation from Mid April to Mid July 2014, to give them opportunity to comment on the proposed models.		

Section 2 **B: Monitoring Impact**			
8.	Are there systems set up to: a) monitor impact (positive and negative, intended and unintended) for different groups; b) enable open feedback and suggestions from different communities	**Yes**	**No**
		Standard contract monitoring procedures (including annual and quarterly monitoring) are in place and will exist for any new service provision. It is (and will continue to be) a contractual obligation for services to receive complaints and commendations. In addition, the Department will seek to obtain feedback from existing and new customers as part of ongoing monitoring of the impact of these proposals (see improvement plan, below)	
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**			
9.	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**		**Current service delivery monitoring data indicates that services provided by VISTA tend to be meeting the needs of over 65 (75per cent of utilisation). Age related mascular degeneration is the most common cause of registerable sight loss in older people as opposed to any discrimination regarding referrals or access to the service.** **Prevalence of visual impairment data is available from ''The number of people in the UK with a visual impairment: the use of research evidence and official statistics to estimate and describe the size of the visually impaired population', Nigel Charles, RNIB, July 2006.** **The overall prevalence of all causes of visual impairment in those aged 65-74 years and over (moderate or severe) is 5.6%, and 12.4% for those aged over 75. There is paucity of data research for under 65s and visual impairment and most studies have been focussed on older people. A review by Nissen et al of epidemiological studies performed in Western Europe, North America and Australia covering the age group 20 to 59 years found the prevalence of blindness was 0.08 and of visual acuity 6/24 to 6/48 was 0.07%. These figures agree well with the prevalence of registrations in a similar age range and we conclude that registration data provide reasonably accurate estimates of the prevalence of serious vision impairment in the younger adult age groups". The RNIB suggest a lower figure of 1 in 500 as an estimated basis of people who would be registerable. The Tate study also argues, as do others, that estimates of less than severe visual impairment are unreliable with a high degree of variance reported in self report studies. A mean of the three figures, 0.065%, has been used as an estimate of the numbers of people with a severe visual impairment for data available. Based on the methodology for calculating the number of people with visual impairment using these percentage rates there is no value in comparing figures nationally and locally as both are derived from the prevalence rates and any variation would be associated with population levels not actual variation. The criteria for registration is determined by a diagnosis of visual impairment or severe visual impairment based on criteria for visual acuity and field of vision.** **According to the World Health Organisation an estimated 82 % of all people with blindness are over 50 years old.** **Increase in prevalence locally is affected by the ageing population in Leicestershire and increases are anticipated in line with population increases. The following data is sources data shows projected prevalence of visual impairment for Leicestershire.**

	2014	2015	2016	2017	2018
People aged 65-74 predicted to have a moderate or severe visual impairment	4,032	4,150	4,273	4,368	4,413
People aged 75 and over predicted to have a moderate or severe visual impairment	7,242	7,428	7,564	7,762	8,060
People aged 75 and over predicted to have registrable eye conditions	3,738	3,834	3,904	4,006	4,160
Total population aged 18-64 predicted to have a serious visual impairment	260	260	261	261	261

This shows an increase of 1,622 in Leicestershire by 2018 and includes all people with sight loss which is more than those included in the register. In 2013-14 monitoring data shows that 369 people became registered, and for the last quarter of this period 3,534. Increases in the total number of people on the register shows a small increase year on year (58 between 2011-12 and 2012-13, and 45 between 2012-13 and 2013-14). The proposed service modelling is in line with reduced investment but considers increases in demand in the short term. Contracts are likely to be for a period 3 years and increased demand is it anticipated manageable for the contract period.

Access and utilisation has been based on acquiring a physical condition rather than due to policies set out in the contract regarding access and this will continue to be the case going forward. In conclusion the service will be available to all adults regardless of age but there will be a greater utilisation of the service by older people not because discrimination occurs, but because older people are more likely to be affected by sight loss.

