

Equality Questionnaire

This questionnaire is a pre Equality Impact Assessment tool which will enable you to decide whether or not the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service needs to go through a full Equality Impact Assessment. For further information on the equality questionnaire see the [guidance](#).

Name of policy/ practice/ procedure/ function/ service being assessed:	Help to Live at Home (HTLAH)
Department and Section:	Adult Social Care
Name of lead officer and others completing this assessment:	Anita Saigal (Screening document) Trish McHugh & Chris Housden (full report)
Contact telephone numbers:	Anita Saigal 0116 3050291 Trish Mc Hugh 0116 3050291 Chris Housden 0116 3056947
Date EIA assessment completed:	15 th Jan 2014 (Screening document) 23 rd August 2016 (Full report)

Step 1: Defining the policy/ procedure/ function/ service	
1	<p>What is new or changed in this policy/ practice/ procedure/ function/ service?</p> <p>A project has be initiated to explore ways of more effectively delivering ways of providing services and support to assist people who are eligible for social care support under Fair Access to Care criteria.</p> <p>This project will involve changes in the following areas: Service delivery Procedures Policy Function Practice</p> <p>There will be a change from commissioning domiciliary care on a time and task basis to commissioning for outcomes, the aim to be to give providers more flexibility as to how they deliver the help people need to live as independently as possible for as long as possible in their own homes. It aims to improve outcomes for service users, service providers and homecare staff. There has been a national move to ensure that providers are facilitated to pay a living wage to their care workers. The Equalities and Human Rights Commission (EHRC) supports the need to ensure payment is at least at Minimum Wage levels.</p> <p>This programme of work will be integrated with the two County CCGs There will be implications for the care pathway although the detail of this has not yet been determined.</p>
2.	What is the background or purpose/reason for the change?

	<p>Initial reason for project scope:</p> <p>A difficulty in obtaining packages of care to support vulnerable adults in their homes was one of the reasons for this project being initiated. This resulted in the in house reablement service (HART) holding onto packages longer than necessary which created a bottleneck meaning that they were unable to take on new cases for reablement. This in turn led to people remaining in hospital longer than necessary blocking beds in hospital, meaning that these beds were not available for others who needed them.</p> <p>Initially there was a view that if we dealt with the issues of capacity in the homecare market this would be sufficient. However, following research into what was happening nationally and an awareness of a number of intrinsic issues in the way we were commissioning homecare, this meant that a more radical approach was required. This model was proposed for a number of reasons :</p> <p>Assisting people to live independently at home Integrated commissioning Better use of non-regulated service – and use of community and voluntary sector support Better use of resources Choice and control and achieving outcomes for S/U's Stabilisation of the market</p>
3	<p>Does this relate to other policies/ practices/ procedures/ functions/ services within your department, the Council or with other partner organisations?</p> <p>Yes, it will affect policies, practices, procedures, functions and services within this department as well as in the County CCGs</p>
4	<p>Who are the people/ groups affected and what is the intended change or outcome for them?</p> <p>Those in need of community care services under FACS:</p> <p>Older people People with physical disabilities People with learning disabilities Those with mental health conditions Those with sensory impairment Those who are terminally ill</p> <p>The groups of people affected are those who need help to live at home. In addition this model of delivering care will affect a number of different staff groups within the Authority.</p> <p>We will be commissioning for outcomes, giving providers guaranteed geographical areas within which to provide care. We would require these prime providers to help adults to live as independently as possible for as long as possible calling on universal services to enhance their quality of life. Providers will be incentivised to meet people's outcomes as far as possible and as quickly as possible and will be penalised for holding</p>

	onto packages longer than necessary and not meeting service users' agreed outcomes.
5	<p>Who is responsible for implementing this policy/ practice/ procedure/ function/ service?</p> <p>The Help to Live at Home Project Board and associated workstreams. Sandy McMillan is the Project Sponsor. The Governance arrangements may change to an integrated board with Health now that West Leicestershire Clinical Commissioning Group (WLCCG) and East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) have agreed in principle to the integrated model. It is anticipated that the Help to Live at Home Project will become a Programme reporting to the Integration Executive</p>

