

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:	ASC Strategy 2016 – 2020: Commissioning intentions
Department and section:	Adults & Communities
Name of lead officer/ job title and others completing this assessment:	Alison Maullin Strategic Planning Officer
Contact telephone numbers:	0116 3055604
Name of officer/s responsible for implementing this policy:	Jon Wilson Director, Adults & Communities
Date EHRIA assessment started:	01/05/2015
Date EHRIA assessment completed:	29/12/2015

Section 1: Defining the policy

Section 1: Defining the policy

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

1	<p>What is new or changed in this policy? <i>What has changed and why?</i></p> <p>The Adult Social Care Strategy 2015 - 2019 has been prepared to outline the vision and strategic direction of social care support for the next 4 years. The life of the strategy has been determined by matching to the life of the current Medium Term Financial Strategy (MTFS), in order for us to our meet financial targets and implement our new approach to adult social care.</p> <p>The need for a new strategy has arisen from new and updated legislation (e.g. the Care Act), increasing demographic pressures, ongoing budget cuts and plans for the integration of health and social care services. All of these factors will have a significant impact on our approach, and on how people are supported in the future.</p> <p>In order to meet our statutory and financial obligations we have developed a model which is a 'stepped' approach, designed to ensure that people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence. The 'stepped' approach outlines how the Department can support people with different levels of need in order to:</p> <ul style="list-style-type: none">• prevent a need for social care (by making universal services eg advice and information, public health wellbeing initiatives available),• reduce the need for social care (through targeted interventions, eg social groups),• delay the need for social care (through reablement and rehabilitation services) and for those most in need,• meeting needs with the minimum amount of support by identifying and using a broad set of social resources as well as formal service provision, and through progressive planning. <p>The Care Act places new duties on the local authority in relation to assessment and support for carers, safeguarding, social care for people in prisons, and deferred payments for people entering residential care. Also, it is based upon an ethos of supporting people to be as independent as possible and promoting individual wellbeing and positive outcomes arising from interventions. The Strategy is based upon these values and principles, and outlines how we will focus on preventive services in order to avoid the development or deterioration of long-term conditions, expensive treatment and care options in the future, decreasing demand and freeing up resources for those who most need them.</p>
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2	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>The Strategy will relate to a number of other policies and strategies, and is linked to the following strategies/workstreams:</p> <ul style="list-style-type: none"> - Carers Strategy - Adult Social Care Commissioning Strategy - Medium Term Financial Strategy - Adult Social Care Workforce Strategy - Finance - Assessment, support planning and review - Resource allocation - Learning and Development - Compliance - Performance Management - Integration with health - Market shaping - Information and Advice
	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The potential impact is upon everyone living in Leicestershire with a need or potential need for social care support, with an aim of ensuring people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence. This includes carers, people who do not meet social care eligibility criteria, and those who are self-funders.</p> <p>The intentions of the changes are to ensure that the new model of support can:</p> <ul style="list-style-type: none"> • Identify and effectively prioritise people who may require an intervention/ support; • Prevent escalation (increasing need) or a crisis, and maximise independence; • Provide services in the right place: at home, in the community, or in a specialist setting according to need, preference, and cost effectiveness; • Deliver the right support to prevent, reduce or delay need, without creating dependence, delivered by the right people with the right skills. <p>The focus is therefore on supporting people to achieve their outcomes, and to delivering only as much formal support as will enable them to do so, whilst maximising informal support from families and communities.</p>

4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)		
		Yes	No
			How?
	Eliminate unlawful discrimination, harassment and victimisation	x	The strategy and delivery model focus on individual outcomes for each person and encompass the full range of need.
	Advance equality of opportunity between different groups	x	This is an holistic model which encompasses people who do not meet eligibility criteria. It is personalised and designed to meet individual needs, available to all regardless of any protected characteristics.
	Foster good relations between different groups	x	The model is based on inclusion, focussing on maximising family and community assets and supporting people to be part of a wider community network.