Disability	**X**		**All of the services included in the prevention review that are being addressed in this EHRIA are meeting some of the needs of disabled people.** **Future proposals will continue to meet the same group of disabled people (visually impaired and dual sensory impairment but there is significant reductions in the level of financial investment therefore interventions will need to be targeted to those who most need it and can benefit from it most, and to those people who are more likely to be at risk of needing social care.** **RNIB response on the Care Act proposals suggests that the window of opportunity for re-ablement is at the point of diagnosis therefore this supports the joined up process of registration and re-ablement.** **Some research shows a greater prevalence of visual impairment amongst people with learning disabilities, especially people with more severe learning disabilities, and that the presence of visual impairments can significantly impair the independence and quality of life of people with learning disabilities. It is intended that proposals will be able to respond to the needs of people with learning disabilities for the purposes of registration and re-**

				ablement however it is likely that those people with more complex disabilities including learning disabilities are likely to have longer term needs and access support via an assessment of eligibility and support planning. For details of research conducted please visit: http://www.seeability.org/uploads/files/prevelence_vi_pld_full.pdf National research conducted by RNIB indicates a reduction in the number of blind or partially sighted people receiving local authority funded support has reduced by 43% from 2005-13, driven by fall in assessments and tighter eligibility criteria. Referrals, Assessments and Packages of Care (RAP) data shows a reduction in Leicestershire from 2008-9 to 2012-13. It could be assumed that this reduction may be attributed to changes to the eligibility criteria and an increased focus on meeting personal care needs rather than domestic and social needs, or issues around recording, however there is no evidence available to support or refute this. Original proposals were to end specialist support for visual impairment/ dual sensory impairment with the exception of the sight register and provide re-ablement and support through the generic care pathway process including HART. However concerns regarding the ability to deal with both the level of specialism and demand, along with the data above, has led to the revision of the proposals. Specialist support for visually impaired and deafblind is also a feature of The Care Act 2014. Access and utilisation has been, and will continue to be, based on acquiring a physical condition rather than due to policies set out in the contract regarding access and this will continue to be the case going forward. Visual impairment registration form part of the criteria for access to service however as this is a targeted service to support rehabilitation for people with visual impairment/ deafblind this criteria is required.
	Gender Reassignment	X		Current contract monitoring data for the services included in this EHRIA does not include detail about gender reassignment. There is paucity of data on prevalence of visual impairment/ dual sensory impairment and gender reassignment therefore no comparison can be drawn to determine any disproportionate representation can be made. During the review attempts were made to determine whether there are any issues with accessing services in respect of gender reassignment. Current contract monitoring data for the service does not include detail about gender reassignment. However, it is accepted that there is the potential for some people accessing the services to have been through gender reassignment and therefore service delivery moving forward need to be sensitive to any specific needs of those experiencing gender reassignment and revisions to monitoring data will be necessary to capture this information at the point of service utilisation.
	Marriage and Civil	X		Current contract monitoring data for the services does not include detail about marriage and civil partnership. However, it is

<table>
<tr><td></td><td>Partnership</td><td></td><td></td><td>accepted that some service users accessing the services may be married or in a civil partnership however access to this specific service is based on physical condition. There is no known national data available for marriage/ civil partnership and visual impairment therefore no comparison can be drawn with regards to disproportionate representation to the current services and the general population.

New provision will not discriminate against civil partnership or marriage in terms of access or equity of provision and revisions to monitoring data will need to be considered to include this level of detail to determine any intentional or unintentional barriers or disincentives are present.</td></tr>
<tr><td></td><td>Pregnancy and Maternity</td><td>X</td><td></td><td>Current contract monitoring data for the services does not include detail about pregnancy and maternity. However, it is accepted that some service users accessing the services may be pregnant or have recently had a baby however this is likely to be minimal due to the prevalence of visual impairment being heavily associated with older people and the assumption that pregnancy and maternity for over 65s is minimal.

There is no research to suggest that prevalence for visual impairment is greater for this protected characteristic and monitoring data is not currently recorded in a way that includes pregnancy and maternity therefore no comparisons can be drawn with access and utilisation of service delivery. New provision will not discriminate against pregnancy and maternity in terms of access or equity of provision and revisions to monitoring data will need to be considered to include this level of detail to determine any intentional or unintentional barriers or disincentives are apparent.</td></tr>
<tr><td></td><td>Race</td><td>X</td><td></td><td>All services included in the EHRIA as part of the prevention review are open to all races and there is no information in the contractual specification that suggest any direct or indirect restriction of any racial group.