Step 2: Research & Consultation			
		Yes	No
6	Have the target group been consulted about their current needs/barriers and aspirations and what is important to them?	With regards to providers, yes.	With regards to service users, not directly although this has happened elsewhere in the country and we have taken the findings from that research into account into the design of this model.
<p>If yes, what are the findings?</p> <p>Providers are largely in favour of the new commissioning and delivery model.</p>			
7	If the target group has not been consulted directly on their needs/barriers and aspirations have representatives been consulted or research explored (e.g. Equality Mapping)?	Yes	
<p>If yes, what are the findings?</p> <p>Used the findings from the research conducted by the Equality and Human Rights Commission, Unison and others. National research indicates that the current time and task model of delivering homecare is outdated, it does not facilitate continuous reablement, it can affect the dignity of service users, particularly in relation to 15 minute calls and often</p>			

contributes to care workers being paid less than the minimum wage as travelling time is not paid for.

8	Have the target groups been consulted about the potential impact of this change on them? (positive and negative, intended and unintended?)		Not yet in terms of service users, but yes in terms of providers
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If yes, what are the findings?

Some providers have reservations but the majority welcome the flexibility this new model will afford them in terms of how they care for the service user and how they organize their care workers. They also welcome the greater level of responsibility. Further consultation will need to be undertaken as the full implications of what this means to them has not been realized.

9	Have the target groups been consulted about potential barriers they may face in benefiting from the proposal?	Providers have been consulted on the new model. They are aware that we are anticipating having fewer providers but the implications of this have possibly not yet been fully realized.	
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If yes, what are the findings?

10	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in term of potential unintended impacts?		Not directly but we have built in national research and current thinking into our delivery model
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<p>If yes, what are the findings?</p> <p>We anticipate that carers will welcome the greater flexibility afforded by the new model. This revised model of care would aim to supplement the care provided by informal carers e.g. family, friends.</p>			
11	Is there evidence or any other reason to suggest that this policy/ practice/ procedure/ function/ service could have a different effect or adverse impact on any section of the community?	Yes	
<p>If yes, what are the findings?</p> <p>Given the personal nature of these services, there is potential for disadvantage to occur. However, service users in Leicestershire are entitled to receive services to meet assessed need and as part of the process of assessment, care planning and service delivery, each service user's individual choice, preferences and outcomes are considered. This process also takes into account the gender of the person who will deliver the care, that care staff have knowledge and understanding of the service users needs in relation to their disability/health condition. Care workers should be able to communicate in a person's first language, have an understanding of a person's culture, and also demonstrate respect in relation to a person's beliefs, religion and sexual orientation</p> <p>Contained within existing contract documents is the requirement for the Service Provider to deliver all commissioned care calls to meet the assessed needs of the service user taking into account the gender, age, race, ethnicity, culture, sexuality and disability in accordance with the specified tasks on the Service Users Support Plan, and which meet the Specification and the Health and Social Care Act 2008, (Regulated Activities) Regulations 2009.</p>			
12	Is there evidence or any other reason to suggest that any section of the community may face barriers in benefiting from the proposal?		No
<p>If yes, what are the findings?</p>			
13	Are there systems set up to monitor impact (positive and negative, intended and unintended) for different groups?	See below for current practice	Not yet, detailed design work yet to be undertaken
14	Are there systems set up to enable open feedback and suggestions from different communities?	See below for current practice	Not yet, detailed design work yet to be undertaken
<p>Note: If no to Question 13 or 14, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.</p> <p>Details relating to Q 13 form part of the initial request for support where providers have been matched to the particular requirements of individual SU's, e.g. specific language skills.</p>			

Such matters are also considered as part of the procurement process e.g. workforce composition to meet diverse need.

Re Q 14

The Council is responsible for the monitoring of quality and reviewing of individual needs, this happens in a variety of ways;

- Feedback from Service Users and/or their carers
- Commissioning Workers/Review Officers reviewing whether care is meeting assessed needs.
- By Provider Performance Monitoring Forms (PPMF's)
- Service User surveys
- Systematic monitoring visits to the Service Provider to evaluate performance against the specified criteria within the Contract documents.
- By the investigation of complaints
- Through external inspection reports from the Care Quality Commission (CQC).
- Safeguarding Concerns

Previous evidence gathered from the above and in particular Provider Performance Monitoring Forms (PPMFs), complaints and Safeguarding relate mainly to service delivery, for example:

- Calls are persistently outside of the commissioned time,
- Calls are missed altogether which can put the service user at significant risk of harm or neglect
- High number of care staff used which leads to inconsistency of service
- Poor quality of care/lack of training
- Abuse (usually relating to financial abuse, e.g. theft from the service users home.)

