

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.*

Better Care Fund (overview)	
Key Details	
Name of policy being assessed:	Better Care Fund (overview)
Department and section:	Chief Executives – Health and Care Integration
Name of lead officer/ job title and others completing this assessment:	Jude Emberson – Health & Care Integration Manager Chris Housden – Strategic Lead - Equalities
Contact telephone numbers:	JE 0116 3050326 CH 0116 3056947
Name of officer/s responsible for implementing this policy:	Cheryl Davenport
Date EHRIA assessment started:	07/10/2015
Date EHRIA assessment completed:	05/01/2016

Section 1: Defining the policy

Section 1: Defining the policy

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

1	<p>What is new or changed in this policy? <i>What has changed and why?</i></p> <p><i>The aims of the Better Care Fund are explained in this extract from Department of Health (DoH) Better Care Fund Policy Framework, December 2014:</i></p> <p>The Better Care Fund was announced in June 2013 to drive the transformation of local services to ensure that people receive better and more integrated care and support. The fund will consist of at least £3.8 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups.</p> <p>The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the NHS Mandate to include specific requirements relating to the establishment and use of an integration fund.</p> <p>Under the NHS Mandate for 2015/16, NHS England is required to ring-fence £3.46 billion within its overall allocation to Clinical Commissioning Groups to establish the Better Care Fund. The remainder of the £3.8 billion fund will be made up of the £134 million Social Care Capital Grant and the £220 million Disabled Facilities Grant, both of which are paid directly from the Government to local authorities.</p> <p>Local Better Care Fund plans will be developed in line with the agreed guidance, templates and support materials issued by NHS England and the Local Government Association.</p> <p>The first stage of the overall assurance of plans will be local sign-off by the relevant Health and Wellbeing Board, local authority and Clinical Commissioning Group(s). Plans will then be subject to a robust national assessment process, carried out in accordance with a methodology agreed between NHS England, the Department of Health, the Department for Communities and Local Government and the Local Government Association. For 2015/16 the detailed methodology is set out in the published <i>Better Care Fund National Consistent Assurance Review Methodology</i>. The national assurance process will involve three main steps:</p>
---	--

- A detailed review of plan quality, led by a team of technical experts and building in interviews with each area and a 'triangulation' discussion across NHS area teams and local government regional peers.
- An assessment of the risk to delivery of the plan due to local context and challenges, using information from NHS England, the Trust Development Agency, Monitor and local government.
- Bringing together judgements on 'plan quality' and 'risks to delivery' to place plans into four categories – 'Approved', 'Approved with support', 'Approved subject to conditions', 'Not approved'.

Leicestershire County Council, West Leicestershire CCG and East Leicestershire and Rutland CCG have had an integration programme in place using pooled resources since 2011/12.

However BCF plans had to demonstrate how a specific series of national conditions and performance metrics would be achieved as part of this vision, (for example data integration using the NHS number as the identifier, the protection of adult social care, delivering a measurable reduction of 3.5% in emergency admissions, reducing the number delayed bed days in hospital).

In early 2014, the transition to the new integration programme and BCF involved a number of workshops and meetings between commissioning partners and local providers, to establish priorities for the larger BCF pooled budget and to consider the contribution each element would make to the national conditions and performance metrics. This work was led by the new Integration Executive which replaced the original Integrated Commissioning Board. The Integration Executive was established in March 2014.

The BCF pooled budget for 2015/16 totals £38m, £13m of which comprised legacy health transfer monies priorities.

The delivery of the BCF is being measured quarterly, with effect from January 2015, against a standardised template from NHS England, including a pay for performance element linked to reducing emergency admissions.

While the Integration Executive is a forum for both commissioners and providers, the BCF pooled budget is governed by the three contributing commissioning organisations - namely West Leicestershire CCG, East Leicestershire and Rutland CCG and Leicestershire County Council, through a Section 75 agreement.