The following information has been obtained from the service contract monitoring for the register 2013/14 data showing actual numbers and percentage:
<table>
<tr><td>White</td><td>13195</td><td>94.5%</td></tr>
<tr><td>Mixed</td><td>16</td><td>0.1%</td></tr>
<tr><td>Asian or Asian British</td><td>647</td><td>4.6%</td></tr>
<tr><td>Black or Black British</td><td>89</td><td>0.6%</td></tr>
<tr><td>Chinese or other Ethnic</td><td>20</td><td>0.1%</td></tr>
<tr><td>Not Stated</td><td>1</td><td>0.0%</td></tr>
</table>
Monitoring data available show representation of utilisation across</td></tr>
</table>

<table>
<tr><td></td><td></td><td></td><td></td><td>ethnic groups however figures are low so limited conclusions can be drawn regarding any discrimination, however on the surface this appears not to be the case. There is no readily available data on variation of eye health by ethnic group and as stated above the main variable for visual impairment is age.

The proposal will need to include the same level of data collection that is currently collected to ensure representation across all ethnic groups to ensure no barriers are created in the changes to service delivery.</td></tr>
<tr><td></td><td>Religion or Belief</td><td>X</td><td></td><td>The contract information does not include any restrictions to service delivery

Current contract monitoring data includes detail about the religion or beliefs of service users. The following table show utilisation by religion and shows that the majority of users have not provided or been asked for this information.

<table>
<tr><td>Christian</td><td>2260</td><td>16.18%</td></tr>
<tr><td>Buddhist</td><td>0</td><td>0.00%</td></tr>
<tr><td>Hindu</td><td>64</td><td>0.46%</td></tr>
<tr><td>Jewish</td><td>0</td><td>0.00%</td></tr>
<tr><td>Muslim</td><td>34</td><td>0.24%</td></tr>
<tr><td>Sikh</td><td>32</td><td>0.23%</td></tr>
<tr><td>Refused/Not yet obtained</td><td>11578</td><td>82.89%</td></tr>
<tr><td>Any other religion</td><td>0</td><td>0.00%</td></tr>
</table>

Further work will need to be done to incentivise the collection of this data and address any barriers or challenges associated with accessing this data in the revised service delivery. It is recognised that ensuring better quality monitoring data is collected for all future service provision to allow better monitoring of services and to inform future service reviews

It would be useful to explore in more detail whether there are any cultural, religion or ethnicity associated barriers to sight loss registration to check whether targeting re-ablement to those who are diagnosed and willing to register their sight loss. Mitigation actions will need to be developed up at the point that this picture is better understood and this understanding could be developed at the market testing phase of the procurement.</td></tr>
<tr><td></td><td>Sex</td><td>X</td><td></td><td>None of the prevention services included in the review and this EHRIA are specifically targeted to sex, monitoring data is available for Vista indicates access is 39% male, 61% female which is comparable to utilisation of social care services by sex recorded in</td></tr>
</table>

				2012-13 RAP data (63% female, 37% male). Variation for sex and visual impairment is not specified and as mentioned above figures are calculated based on population projections and prevalence rates that vary for age but not sex. **However according to the World Health Organisation research consistently indicates that in every region of the world, and at all ages, females have a significantly higher risk of being visually impaired than males which supports current utilisation.** **It is accepted that a person's decision to access the services might be affected by their sex (such as social exclusion or stigma within certain religious or cultural communities towards visual impairment).**
	Sexual Orientation	**X**		**There are no exclusions or restrictions to service provision by sexual orientation and the service aims to meet the needs of all groups. However it is recognised that some people may be reluctant to access services due to misconceptions or previous experience of discriminatory service delivery. It is therefore important to check for indicators of discrimination and respond.** **Current contract monitoring data for the services requests information regarding those accessing the service and sexual orientation however the majority of individuals fall into the "refused/ not yet obtained" which suggests some issues in relation to the collection of that data. Further work is required to ensure collection and completion of this information is carried out is a sensitive but routine manner to ensure access can be monitored to ensure that any direct or indirect discrimination occurs.** **There is no known published data that shows an increased prevalence of visual impairment for the various sexual orientations.**
	Other groups e.g. rural isolation, deprivation , health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvanta	**X**		**The focus of the services included in this EHRIA are to promote independence of those people with sight loss/ dual sensory impairment with a focus on minimising the impact of sight loss which is likely to linked to social isolation. The focus will also be to work with individuals to minimise the impact regardless of equality strand thereby reducing the risk of health inequalities. Social isolation is a particular issues for deafblind people due to the challenges associated with communication.** **Research show that the combined loss of vision and hearing has a greater impact than that of either impairment alone, since the person affected cannot use one or other sense to compensate for the loss. (Duncan, L. (2000) *Dealing with sight and hearing loss in old age*. Nursing and residential care 2(5), pp226–229.)** **The proposed service that this EHRIA supports the identification and re-ablement of deafblind people and therefore aims to**