Concerns are received across a wide range of service user groups with no evidence to suggest that any one particular group of service users suffers disproportionate negative impact arising from the issues identified above.

Contract Monitoring is currently undertaken with Care Providers at least annually, the frequency of this will alter depending on the numbers and types of concerns received, e.g. a high number of PPMF's relating to late or missed calls might indicate that the Provider's staff / service user ratio is low, this could result from staff sickness or retention issues. Dependent on the outcome of the Contract Monitoring the Provider would be issued with essential actions relating to the Terms and Conditions of their Contract outlining the nature of the concern. Failure to address this within the timescales given would result in a breach of Contract which ultimately could lead to termination of the Contract altogether.

Step 3: Potential Impact

15	Is this policy/ practice/ procedure/ function/ service likely to meet any of 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	✓		The policy is designed to protect the personal care interests of vulnerable groups. Most individuals will be in circumstances covered by one or more of the protected groups. Standards of care are also expected to improve, further reducing the likelihood of discrimination.
Advance equality of opportunity between different groups	✓		Reconfigured services are designed to remove certain inconsistencies in current provision, particularly resulting from pockets of rural isolation.
Foster good relations between different groups	X✓		Potential to be improved by more even service provision.
16	Who is <u>likely</u> to be affected by the proposal? Which of the protected characteristics? (Please tick) Explain how each protected characteristic is likely to be affected below: [NB. Alternatively, if no protected characteristic is deemed to be affected, please explain why] [Include positive and negative impacts as well as barriers in benefiting from the above proposal]		
	Yes	No	Comments
Age	✓		<p>This initiative is designed to assist older people to live independently for as long as possible in their own homes. It will have a positive impact as follows:</p> <p>The support plan will be produced jointly by the service user and the provider, involving the carer(s) also where relevant, and will be tailored to the needs and wishes of the service user.</p> <p>There will be fewer hand-offs and less staff will be involved in assessment and care, which is often intimate in nature.</p> <p>We will be moving away from commissioning personal care and support on a time and task basis to commissioning outcomes. As help in the home will not be commissioned on a time and task basis:</p> <ul style="list-style-type: none"> • There will be more flexibility in how care is delivered and providers will be encouraged to use universal services in the community and call-off a range of services to address all their care needs. This will have the additional benefit of assisting service users to integrate more fully into the community. • There will be no controversial 15 minute slots. This will have a positive effect on

			<p>service users and those providing their care.</p> <ul style="list-style-type: none"> • Care will be more tailored to the needs and preferences of service users, meeting their physical and emotional needs in a holistic way • There will be less bureaucracy as, for example, adjustments to care packages can be made by the provider and service user therefore offering flexibility and working to individual needs which can change daily. <p>The care will be delivered by fewer people therefore helping to maintain the dignity of the individual.</p> <p>Both the care provided and decisions about how it is provided will be determined by those working most closely with service users.</p> <p>As the new service will be integrated / aligned with health, the service user will be subjected to fewer assessments, less paperwork and fewer/better coordinated care givers dealing with the care and support of service users.</p>
Disability	✓		As above
Gender Reassignment		✓	
Marriage and Civil Partnership		✓	
Pregnancy and Maternity		✓	
Race	✓		As services will be adapted to the needs of the service user rather than the service user having to adapt to the service on offer, individual cultural needs, will be taken into account.
Religion or Belief	✓		As services will be adapted to the needs of the service user rather than the service user having to adapt to the service on offer, individual religious needs will be taken into account.
Sex	✓		As services will be adapted to the needs of the service user rather than the service user having to adapt to the service on offer, individual gender specific needs will be taken into account.
Sexual Orientation	✓		As services will be adapted to the needs of the

			service user rather than the service user having to adapt to the service on offer, individual needs including sexual orientation, will be taken into account.
Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	✓		It is anticipated that the number of providers will reduce significantly and that each provider will have a geographical monopoly and will be required to provide a Help to Live at Home service to all residents in that area. This would address existing inequalities as there are currently parts of the County where rural isolation causes individuals to be left without suitable care. The model still needs further development and we will be mindful of balancing the needs of the service users and carers with the effects on the market.
Community Cohesion	✓		With regards to community participation the Help to Live at Home model facilitates participation in the community, to join community groups/associations and to participate in religious and non-religious activities