Refreshing the BCF Plan for 2016/17

Confirmation was received in writing from government during October 2015 that the BCF will continue in 2016/17. This intent was reinforced in the comprehensive spending review announcements on 25th November 2015

The policy position beyond 2016/17 is emerging but the commitment to delivering improved integration is highly likely to continue. The Delivering the Forward View: NHS Planning guidance 2016/17 - 2020/21 document states that the overall 2020 goals for health and social care integration are:

- To achieve better integration of health and social care in every area of the country, with significant improvements in performance against integration metrics within the new CCG assessment framework. Areas will graduate from the BCF programme management once they can demonstrate they have moved beyond its requirements, meeting the government's key criteria for devolution.

The Leicestershire BCF Plan

The aims of the BCF plan are to:

- Deliver measurable, evidence based improvements to the way Leicestershire's citizens and communities experience integrated care and support.
- Increase the capacity and capability of integrated community services, so that professionals and the public have confidence that more care and support can be delivered in the community in the future.
- Transfer an agreed proportion of activity from acute to community settings on an annual basis.
- Create and manage an efficient pooled budget to sustain integration within the local health and care economy on an ongoing basis.

The BCF Plan has four themes, which are made up of around 40 different projects/services. The main themes are:

- Unified prevention offer in Leicestershire's communities
 - Bringing together prevention services in Leicestershire's communities into one consistent offer, including housing expertise and support to carers.
 - Provide local coordination for the prevention offer so that vulnerable people have better access to information, help and advice.
- Integrated proactive care for people with long term conditions
 - Consolidate integrated health and care teams in each locality.
 - Offer proactive case management for those with complex conditions and/or the over 75s.
 - Improve records and data sharing to improve risk stratification, care planning and care coordination.
- Integrated urgent response
 - Introduce integrated rapid response community services, to avoid unnecessary hospital admissions for those who need urgent assistance.
 - New rapid assessment service in the community for frail older people and for people that fall.
 - Develop primary care seven days services which integrate effectively with community based health and care services.
- Improving hospital discharge and reablement.
 - Make significant improvements in the timeliness and

	<p>effectiveness of discharge pathways from hospital, especially for frail older people, reducing the length of hospital stays.</p> <ul style="list-style-type: none"> ○ A follow-up service for those in receipt of care packages on discharge from hospital. <p>The local vision for integration in Leicestershire is based on four core strategic drivers:</p> <ul style="list-style-type: none"> • Better Care Together 5 year strategy (across Leicester, Leicestershire and Rutland) • Leicestershire's Joint Health and Wellbeing Strategy • The King's Fund: Integrated, Person Centred Care • National Voices: Principles for Integrated Care
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>This work is being delivered through:</p> <ul style="list-style-type: none"> • The Better Care Together programme – a five year plan for joined up health and care across Leicester, Leicestershire and Rutland. It brings together NHS, local authorities and partners representing the voice of service users to make sure that the needs of people are met throughout their lives • A key part of Better Care Together is Leicestershire's own Health and Wellbeing Board and its sub-group the 'Integration Executive'. This oversees plans to join up in Leicestershire using a £38m pooled budget called the 'Better Care Fund' • The Disabled Facilities Grant funding (available to district and Borough Councils) is included in the BCF. • In addition to the partnership connections, the programme connects broadly with a range of services provided within Adult Social Care. These include frail older and vulnerable people, carers, Mental Health, Learning & Physical Disability services.
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p><i>Achievements to date</i></p> <ul style="list-style-type: none"> • Introduction of the Unified Prevention Board which has a mandate to align and integrate prevention activity across Leicestershire. • The introduction of Local Area Coordination in eight pilot areas.