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

Section 2: Equality and Human Rights Impact Assessment Screening

The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

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

Section 2

A: Research and Consultation

5.	Have the target groups been consulted about the following? 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	Yes	No*
			x
			x
			x
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	x	

7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	x	
8.	<p>*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.</p> <p>There has already been extensive consultation in relation to preventative services, mental health services, and carers' services. Additionally workshops have taken place with service user, carer and provider representatives (July 2014, February 2015) to determine future priorities which are reflected in the new service model. Further workshops are planned, to be held on a quarterly basis to monitor progress.</p> <p>Central government consultation on the Care Act 2014 confirmed the focus on wellbeing and preventing, reducing and delaying needs together with the importance of personal outcomes. The Adult Social Care Strategy has been developed according to these principles.</p> <p>A full public consultation exercise will be undertaken to seek views from all stakeholders and determine the future model for social care and the commissioning priorities.</p>		

Section 2

B: Monitoring Impact

9.	Are there systems set up to:	Yes	No
	a) monitor impact (positive and negative, intended and unintended) for different groups;	x	
	b) enable open feedback and suggestions from different communities	x	

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

Section 2

C: Potential Impact

10.	Use the table below to specify if any individuals or community groups who identify with any of the ' protected characteristics ' may <u>potentially</u> be affected by this policy and describe any positive and negative impacts, including any barriers.			
		Yes	No	Comments
	Age	x		Older people make up the largest group of users of social care, and numbers are increasing.

				<p>The Strategy aims to ensure that people who might not approach social care or are not eligible can still access support. Age-related conditions must be factored in when planning services (eg failing eyesight and higher incidence of dementia in older people, onset of psychosis in 16 -25 year old men, or depression in 40+ year old women, etc).</p> <p>Data available through JSNA and internal records must be fully utilised when planning services.</p>
	Disability	x		<p>All disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and mental health conditions, when services are planned and commissioned.</p> <p>Attention should be paid to physical access, and format of information and advice.</p>
	Gender Reassignment		x	
	Marriage and Civil Partnership		x	
	Pregnancy and Maternity		x	
	Race	x		<p>The focus on achieving individual outcomes will support equality of service delivery. Ongoing monitoring is required to ensure that services are accessible and inclusive.</p>
	Religion or Belief	x		As above
	Sex	x		As above
	Sexual Orientation	x		As above
	Other groups e.g. rural isolation,	x		Attention should be paid to physical access including the

	deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities			location of service provision, and the format of information and advice. Integration with health services will contribute to addressing health inequalities.
	Community Cohesion	x		The focus on maximising use of community resources should promote greater inclusion and community cohesion.
11.	<p>Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)</p> <p>Explain why you consider that any particular 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]</p>			
		Yes	No	Comments
	Part 1: The Convention- Rights and Freedoms			
	Article 2: Right to life	x		Safeguarding is likely to engage this article
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	x		The Strategy is underpinned by ASC duty to promote wellbeing and personal dignity
	Article 4: Right not to be subjected to slavery/ forced labour		x	
	Article 5: Right to liberty and security	x		Safeguarding will protect these rights
	Article 6: Right to a fair trial		x	
	Article 7: No punishment without law		x	
	Article 8: Right to respect for private and family life	x		ASC Strategy is focused on how to support people to remain independent in the setting of their choice
	Article 9: Right to freedom of thought, conscience and religion		x	
	Article 10: Right to freedom of expression		x	
	Article 11: Right to freedom		x	

	of assembly and association			
	Article 12: Right to marry		x	
	Article 14: Right not to be discriminated against	x		The Strategy's values and principles are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefitting from them.
Part 2: The First Protocol				
	Article 1: Protection of property/ peaceful enjoyment	x		Supporting people to remain independent in the setting of their choice supports this article, together with safeguarding policy
	Article 2: Right to education		x	
	Article 3: Right to free elections		x	
Section 2				
D: Decision				
12.	Is there evidence or any other reason to suggest that:	Yes	No	Unknown
	a) this policy could have a different affect or adverse impact on any section of the community;		x	
	b) any section of the community may face barriers in benefiting from the proposal		x	
13.	Based on the answers to the questions above, what is the likely impact of this policy			
	No Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>	Neutral Impact <input checked="" type="checkbox"/>	Negative Impact or Impact Unknown <input type="checkbox"/>
Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.				
14.	Is an EHRIA report required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

Section 2: Completion of EHRIA Screening

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

policy.