17	<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	✓		Potentially affected, Care for people and protecting them from danger
Article 3: Right not to be tortured or treated in an inhuman or degrading way	✓		Potentially affected This human right is potentially affected by the proposed new model as the Equality and Human Rights Commission has highlighted that the care currently being delivered can be degrading to

			people receiving the care as there is little or no time for interaction and at times many different carers are involved in the delivery of very intimate care.
Article 4: Right not to be subjected to slavery/ forced labour		✓	
Article 5: Right to liberty and security	✓		Potentially affected People's liberty will not be as restricted under the new model of care as there will be more freedom as to how the care is delivered.
Article 6: Right to a fair trial		✓	
Article 7: No punishment without law		✓	
Article 8: Right to respect for private and family life	✓		Potentially affected. Respect for an individual's personal dignity, autonomy and social relationships. Preserving independent living for longer supports most peoples' preference for pursuing their private and family life at home.
Article 9: Right to freedom of thought, conscience and religion	✓		Potentially affected This model is more likely to integrate service users into their communities and networks and therefore facilitating practice of their faith.
Article 10: Right to freedom of expression		✓	
Article 11: Right to freedom of assembly and association		✓	
Article 12: Right to marry		✓	
Article 14: Right not to be discriminated against	✓		Potentially affected This model will result in the affected groups of people being treated more favourably and address the existing situation
Part 2: The First Protocol			
Article 1: Protection of property/ peaceful enjoyment	✓		Potentially affected By keeping people at home living more independently for longer there is less likelihood that they will have to resort to residential care and therefore they will enjoy their home environment and personal possessions for longer.
Article 2: Right to education		✓	
Article 3: Right to free elections		✓	

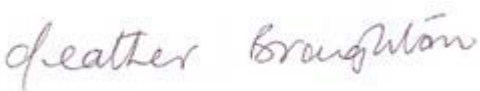
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18	Other comments: Core values which underpin human rights dignity, respect, choice (autonomy), fairness and equality

Step 4: Decision

19	No Impact <input type="checkbox"/>	Positive Impact <input checked="" type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Not Known ¹ <input type="checkbox"/>
Note: If ticked 'Negative Impact or Impact Not Known' box at Question 15, will need to progress to full EIA.				
20	Proceed to full EIA?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
21	What are your reasons for your decision? This new model of service delivery is anticipated to have a positive impact on a large group of people in relation to the quality of their life and their physical and emotional well-being. A great deal of work still needs to be undertaken to develop the model and we will be very mindful of EHR considerations in doing so. This will be best achieved through a full impact assessment.			

Step 5: Sign Off and Scrutiny

1 st Authorised signature (Lead Officer): ...Anita Saigal..... Date: 15 th January 2014.....
<div style="text-align: right; margin-bottom: 20px;">  </div> 2 nd Authorised Signature (Member of DMT): ... Date: ...14 th April 2014.....

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

Section 3: Equality and Human Rights Impact Assessment Report

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

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

Section 3

A: Research and Consultation

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

- 15.** Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups?
- a) current needs and aspirations and what is important to individuals and community groups (including human rights);
 - b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);
 - c) likely barriers that individuals and community groups may face (including human rights)

The screening document records that a national enquiry conducted by the Equalities and Human Rights Commission (EHRC) concluded that the current time and task model of delivering home care is outdated and unpopular with a significant proportion of service users (*'Close to Home: older people and human rights in home care' 2011*). The research findings have influenced the development of Leicestershire County Council (LCC)'s HTLAH scheme, in particular:

- facilitating reablement
- promoting the dignity of service users

- eliminating Short (15 minute) calls
- promoting service user choice in the services they receive
- addressing loneliness and isolation from local communities
- addressing low pay and status among care workers, to match the level of responsibility and skills required to provide good quality care.

In addition, Providers acting illegally by effectively paying their staff below the minimum wage is evidenced in the practice of making numerous short visits with no travelling time factored in, and can also result from non- payment for training and on-call time (*The Resolution Foundation, Feb 2015*).