	<ul style="list-style-type: none"> • The introduction of Lightbulb pilot initiatives to test possible solutions to bring together a range of practical housing support into a single point of access or referral. • The expansion of the First Contact scheme (now First Contact Plus) to provide advice and support across a broad range of issues that often affect the same people. • Provided more assistive technology (both new technologies and increasing the number of people that receive AT) to support people to stay out of hospital. • Initiated the training for falls postural stability instruction (PSI) who deliver the community FaME (Falls Management Exercise) structured programme of support. • Introduction of the carers Health and Wellbeing Service. • Introduced the Older Persons Unit at Loughborough Community Hospital – offering rapid response assessments which includes a range of diagnostics, medical management planning and on-going clinical review to facilitate optimisation of patients' underlying medical conditions so they can remain safely within their chosen place of residence. Between January – November 2015 the unit received 481 referrals, of which 346 were deemed to have avoided a hospital admission. • Invested in single point of access telephone number that connects paramedics direct to integrated health and social care teams in localities. • Trained over 100 paramedics on the FRAT (Fall Risk Assessment Tool) to provide appropriate support within the home to avoid unnecessary hospital admissions. This resulted in 538 avoided admissions between January – November 2015. • Provide a crisis response service, both social care and night nursing, which has ensured that service users can remain at home and avoid a hospital admission. • Discharge support from adult social care operating 7 days a week, up from 5 days a week. • A number of actions/interventions have been implemented across LLR to change working practices and reduce the number of delays in transferring patients from acute and community hospitals back into the community. These include: <ul style="list-style-type: none"> ○ A “home first” philosophy is being applied to all hospital discharges. ○ Clear, consistent definition of “medically fit for discharge” and “ready for discharge” between agencies. ○ Agreed minimum data set being implemented by March 2016 to achieve smooth and safe discharges between acute and community settings. ○ Review of domiciliary (home care) packages two weeks post discharge to ensure service users are receiving the right level of support to promote independence. This has released a lot more capacity into the home care market as the review team found that after two weeks approx. 50% of patients could move to a reduced level of support, or no further support as a result of their reablement in their usual place of residence.
--	--

	<ul style="list-style-type: none"> ○ Non Weight bearing Pathway – the pathway of care for patients who have no other medical needs, but who cannot stand/bear weight on their limbs during recovery has been changed. Health and social care assessors work together in UHL to support patients to be discharged when medically fit so they can recover with support in their usual place of residence. These patients were previously inpatients for many weeks. ○ UHL have direct access to Adult Social Care Reablement (step down discharge service) and Crisis Response Service (step up admission avoidance) seven days per week. ○ Hospital to Home – a voluntary sector provided service to support vulnerable people in transition from hospital to home. This provides practical and emotional support to these people to avoid readmission to hospital (this contract has been extended to March 17). ○ Dedicated housing support and expertise to enable effective discharge planning from acute settings such as the Leicester Royal Infirmary and the Bradgate Unit - targeted to patients who need rapid support to resolve housing problems. ○ This has resulted in Leicestershire achieving the required rate of improvement on delayed bed days per 100,000 population, as measured in our Better Care Fund Plan, and this has been an important contribution in tackling the ongoing pressures affecting the performance of the Urgent Care System as a whole in LLR. <ul style="list-style-type: none"> ● Integrated health and care teams case manage the top 2% at risk of hospital admission across Leicestershire localities, and provide continuity of care planning, supporting patients into and back out of hospital care. ● A pilot of bed based reablement beds within a new Extra Care facility, to inform future service model for residential reablement across Leicester, Leicestershire and Rutland. <p>What's planned in 2016 and beyond?</p> <ul style="list-style-type: none"> ● The Local Area Coordination offer will be expanded to provide county-wide coverage. ● Further Lightbulb pilots which will be evaluated and a business case produced to outline the future service delivery model for housing support services across Leicestershire. ● First Contact Plus will bring together online information and self-help tools with telephone assessment and motivational support and referral management from frontline contacts through to community and public services. ● A review of the information, advice and guidance offer across Leicestershire to ensure we have a clear and consistent approach to a range of health and social care issues which provide clear messages regarding signposting and self-help options and to support our offer demand management approach to health and social care across Leicestershire. ● A review of our commissioning spend across partners to inform an efficient place based prevention commissioning strategy. ● Integration of our prevention offer into a clear locality menu of services
--	---