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

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

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

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

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

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.

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| 15. | <p>Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you now explored the following and <u>what</u> does this information/data tell you about each of the diverse groups?</p> <ul style="list-style-type: none">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) |
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A full public consultation exercise took place between 21st September and 20th October 2015, to seek views from all stakeholders (both current and potential future ones) on the

proposals for the future of adult social care in Leicestershire. From the outcomes of this, commissioning intentions have been developed to deliver the aims and objectives of the Adult Social Care Strategy 2016 - 2020.

In addition to a questionnaire, engagement was achieved through visits to groups and forums, and through facilitated workshops with stakeholders. These activities engaged over 720 people in total. The questionnaire was completed and returned by 321 people. These activities resulted in a broad range of representation and views as outlined in the table below:

Who did we engage with?	In a group		Completed questionnaire	
Service Users	152	20.8%	61	19.0%
Carers	70	9.6%	60	18.7%
Social care providers	225	30.7%	32	10.0%
Leicestershire County Council staff	123	16.8%	59	18.4%
Public	94	12.8%	71	22.1%
Other stakeholders	68	9.3%	31	9.7%
<i>(Not identified)</i>			7	2.2%
TOTALS	732		321	

Of the people who returned a completed questionnaire, 61% were female and 39% male, and 46% of all respondents stated they cared for another adult. 51% describe themselves as having a long standing illness disability or infirmity. All ethnic groups were represented:

- White/White British 82%
- Mixed 2%
- Asian/Asian British 13%
- Black/Black British 2%
- Other 1%

When asked about the proposed new model for adult social care and the extent to which people agree or disagree, 74 percent of all respondents agreed with the model. There was also agreement overall with the ideas presenting for delivering the model, and analysis of the respondent demographics did not highlight any difference in views between people with different protected characteristics. The key themes which emerged from consultation were:

- Concern about over reliance on communities, and how communities can be supported and sustained
- Achieving the balance between price and quality
- Importance of effective communication
- Key role of Information and advice
- Improvements required in relation to internal processes, including the timeliness of reviews and payment mechanisms for both cash direct payments and payments to providers of commissioned services

Implementation of the Adult Social Care commissioning Strategy 2016-2020 will be undertaken in a timely manner with a timetable linked to the expiry of current contracts and development of new specific service models. A separate EHRIA will be undertaken for each service area, related only to that work, to determine if any specific issues are

identified, with attention to the key themes identified in consultation.

16. 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?

No further research or data collection is required in relation to these overarching strategies.

Further work will be required and undertaken in relation to each specific commissioning activity as it arises.

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, how have you further consulted with those affected on the likely impact and what does this consultation tell you about each of the diverse groups?

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?

Further engagement has taken place with providers of Supported Living services and Community Life Choices services, which are the first service areas of commissioning activity, due to contract timescales.

There are 338 people using Supported Living services commissioned directly by the Department. This group consists mainly of people with a learning disability but there is also a smaller number of people with mental health difficulties who use the service.

Currently, there are circa 850 service users accessing Community Life Choices activities. The table below details current service user profile;

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

It is clear that detailed impact assessment work will be required as each service

	area is reviewed and alternative models are considered.
	Targeted consultation with all key stakeholders will be used to inform the development of the detailed proposals for each commissioning activity.