Since the screening exercise was completed, the government has introduced the National Living Wage (NLW), which replaced the National Minimum Wage (NMW) for workers aged over 25 years from April 2016. The NMW continues to set the minimum for younger workers (under 25 years).

Exercises undertaken by LCC to explore needs, impacts and barriers:

- a) Qualitative Research conducted by an independent facilitator took place in May 2015. This work engaged 31 service users aged between 60 and 92, via 3 discussion groups. The research objectives were described by the facilitator in the following terms:

The Council sought a series of 'I statements', in service users' own language, which best reflect the aspirations of older people receiving support from the service. It was not practical to expect participants at three discussion groups to draft a full range of 'I statements' by committee. Rather, the groups had the kind of discussion which would enable 'I statements' to be drafted on participants' behalf, on the issues which they chose, and in the way that they would draft them. This is the basis on which the Discussion Guide for the groups, and this report, have been designed.

Two further engagement events took place in April 2016. The purpose of these sessions was to inform users of the service about the changes that HTLAH is likely to bring, and provide a forum for them to express their views and concerns. These events fielded some questions that had not arisen during the Qualitative Research as some consequences of the proposals had not emerged at that stage. This included the possibility that some existing providers may not be approved under HTLAH and their service users would be faced with switching providers (and carers) against their wishes.

b) Provider engagement was identified as an important element of ensuring a successful transition between current domiciliary care and HTLAH arrangements. The initial Provider engagement events took place on the 2nd and 6th February 2015, and were attended by a total of 61 organisations. This was continued in the form of market warming and shaping throughout 2015, on the following dates.

- **13th & 19th May 2015**
- **30th July 2015**
- **5th August 2015**
- **22nd & 24th September 2015**
- **10th & 11th December 2015**

Further events in 2016 were focussed on the bidding process in the build up to, and moving through the pre-qualifying questionnaire (PQQ) & Invitation to tender (ITT) elements of procurement.

A specific question covering Equalities and Human Rights compliance was included in the moderation exercise at the PQQ stage. Moderation of this element was completed by LCC and voluntary sector representatives and covered practice as well as policy.

An important function of provider engagement is to test the aspirations of service users against the providers' perspective, in the context of Care Act requirements and LCC's own strategic objectives.

The findings from these events are recorded in paragraph 17.

16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
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The combination of user and provider engagement carried out is considered sufficient to enable effective discharge of the PSED.

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.

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|------------|---|
| 17. | Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups? |
|------------|---|

The introduction of the HTLAH service is expected to affect approximately 2750 people whose care is currently arranged by the Council and 250 people with care arranged by the CCGs.

Responses and findings from arising from engagement events.

a) Customer engagement.

The responses, for the most part, confirmed the importance of the HTLAH guiding principles to the lives of service users. In terms of their relevance to this report, the following comments and observations by participants are noteworthy:

- Improved co-ordination, collaboration and communication between services welcomed.
- Greater potential to remain in their own home is a priority
- Retaining independence (doing what you want, when you want to)
- Retaining memories of the past and connections with friends and family
- Avoiding the deterioration that can occur when older people are outside of their familiar environment
- Retaining dignity and self respect
- Helping to extend life expectancy
- Recurring words used in the sessions were *dignity, respect, humanity*
- Practical considerations were important: *cleanliness, mobility, relevant support*
- Importance of being treated as an individual, not as a commodity
- Mutual respect and empathy between cared for and carers
- Continuity of care staff
- Being an active and contributing member of society

- Living as sociable and active a life as possible
- peace of mind, reducing needless worries
- Importance of advocacy in dealing with official bodies, understanding decisions and making realistic choices.
- Requirement for high quality information and advice that can be readily understood.
- Understanding finance, the money available and what it can buy
- Carers living locally and speaking the same language, promoting understanding and improving the likelihood of shared interests.
- Safety, security, freedom from harm, abuse, harassment, neglect and self harm, are all important factors
- Forward planning, retaining control in a crisis.

The recurring themes in this list of independence, respect, dignity, health and wellbeing reflect the advantages that this policy change is expected to bring. The Equality Impacts in para 8 (below) reflect how HTLAH in practice should ensure that the benefits are felt across the protected groups.