	ged communities			**address/ prevent social isolation. In addition to this proposal the department has a service that supports Deafblind people with communication listed on a Framework (Guide Communicator) that can be accessed via a Personal Budget.** **There is also some research that suggests increased mortality for older people with visual impairment (Thompson, Gibson, & Jagger, 1989; Ford, et al., 1988; Chamove & Young, 1989) cited in http://www.publichealth.va.gov/docs/vhi/visual_impairment.pdf** **As part of the service development process attempts will be made to determine whether there are any issues with accessing the new services associated with increased targeting. If such issues are identified then service modelling will aim to resolve these issues and ensure continued and (if required) equitable access to these services.** **It should be noted that whilst the review and service development process will consider this group there is no intention to remove access to services from this group, rather it seeks to continue to improve outcomes for customers. As part of the procurement process Market Development will be able to identify any gaps that need to be addressed within future services. In addition, the eligibility criteria shall be determined / detailed within the contract specification for the procured services.**
	Community Cohesion	**X**		**This is addressed through comments made above in relation to addressing social isolation for people with visual impairment and dual sensory impairment.**

10. Are the human rights of individuals potentially 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**		Services are expected to identify any risks to service users and professionals and to have Health & Safety and safeguarding policies and procedures in place.
Article 3: Right not to be tortured or treated in an inhuman or degrading way	**X**		This article is relevant to the existing preventative services because these services offer accommodation and/or

				support to a variety number of individuals with various needs. As part of service delivery there is an expectation that the provider will report any safeguarding concerns and have suitable policies and procedures in respect of safeguarding, whistle-blowing.
	Article 4: Right not to be subjected to slavery/ forced labour		**X**	**n/a**
	Article 5: Right to liberty and security		**X**	**n/a**
	Article 6: Right to a fair trial		**X**	**n/a**
	Article 7: No punishment without law		**X**	**n/a**
	Article 8: Right to respect for private and family life	**X**		The impact of visual impairment and dual sensory impairment on family members is acknowledged and the current service takes into account the needs of family members and carers where appropriate in relation to the re-ablement process.
	Article 9: Right to freedom of thought, conscience and religion		**X**	**n/a**
	Article 10: Right to freedom of expression		**X**	**n/a**
	Article 11: Right to freedom of assembly and association		**X**	**n/a**
	Article 12: Right to marry		**X**	**n/a**
	Article 14: Right not to be discriminated against	**X**		This article is relevant to the existing preventative services because these services offer support to individuals with various needs such as mental health, learning disabilities, physical disabilities, sensory impairment etc. The new services are expected to be delivered without discrimination of any kind to service users and staff.
	Part 2: The First Protocol			
	Article 1: Protection of property/peaceful enjoyment		**X**	Does not apply
	Article 2: Right to education		**X**	Does not apply
	Article 3: Right to free elections		**X**	Does not apply
Section 2 **D: Decision**				

11.	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**		
12.	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 ☒ X

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

13.	Is an EHRIA report required?	Yes ☒ X	No ☐

Section 2: Completion of EHRIA Screening

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

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

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

Section 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.

14.	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)

Throughout the strategic review process, contract monitoring data for existing services included in this EHRIA was examined in order to better understand existing service provision, however as stated above the extent to which can inform future options is limited. This was supplemented during the formal public consultation element of the review process with consultation providers as well as stakeholders (mainly internal) to understand impact and proposals. Service users were encouraged to take part in the consultation primarily through the completion of questionnaires or any other avenue thought to be appropriate at the guidance of the providers and the provider of the service being discussed in this EHRIA requested a large majority of the total requests for paper copies of the questionnaire.

The information gained through these process consisted concern that the specialist services that are currently provided will end in line with current contractual arrangements, as set out in the proposals and that people with sight loss will be impacted by loss of independence and increased social care needs.

The likely impact on people accessing will be more targeted intervention associated with reduced investment however current monitoring data shows significant under-utilisation of the service therefore this will mitigate some of the impact as revised costs have been based on actual service delivery rather than target service delivery.