Section 3													
B: Recognised Impact													
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.												
	<table> <tr> <th></th><th>Comments</th></tr> <tr> <td>Age</td><td>The intention of the strategy is to ensure that in future, an appropriate level of service shall be open to all adults over 18 in need of support. Specific reviews and service modelling will take into account and identify any issues relating to age and accessing the proposed services, and determine whether specific age-related provision is required.</td></tr> <tr> <td>Disability</td><td>The intention of the strategy is to ensure that in future, an appropriate level of service shall be open to anyone with a disability. Specific reviews and service modelling will take into account and identify any issues with people with disabilities accessing the proposed services.</td></tr> <tr> <td>Gender Reassignment</td><td>Monitoring data for existing services does not provide any specific evidence related to gender reassignment. It should be noted that review and service development processes will consider this group, however there is no intention to remove access to services from this group, rather it seeks to improve services and outcomes for all citizens including those who are not eligible for social care support.</td></tr> <tr> <td>Marriage and Civil Partnership</td><td>Monitoring data for existing services does not provide any specific evidence related to marriage and civil partnership. It should be noted that review and service development processes will consider this group, however there is no intention to remove access to services from this group, rather it seeks to improve services and outcomes for all citizens including those who are not eligible for social care support.</td></tr> <tr> <td>Pregnancy and Maternity</td><td>Monitoring data for existing services does not provide any specific evidence related to pregnancy and maternity. It should be noted that review and service development processes will consider this group, however there is no intention</td></tr> </table>		Comments	Age	The intention of the strategy is to ensure that in future, an appropriate level of service shall be open to all adults over 18 in need of support. Specific reviews and service modelling will take into account and identify any issues relating to age and accessing the proposed services, and determine whether specific age-related provision is required.	Disability	The intention of the strategy is to ensure that in future, an appropriate level of service shall be open to anyone with a disability. Specific reviews and service modelling will take into account and identify any issues with people with disabilities accessing the proposed services.	Gender Reassignment	Monitoring data for existing services does not provide any specific evidence related to gender reassignment. It should be noted that review and service development processes will consider this group, however there is no intention to remove access to services from this group, rather it seeks to improve services and outcomes for all citizens including those who are not eligible for social care support.	Marriage and Civil Partnership	Monitoring data for existing services does not provide any specific evidence related to marriage and civil partnership. It should be noted that review and service development processes will consider this group, however there is no intention to remove access to services from this group, rather it seeks to improve services and outcomes for all citizens including those who are not eligible for social care support.	Pregnancy and Maternity	Monitoring data for existing services does not provide any specific evidence related to pregnancy and maternity. It should be noted that review and service development processes will consider this group, however there is no intention
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		to remove access to services from this group, rather it seeks to improve services and outcomes for all citizens including those who are not eligible for social care support.
	Race	During specific service development attempts will be made through targeted engagement (eg discussions with BME community groups) to determine whether there are any issues with accessing preventative services in respect of race, i.e. some groups may be or feel less able to access services that others because of their race). If such issues are identified then service modelling will aim to resolve this issues and ensure continued and (if required) more equitable access to these services
	Religion or Belief	Any issues around access to services because of religion or belief will be examined in detail at the time of specific service review and/or remodelling. This will be achieved through targeted engagement with faith groups or leaders. If such issues are identified then service modelling will aim to resolve thesr issues and ensure continued and (if required) more equitable access to these services.
	Sex	In relation to any gender-specific services, additional work will be undertaken to determine if there are any issues with accessing these, or if gender-specificity results in any gaps in provision.
	Sexual Orientation	As part of the service development process attempts will be made to determine (through engagement with representatives groups, eg the Council's LGBT Workers' Group) whether there are any issues with accessing any specific service in respect of an individual's sexual orientation. If such issues are identified then service modelling will aim to resolve these issues and ensure continued and (if required) more equitable access to these services.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	As any specific service is developed, attempts will be made to determine whether there are any issues with accessing the new services. If such issues are identified then service modelling will aim to resolve these issues and ensure continued and (if required) more equitable access to these services
	Community Cohesion	It is considered that the proposed model provides opportunities to work more closely with communities and this will be explored further as specifications for any new services are developed.