From the Engagement events held in April 2016, the main points raised, relevant to this EHRIA, were as follows:

- Clarity was sought regarding direct payments where part of the money comes from LCC (Direct Payment, or DP) and part from Health (Personal Health Budget or PHB). *In these cases, two separate payments will be made.*
- Regulation of care standards was questioned. *All providers will have to be registered with the Care Quality Commission (CQC) and their ratings and inspection reports will be checked. Further quality safeguards are built into the procurement process. Regarding individual carers, areas where training may be required, such as health care for social care staff and reablement, will be addressed in the lead up to HTLAH. Providers must also ensure that their workers are trained to the Care Certificate.*

- The geographical coverage of providers was questioned. *A map was provided to reflect this. There were further concerns about services extending to more remote areas, which will be addressed, at present, by encouraging market development and robust planning.*
- Concerns were raised about transition between the current and future services. *LCC assured users that maintaining and monitoring relationships with current providers is a priority, as is ensuring continuity of care.*
- Information about emergency and out of hours contact was requested. *The Customer Services Centre (CSC) and out of hours service numbers were given and advice to clarify the circumstances where providers should be contacted.*
- A concern was expressed about the standard of continued provision for people with dementia. *Services for dementia sufferers will continue to be provided. The support plan passed to new providers will be clear on this, as with other conditions requiring particular attention. As part of the tendering process, providers are required to produce a plan to outline transition and handover.*
- There was a high level of concern about the reduction in the number of providers leaving some people losing continuity with a provider and carer(s) who they would prefer to keep. *The option in this case would be to take a DP, which must be requested and will involve a reassessment of needs. This can then be used to purchase care from a provider outside of the HTLAH framework. This also applies to PHBs for people with health funding.*

b) Provider engagement

These events were attended by representatives from 61 organisations. Headlines from the workshop feedback are as follows:

1. Payment mechanisms

Stepped unit costs (which consist of reablement and maintenance rates) were the preferred option because:

- of front-loaded up-front payment
- it helps with cash flow, helps fund overheads e.g. CPD, SPs would know what to pay the staff
- providers can manage staffing better
- it would encourage provider to take new work
- the market is ready to do this now

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2. Provider options

Single Provider per area:

- is the least favoured option
- may see providers squeezed out of the market

Main provider plus specialist secondary providers:

- is generally welcomed, though not the favourite
- adds specialist skills when really needed
- may add additional cost

More than one Provider per area:

- is the most favoured option
- is the most viable for small providers to transition into

In addition, an on-line questionnaire for Providers resulted in 20 responses. The key points to emerge were:

- The majority of respondents to the online questionnaire were medium-sized (53%) and large-sized SPs (26%).
- Fixed period stepped unit cost is strongly favoured, but outcome payments is not rejected
- More than one Provider per area is strong favoured. Single provider per area is rejected.
- No strong preferences about geography choice.

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?
	Not at this stage

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.	
		Comments
	Age	HTLAH is available to all adults aged 18 years and upwards. Although the majority of users will be in older age groups, the different needs of younger disabled adults may require a different approach (e.g. younger people are likely to have different social requirements compared to older counterparts). A different approach to information provision is also suggested for different age ranges (e.g. a lower proportion of older people make use of web based information compared to younger people. If these issues are successfully addressed, it should be possible for service users across the age ranges to receive the intended benefits of HTLAH, in particular the preservation of independence and ability to lead active and fulfilling social and family lives. The concerns raised during customer engagement regarding loss of current providers may particularly affect this group, given the age profile of service users. This is addressed in the Equality Improvement Plan in section 3F.
	Disability	HTLAH providers must be able to provide services across the full range of abilities that they encounter. As with some age groups, there also needs to be an awareness that certain kinds of health conditions hinder the ability of people to access or engage with information and advice, and will require different formats