	<p>which supports the front line integration of health and social care teams.</p> <ul style="list-style-type: none">• Ensuring that our prevention offer is supported through related projects such as the integration of LLR points of access and the vanguard developments.• Embed out approach of falls prevention clearly within locality prevention offer and review the level of demand and capacity this model needs in order to support as many patients as possible to prevent future falls.• Review of the current emergency admissions avoidance schemes to understand future needs of the service.• Improved care planning and coordination (between professions, patients, families and carers) across acute, community and primary care settings.• Further information technology solutions to drive improvements to integrated care planning.• A systematic core housing offer and “housing MOT” will integrate all housing services such as discharge support, home maintenance, adaptations, warm homes, assistive technology, and housing options advice. (Lightbulb Service)• Integration/rationalisation of Leicester, Leicestershire and Rutland’s multiple point of access – to direct the response to urgent (and planned care) more effectively, including deploying/scheduling integrated health and care locality teams more effectively, e.g. support hospital and discharge.• Core reablement services/pathways, including for hospital discharge, to be integrated and jointly commissioned across NHS and Local Authority partners.		
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		All partners to the fund are subject to the PSED requirements of the Equalities Act. All schemes will therefore be tested for compliance.
Advance equality of opportunity between different groups	X		As above. The schemes will take account of any gaps or disparities in provision which require to be addressed to advance equality of opportunity.
Foster good relations between different groups	X		As above.

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

Section 2: Equality and Human Rights Impact Assessment Screening

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

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

Section 2

A: Research and Consultation

5.	Have the target groups been consulted about the following?	Yes	No*
	a) their current needs and aspirations and what is important to them;	X	
	b) any potential impact of this change on them (positive and negative, intended and unintended);	X	
	c) potential barriers they may face	X	
	<p>In December 2013 at a Leicestershire Health and Wellbeing Board development session, all partners agreed to adopt the National Voices principles and definitions for integration, reflecting the engagement with, and feedback from the public, that was achieved nationally during their development.</p> <p>Patient, service user and public engagement in the development of the LLR five year Better Care Together strategy and the Leicestershire BCF Plan has involved a number of channels and there has been close, ongoing involvement of Local Health Watch (LHW) in shaping and influencing these developments throughout.</p> <p>Summary of engagement to date in support of the LLR five year plan and BCF Plan for Leicestershire:</p> <ul style="list-style-type: none"> • NHS Call to Action events. • The Council's consultation with the public about its future budgetary plans. • Findings from the LHW public consultation to 		

	<p>shape priorities for their 2014/15 workplan. The respondents to this consultation cited improving integration across health and care services as their top priority (66% of respondents).</p> <ul style="list-style-type: none"> • In order to engage further on the specific BCF plan proposals we also held a Stakeholder Event with the support of LHW on 24th February 2014. The purpose was to seek feedback on the progress to date with the Joint Health and Wellbeing Strategy and the emerging proposals in our BCF plan. A report is available that summarises the feedback from this event which has informed the final submission. • Public engagement events for the LLR five year strategy during 2014/15 including launch events in May/June and open public meetings in August as part of the review phase for the draft strategy. • Engagement with OPEN (older people's engagement network) on the BCF plan and the business case for the new assessment unit. • Listening to Patients about their Urgent Care Needs. In June 2014, a team of Health Watch Leicestershire staff and volunteers spent 12 hours in A&E listening to 88 patients to understand the reason for their visit and what they thought of the care and treatment they were receiving. A report on these findings can be found at this weblink http://www.healthwatchleicestershire.co.uk/news/12-hours-ae-report-healthwatch-leicestershire and has informed the approach to Integrated Urgent Care in our BCF plan and in the 5 year plan for LLR. <p>The survey looked at both the overall experience within the A&E department (which was found to be broadly good) but also captured feedback about the reasons for attendance which demonstrated the gaps in local urgent care services, particularly when GP services are unavailable or a timely GP appointment cannot be made.</p> <p>Customer Insight for the New Integrated Housing Offer. During September 2014, we undertook an initial customer insight survey for our new integrated housing offer. This examines the experiences and perceptions of local people about securing aids and adaptations in the home</p>		
--	--	--	--