Service modelling has been based on monitoring data for length of re-ablement period as an average for basic and more intensive support and number of people getting registered with provision for repeat re-ablement where circumstances or situation changes. Where an ongoing need occurs and individuals who are FACs eligible access

to the care pathway will need to made to ensure this support can be obtained through the correct method. New registrations are less than 100 per quarter and modelling allows for this, plus repeat interventions up to 1,100 per year based on 25 percent requiring basic re-ablement and 75 percent requiring more intensive re-ablement.

There will inevitably be some be impact for those people not wanting to register their sight loss however people will continue to be supported to make informed decisions about registration through the provision of information and advice.

15.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?

Effective monitoring data on all equality strands as highlighted above would enable a comparison between access to services affected by the review included in this EHRIA.

Data on individuals currently accessing services for all equality strands by eligibility and non-eligibility at the point that's assessments are conducted to determine whether there are any equality issues in terms of the assessment process.

We need to better understand the reason behind repeat re-ablement interventions to check assumptions regarding this and whether ongoing support is required and can be met through the social care pathway.

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.

16.	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?

People were heavily engaged in the consultation process and the consultation highlights the high representation of users of this service as respondents to the consultation.

Respondents from this cohort generally indicated support for the proposals overall and the prevention however had concerns about the ending of specialist services for people with visual impairment.

17.	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 – the consultation undertaken already is considered appropriate. As specified above (Section 3.15), some further engagement will occur with providers and users throughout the service development process.

Section 3 B: Recognised Impact		
18.	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.	
		Comments
	Age	There will be no disproportionate impact on age as there will be no change in criteria in relation to age-services will be accessible for those aged 18 years and older (no upper age limit) in line with current provision, the majority of service recipients are older people due to likelihood of visual impairment increasing with age.
	Disability	There will be a superficial impact relating to disability as only disabled people will be able to access the service. However, this reflects the nature of the service provision. A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists. Services are meeting the needs and will continue to meet the needs of individuals with a disability.
	Gender Reassignment	There will be no impact relating to gender reassignment. A major barrier may be a reduced level of investment leading to a reduced capacity available within the County. This could reduce accessibility and mean increased waiting lists.
	Marriage and Civil Partnership	There will be no impact relating to Marriage and Civil Partnership. A major barrier may be a reduced level of investment leading to a reduced capacity available within the County. This could reduce accessibility and mean increased waiting lists.
	Pregnancy and Maternity	There will be no impact relating to Pregnancy and Maternity. A major barrier may be a reduced level of investment leading to a reduced capacity available within the County. This could reduce accessibility and mean increased waiting lists.
	Race	There will be no impact relating to race. A major barrier may be a reduced level of investment leading to a reduced capacity

		available within the County. This could reduce accessibility and mean increased waiting lists.
	Religion or Belief	There will be no impact relating to religion or belief. A major barrier may be a reduced level of investment leading to a reduced capacity available within the County. This could reduce accessibility and mean increased waiting lists.
	Sex	There will be a superficial impact relating to sex a prevalence of visual impairment is greater for women than for men and this is supported by WHO. A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.
	Sexual Orientation	There will be no impact relating to sexual orientation. A major barrier may be a reduced level of investment leading to reduced capacity within the County. This could reduce accessibility and mean increased waiting lists.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	There will be no impact relating to other groups. A major barrier may be a reduced level of investment leading to reduced capacity within the County. This could reduce accessibility and mean increased waiting lists. Identification of need for the target group for this service provision is post sight loss diagnosis which is conducted by health therefore good links with the professionals who make the diagnosis will need to continue into the new service provision to ensure no other groups are impacted negative at this point in the pathway. Any increased need for carers that is caused by gaps in provision as a result of proposals will need to be dealt with through a carers assessment/ carers services/ provision of information and advice.
	Community Cohesion	There will be no disproportionate impact relating to community cohesion for these proposals.

19.	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?

	Comments
Part 1: The Convention- Rights and Freedoms	
Article 2: Right to life	Risks to service users and suitable policies relating to Health and Safety and safeguarding adults will be a requirement delivered under any framework arrangements and for those people not accessing support via a framework outcomes will be established and checked as part of the assessment, care-planning and review process
Article 3: Right not to be tortured or treated in an inhuman or degrading way	All support will be subject to standard Adult Safeguarding requirements
Article 4: Right not to be subjected to slavery/ forced labour	N/A
Article 5: Right to liberty and security	Part of an individual's support plan may be to ensure their home is secure however this will be based on individual assessed needs.
Article 6: Right to a fair trial	N/A
Article 7: No punishment without law	N/A
Article 8: Right to respect for private and family life	Customers will have a choice around contact with family and friends and the benefits of that contact will be acknowledged within the assessment, care-planning and review processes.
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 referral criteria will be applied consistently to ensure that no discrimination occurs with regards to assessment.
Part 2: The First Protocol	
Article 1: Protection of property/ peaceful enjoyment	N/A
Article 2: Right to education	N/A

	Article 3: Right to free elections	N/A

Section 3
C: Mitigating and Assessing the Impact

Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

20.	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.