		<p>(e.g. for visually impairment, hard of hearing or learning difficulties). Providers who applied to be on the framework were required to explain how their organisation addresses the statutory requirements of the Mental Capacity Act, and to include references to how and when they utilise best interest decision making processes. If these issues are correctly addressed, it should be possible for service users with a wide range of disabling conditions to receive the intended benefits of HTLAH, in particular the preservation of independence and the ability to lead active and fulfilling social and family lives. The comment above relating to customer engagement feedback may also apply to this group in some cases.</p>
	Gender Reassignment	There is very little data on this group that directly relates to care provided at home. However, the principle of providing care that is appropriate and sensitive to a service user's circumstances should act as a universal protection of individual circumstances.
	Marriage and Civil Partnership	N/a
	Pregnancy and Maternity	HTLAH will provide home care for adults (i.e.18 years and upwards). It is therefore possible that some service users will fall into this group. The care needs of women during pregnancy and maternity must therefore be addressed in this context.
	Race	A number of comments from service users during customer engagement indicate a strong desire for services to be culturally appropriate, and also to take account of communication needs arising where language is a potential obstacle to full understanding of any aspect of service provision, including decision making and available choices. This may apply to service users and provider staff alike, in circumstances where they do not share a common first language.
	Religion or Belief	Stated religions or beliefs must be respected in all aspects of care provision.
	Sex	Data shows that women represent a majority of service users across Adult Social Care, so a measure of

		disproportionality consistent with the demographic is to be expected. Service provision may need to be gender-appropriate in certain circumstances.
	Sexual Orientation	The above comments also apply for this group. The requirement for sensitivity to the needs of this group also highlights the importance of collecting comprehensive and accurate monitoring data in order to advise and monitor market providers accordingly.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	The pattern of provision will need to take account of the special circumstances of people living in isolated areas and areas of known deprivation. Health and social inequalities are related to and compounded by these factors. Carers are pivotal to the aim of maintaining the independence of the person they care for. Consequently their interests are closely aligned and carers interests should always be considered.
	Community Cohesion	The HTLAH model facilitates participation in the community, to join community groups or associations and to engage with religious and non-religious activities.

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	Article 2 requires public bodies to take appropriate steps to protect life. In relation to HTLAH, this means that infrastructures and practices should have sufficient safeguards in place to achieve this. Potential providers are required to describe the mechanisms that their organisation has in place to ensure that

		adults and children are adequately safeguarded and that the risk of harm is minimised.
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	<p>This Article underpins the standards expected in any circumstances where health and social care is provided. Standards are regulated by the Care Quality Commission (CQC).</p> <p>Potential providers are required to explain the systems (including Electronic Home Care Monitoring and Care Management systems), procedures and other mechanisms that they will have in place to manage the quality of services delivered under the HTLAH contract. This form of quality management supports Article 3 protections.</p>
	Article 4: Right not to be subjected to slavery/ forced labour	n/a
	Article 5: Right to liberty and security	n/a
	Article 6: Right to a fair trial	This Article covers formal hearings, appeal and complaints rights, but only where serious infringement of an individual's rights may arise, without effective redress. Unlikely to arise in the context of HTLAH.
	Article 7: No punishment without law	n/a
	Article 8: Right to respect for private and family life	<p>The protections under Article 8 are at the heart of the purpose of HTLAH and were reiterated throughout the user discussion groups, particularly in relation to maintaining independence and assisting people to remain active and not isolated. This article is also promoted by requiring potential providers to demonstrate:</p> <ul style="list-style-type: none"> • How appropriate views/ wishes are accommodated within care plans. • How service user feedback is used to inform high level service improvements.
	Article 9: Right to freedom of thought, conscience and religion	n/a
	Article 10: Right to freedom of	n/a

	expression	
	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	HTLAH must be developed and delivered in such a way as to avoid discrimination arising under the terms of all HRA articles.
	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.		
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.	
The expectation is that the potentially adverse impacts have been satisfactorily identified and addressed in the Equality Improvement Plan (EIP, see below). However, this will require review at a later date to ensure that the outcomes materialise.		
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. 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	