	<p>and asks if they have considered any recent adjustments and the reasons for this – e.g. for economic reasons (such as affordable warmth), reasons of health, wellbeing, safety or maintaining independence at home, either for their own household or in support of other people for whom they are caring.</p> <p>Ongoing BCF engagement plans: Each component scheme of the BCF plan will be expected to evaluate user experience using one of the three selected national survey questions but will also be using other sources of evaluation about user outcomes, such as the outcome star for the Local Area Coordination service. We will be working with LHW and health and social care providers and commissioners to engage with the public about the ongoing experience of integrated care and support. We will use some of the existing channels to do this including:</p> <ul style="list-style-type: none"> • The LLR Better Care Together Programme has an established Public/Patient Involvement working group with an ongoing communications and engagement plan • The Leicestershire Health and Wellbeing Board in conjunction with LHW approved a communications and engagement plan in May 2014 which uses a range of channels and mechanisms for engaging on the specific changes affecting health and care services in the county of Leicestershire. • Existing Membership schemes of partner organisations, existing engagement forums for specific groups. • Ongoing relationship with LHW and their communication and engagement channels • The Leicestershire Health and Wellbeing Board complies with the Public Sector Equality Duty and will ensure it gives ‘due regard’ in its decision making to the outcomes from public consultations and associated Equalities and Human Rights Impact Assessment. <p><u>Leicester, Leicestershire and Rutland Commissioning Insights Frail and Older People</u></p> <p>Within the Better Care Together Frail and Older People workstream qualitative engagement with patients, carers and staff was undertaken in March and early April 2015 to identify their experiences of care and what matters most to them.</p>		
--	--	--	--

	<p>Using Experienced Led Commissioning methodology the team identified the journey of care by asking evidenced based questions. The key question was 'what needs to happen so that frail and older people in LLR live well?'</p> <p><u>Health and Wellbeing Boards – Leicestershire Healthwatch Report</u></p> <p>At each Leicestershire Health and Wellbeing Board, Healthwatch present a customer insight report that is linked to priorities for the local population. During 2015, the reports covered:</p> <ul style="list-style-type: none"> • Review of discharge from a healthcare setting (January 2015) • Findings from spending a week in Leicester Royal Infirmary (March and May 2015) • Ambulance Handover at Leicester Royal Infirmary (July 2015) • Healthwatch Annual Review (September 2015) • Swanswell Insight Report – Road to Recovery (November 2015) 		
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?		
7.	<p>Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?</p> <p>•</p>	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>		

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	
	<p>With reference to a), the Health and Wellbeing Board holds overall accountability for the BCF. Oversight has been delegated to the Integration Executive. A steering</p>		

	<p>group for the Executive, the Integration Operational Group, oversees day to day aspects and will hold responsibility for monitoring the impact for different groups.</p> <p>Leicestershire County Council is working in partnership with Leicestershire Healthwatch and Loughborough University to evaluate the impact of, and seek feedback from, users of new integrated services funded by the BCF. A series of user workshops are being held to undertake this work. We will use the findings to assess any equality issues.</p> <p>With reference to b), there are a number of forums which provide opportunities for service users and patients to provide their views and experiences of healthcare in Leicestershire. The list below reflects what was available during August and September 2015.</p> <p>* The AGM of East Midlands Ambulance Service is being on Wednesday 26 August.</p> <p>* East Leicestershire and Rutland CCG is holding its AGM on Tuesday 8 September, from 4-8pm at Stamford Court, Manor Road, Oadby, Leicester LE2 2LH.</p> <p>*The AGM of Leicestershire Partnership NHS Trust is being held on Wednesday 9 September, from 9.30am to 2pm at Leicester Race Course.</p> <p>The AGM of University Hospital's Leicester is being held on Thursday 17 September.</p> <p>*BCT Partnership Board on 17 September, from 9.30am-12pm at Barnsdale Lodge Hotel, The Avenue, Rutland Water North Shore, Rutland LE15 8AH</p> <p>West Leicestershire CCG is holding its AGM on Wednesday 30 September.</p> <p>A number of presentations have been provided to the VAL (Voluntary Action Leicestershire) health and care forums. A variety of groups, including LAMP, LGBT and Age UK, are represented at the events.</p> <p>There are also a number of Patient Participation Group (PPGs). Each GP surgery has its own small team of people who provide a voice for all the patients on the practice's list. The groups meet</p>		
--	--	--	--

	<p>regularly to work with the GPs and staff at the practice to improve the way things are run.</p> <p><i>In addition, a Patient and Public involvement group (PPI) exists to ensure that the views of local people are taken into account during planning and decision making processes across the Better Care Together programme.</i></p>		
--	--	--	--

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

Section 2

C: Potential Impact

10.