Any negative impact will be associated with reduced level of investment and attempts will be made to mitigate this by the following:

- Service modelling based on current utilisation rather than targets
- Service provision to be more targeted towards addressing risks associated with needing social care input

N.B.

i) If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is justifiable or legitimate, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

21.	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 particular group, please explain why

The impact of reduced funding for service will be mitigated through the following:

- Targeting interventions focussing on those who would benefit from re-ablement provision and ongoing eligible needs to be met by provision via the care pathway.
- The current service is under-utilised based on targets and has a duplicated approach to funding and therefore reductions in investments can be accommodated.
- Opportunities to maximise value for money through innovation will be enhanced through a period of working with the ‘market’ to test what can be procured with the budget available.

Section 3 **D: Making a decision**	
22.	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.
It is considered that, despite the negative impact across all groups of potential customers, the Council will still meet its responsibilities in relation to equality, diversity, community cohesion and human rights. The level of savings to be made against all prevention services, including support for older people, means that there is likely to be reduction in service provision across the County.	

Section 3 **E: Monitoring, evaluation & review of your policy**	
23.	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?
23.	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* All new services will be subject to the Department's standard contract monitoring procedures (undertaken by the Department's non-regulated compliance team. In addition, after the first six months of service delivery, a review of the service will be undertaken in order to establish effectiveness and requirements for improvements. As part of that review, monitoring data will be considered and any equalities issues addressed with new providers. If required, an up-date will be provided to the Departmental Equality Group (DEG) after this review

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
Data is available for all equality strands	Development of effective, meaningful and routine collection data, ensure any gaps in monitoring data are deemed to be unacceptable with the contract monitoring procedure.	Discrimination and representation can be reliably identified and responded to.	Compliance Officer	
Ensure that customers of existing service provision are aware of the changes to service provision and that were required, transitional arrangements are in place.	The Council has a duty of care to existing customers. Work with providers will be undertaken to establish which customers will have on-going need and to discuss the decommissioning process for existing service provision and transition to new service provision.	That existing customers feel supported and know what alternative support they can access if required	Compliance Officers (working with current providers)	By October 2015 – when new services are in place
Process of decommissioning of existing contractual arrangements ensure rights of existing users are protected.	The Council has a continuing responsibility to existing customers and contractual obligations with existing providers.	That existing customers feel supported and know what alternative support they can access if required and that existing providers are supported to end existing services (including stopping taking new referrals etc)	Compliance Officers (working with current providers)	By end of September 2015

Ensure that new service provision is equality compliant (see Section 2 above)	The service specification for the service will clearly state equality requirements (including reference to required policies and procedures around health and safety, safeguarding etc (see above, Section 2). This will be tested through the procurement process and monitored during the life of the contract.	The commissioned service will be compliant with the Council's equality priorities.	Strategic Planning and Commissioning , Market Development (Procurement) and Compliance Officers	By March 2015 – completion of specification for new service ahead of formal procurement process commencing. Throughout the life of the contract (contract monitoring).
Ensure users of current service are not disadvantaged	Work with current provider (Vista) and other stakeholders to identify services to meet the needs of current users	Current users accessing appropriate services and needs met.	Current Service New service Compliance Officer 'Transitions Team'	Ongoing throughout transition process
Ensure this contract fits with other provision to form a coherent network of appropriate services	Review overall delivery model and pattern of services to ensure equality objectives met.	Services and model reviewed and fit for purpose.	Compliance Officer	3-6 months after service is implemented

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.

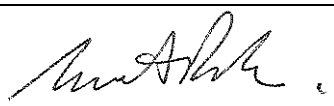
Equality and Human Rights Assessment Screening ☐

Equality and Human Rights Assessment Report ☐

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

Date: ……

2nd Authorised Signature (DEG Chair): …



Heather Pick

Date: 3 September 2014

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