	<p>be addressed</p> <p>c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why</p>
	<p>This report has identified three protected groups who face disproportionate impact from the introduction of HTLAH: older people, disabled people, and women. The intended outcomes of the new service are regarded by practitioners and services users alike as essentially beneficial, as they identify advantages over the current service in wellbeing, promoting independence, and improving care standards. These factors should promote the overall equality aims of eliminating discrimination and promoting good relations between different groups, as the intended outcome is to more closely align the life standards of disadvantaged groups with those who do not experience similar personal difficulties. The tenets of HTLAH also support Human Rights protections, particularly in relation to dignity and respect.</p> <p>The PQQ stage of procurement was designed to ensure that Equality and Human Rights Act (HRA) protections are observed. The notes against Articles 2, 3 and 8 in para 20 (above) outline how this relates to the HRA.</p> <p>The report must therefore be concerned with identifying the ways in which some individuals or groups may be prevented from benefitting from these identified gains, and as a result be disadvantaged.</p> <p>Potential barriers may arise in one or more of the following ways:</p> <ol style="list-style-type: none"> 1. Variation in costs for similar services between different providers. 2. Where a current provider fails to secure a contract, and their service user experiences difficulty adjusting to new arrangements. 3. Where, despite the precautions built into procurement, the quality of provider services falls short in any of the ways identified as necessary to the interests of protected groups, as outlined in paras 19 and 20 above.
<p>Section 3 D: Making a decision</p>	

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.
<p>To reiterate the findings in para 22, the overall consensus among commissioners, providers, and those service users who have been consulted, is that the broad tenets of HTLAH should deliver benefits across the protected groups. The main element that lends support to this expectation is the shift from the time and task model to a focus on outcomes, designed to promote reablement and therefore improve the prospects for retaining independence. LCC's compliance will depend on effective execution of the actions listed in the EIP, and addressing a related concern, i.e:</p> <p><i>Charging for services.</i> The current practice is to base charging to service users for the services they receive on the average cost charged across the county. A proposal currently under consideration is to change to charging for the actual cost of the specific services provided to individual service users. Work is under way to establish whether this could create local anomalies under HTLAH, whereby County residents will be paying very different amounts for similar provision. This is subject to a separate EHRIA.</p>	

Section 3

E: Monitoring, evaluation & review of your policy

24.	<p>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?</p> <p>Yes. EIPs include review dates, and it is the responsibility of the Adults and Communities Departmental Equalities Group to monitor and carry out such reviews at the stated intervals. This will ensure that actions have been carried out successfully, and if not to request whatever work is necessary to do so. Actions may be revised if required to achieve the desired ends.</p>
25.	<p>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></p> <p>Relevant staff and managers who have not been involved in the development of the EHRIA are notified of its findings.</p> <p>The findings are also included in relevant service plans.</p> <p>EIP reviews are conducted as outlined in para 24.</p>

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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. To be reviewed March 2017

Equality Objective	Action	Target	Officer Responsible	By when
Ensure that people are kept informed about HTLAH and have the opportunity to ask questions and gain information to help them make the right decision for their individual needs and protected characteristics.	<p>Send out a letter to all service users following award of contracts, to inform them about their new HTLAH provider and give reassurance about how the transition of support would be managed. It also reminded people about the direct payment and PHB options.</p> <p>Four Customer events in different locations across the County will be held between 30 September and 7th October 2016</p> <p>The HTLAH Helpline</p>	Ensure that people are well informed about HTLAH and what it means for them. Each person should receive a letter, be invited to attend an event and have the option of contacting the helpline.	Katy Griffith/David Stanton (HTLAH Project Managers)	7 th November 2016

	operating hours have been extended to provide help and advice for service users and their relatives and friends			
Ensure that the alternative option to receiving HTLAH is available for both Council and CCG funded people.	People can choose to take a Direct Payment or a Personal Health Budget as an alternative to receiving a HTLAH service. Referral routes for both are explained in the service user letter.	That a prompt and efficient response is made to people who request a DP/PHB and their uptake is monitored	Katy Griffith	7 th November 2016
Delivery of care services to Care Quality Commission (CQC) standards	Effective monitoring of provision through reviews of care needs and contract compliance Factor in current rates of NLW and NMW , as appropriate, when undertaking reviews of fees paid to providers	Staff retention Care provided in line with Care Quality Commission (CQC) standards Ensure that the assessed care needs of all protected groups are met	Amanda Nunn (Compliance lead)	From 7 th November 2016

Meeting people's needs in a manner that is culturally appropriate	<p>This is monitored and reported through contact compliance</p> <p>Monitoring of complaints for relevant issues</p>	Ensure that the HTLAH service being delivered are culturally appropriate	Amanda Nunn (Compliance lead)	On- going after service delivery starts

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):

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Date: 14th September 2016.....