Use the table below to specify if any individuals or community groups who identify with any of the '[protected characteristics](#)' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

	Yes	No	Comments
Age	X		The key objective of the BCF plan is to keep older people out of hospital or ensure a reduction in length of stay where an admission is unavoidable. Therefore the BCF schemes are specifically targeted to older people.
Disability	X		The schemes should have a positive impact on people with disability. Theme 1, through schemes like First Contact Plus, will identify service users at risk of e.g. a fall and be able to assist in preventing these occurring. The prevention offer, currently protected within the BCF, will also support people locally with an integrated response to their health and wellbeing need. Theme 2 provides support to people with long term conditions to manage their condition out of hospital. Theme 4 provides rehabilitation and reablement for those experiencing an acute episode. As commissioners of the services, our service

				specification and contracts with NHS , LA and other providers require compliance with equality legislation including disability requirements.
	Gender Reassignment	X		Information relating to gender reassignment is recorded on most schemes. This should be recorded and monitored by the provider. As part of the BCF refresh, this will be reviewed with providers.
	Marriage and Civil Partnership		X	N/A
	Pregnancy and Maternity		X	BCF schemes are not targeting pregnancy and maternity.
	Race	X		Information relating to race is recorded on most schemes. This should be recorded and monitored by the provider. As part of the BCF refresh, this will be reviewed with providers.
	Religion or Belief	X		Information relating to religion/belief is recorded on most schemes. This should be recorded and monitored by the provider. As part of the BCF refresh, this will be reviewed with providers.
	Sex	X		Information relating to gender is recorded on most schemes. This should be recorded and monitored by the provider. As part of the BCF refresh, this will be reviewed with providers.
	Sexual Orientation	X		Information relating to sexual orientation is recorded on most schemes. This should be recorded and monitored by the provider. As part of the BCF refresh, this will be reviewed with providers.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or	X		Theme 1, unified prevention offer, could have a positive impact as a number of the schemes identify vulnerable people (e.g. Local Area Coordination, First Contact Plus). Carers services, including

	disadvantaged communities			the GP Health and Wellbeing service, are funded by the BCF.
	Community Cohesion	X		As part of the Unified Prevention Board's work, a review of the unified communities offer is being undertaken 2016. This will include targeting and supporting the most vulnerable to build resilience and capacity within the community.
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	
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	X		The shift in emphasis from residential to community based provision, and the principle of preserving independence, must be supported by maintaining the quality of services that people receive in their own homes, to ensure acceptable standards.
	Article 4: Right not to be subjected to slavery/ forced labour		X	
	Article 5: Right to liberty and security	X		Deprivation of Liberty Safeguards (DOLS) are strictly observed by all partners.
	Article 6: Right to a fair trial		X	
	Article 7: No punishment without law		X	
	Article 8: Right to respect for private and family life	X		The principles underpinning the use of the BCF, outlined at the beginning of this document, will support this right if correctly applied.

	Article 9: Right to freedom of thought, conscience and religion		X	
	Article 10: Right to freedom of expression		X	
	Article 11: Right to freedom of assembly and association		X	
	Article 12: Right to marry		X	
	Article 14: Right not to be discriminated against	X		BCF schemes comply with the eligibility criteria, which has been subject to its own EHRIA.
	Part 2: The First Protocol			
	Article 1: Protection of property/ peaceful enjoyment		X	
	Article 2: Right to education		X	
	Article 3: Right to free elections		X	
Section 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		
	With regards to b) there are two schemes which may have an impact on certain sections of the community.			
	Local Area Coordination is currently being piloted in eight specific areas across Leicestershire. These areas were selected on specific criteria. It is planned, subject to approval of the business case, to expand the pilot to further areas. Selection of the new areas will be done with other partners, e.g. GPs, to ensure that appropriate areas are targeted.			
	The Older Persons Unit is based at Loughborough Hospital and therefore			

	may provide challenges for some patients to access the service due to location. Transport, via a contract with St John's Ambulance, to the service can be provided when necessary. Services provided by the Older Persons Unit can also available elsewhere but this may mean within an acute hospital.			
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 type="checkbox"/>	No <input checked="" 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 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: ...13/01/2016