20.	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	Services are expected to identify any risks to service users and professionals and to have Health & Safety, safeguarding and whistle blowing policies and procedures in place.
	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	All commissioned services will be expected to meet the required standards, and will be subject to compliance checks to ensure that standards and good practice are maintained.
	Article 6: Right to a fair trial	
	Article 7: No punishment without law	n/a
	Article 8: Right to respect for private and family life	Services are expected to respect privacy, maintain dignity, and ensure service users and their families have choices and are supported to make decisions about their own lives.
	Article 9: Right to freedom of thought, conscience and religion	n/a
	Article 10: Right to freedom of expression	n/a
	Article 11: Right to freedom of assembly and association	n/a
	Article 12: Right to marry	n/a
	Article 14: Right not to be discriminated against	The new model of services is expected to be delivered without direct or indirect discrimination of any kind to service users and staff
	Part 2: The First Protocol	
	Article 1: Protection of property/ peaceful enjoyment	
	Article 2: Right to education	

	Article 3: Right to free elections	
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.		
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.	
N.B. i) If you have identified adverse impact or discrimination that is <u>illegal</u> , you are required to take action to remedy this immediately. ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate</u> , you will need to consider what actions can be taken to mitigate its effect on those groups of people.		
22.	Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination. <ul style="list-style-type: none"> a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why 	

Section 3

D: Making a decision

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| 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. |
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The new strategic approach aims to support people to become as independent as possible and should therefore have positive impact upon individual wellbeing. It requires that vulnerable people are safeguarded, and that community support and engagement are maximised. This strategy meets Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

Section 3

E: Monitoring, evaluation & review of your policy

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| 24. | Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact? |
|------------|---|

The attached action plan will be used to support checks on progress of implementation of the strategy, which will be overseen by the Adult Social Care Strategy Steering Group reporting to Departmental Management Team and the Transformation Board. Specifically, the Equalities Improvement Plan will be reviewed by the Departmental Equalities Group to monitor the impact of the strategy.

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| 25. | How will the recommendations of this assessment be built into wider planning and review processes?
<i>e.g. policy reviews, annual plans and use of performance management systems</i> |
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The findings of EHRIAs are incorporated into appropriate plans and policies.

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
Embed equality issues into strategy delivery performance framework.	Performance Improvement Officer has been appointed and will take up post in January. This officer will be developing an overarching performance framework for delivery of the strategy	Performance framework in place and includes equality issues	Performance Improvement Lead Officer	
Equalities monitoring is ongoing and embedded	Use the outcomes of EHRIAs to inform Service Planning, monitoring whether the EHRIAs and associated action plans lead to improved outcomes for customers.	All service plans reflect EHRIA outcomes.	Contract Compliance Manager	
Impact upon specific groups due to any changes is examined in detail	Detailed impact assessment work as each service area is reviewed and alternative models are considered.	All reviews include full EHRIA	Strategic Planning & Commissioning Manager	

There is equity of access to new service provision without discrimination to any protected groups, as identified in Section 2 (above), particularly in relation to disability, race, religion and belief.	Service specifications for any new or remodelled service will clearly state equality requirements (including expected non-discriminatory access to the service. This will be tested through the procurement process and monitored during the life of the contract.	All contracts include EHRIA requirements and monitoring arrangements.		
Communities are able to meet the expectations implicit in the shift towards community support and local provision in meeting care needs.	Evaluation of Local Area Co-ordinator pilot (started 2015)	Local provision is sufficient to meet need	(Public Health)	
Maintain the required standards of commissioned care services in the face of reducing budgets.	<p>Ensure that a sensible balance between price and quality is struck during procurement procedures.</p> <p>Improve efficiency of CCF payment procedures to ensure prompt payment.</p> <p>Market Development has taken responsibility for development of adequate and sustainable of local provision.</p>	All new procurement addresses this balance.	<p>Market Development Manager</p> <p>CCF Manager</p> <p>Market Development Manager</p>	

Improve internal procedures to protect the long term health and wellbeing Interests of service users, particularly in relation to their Article 3 rights.	<p>Ensure timeliness of care plan reviews.</p> <p>Ensure that financial assessments are accurate and that cash direct payments are efficient and prompt.</p>		<p>Head of Service (Reviews)</p> <p>CCF Manager</p>	
Ensure accessibility of Information and Advices services, and all forms of communication between LCC, it's partners and the public.	All known barriers to accessing these activities, as outlined in section 3B, are taken into account and adequately resourced.	<p>Information & Advice Strategy developed.</p> <p>Information Standards adopted.</p>	Strategic Planning & Commissioning Manager	

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.

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): ...  (Ian Redfern)

Date: 13TH January 2016.....