

# **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](mailto:equality@leics.gov.uk)

*\*\*Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

<b>Key Details</b>	
<b>Name of policy being assessed:</b>	Supported Living Framework 1 <sup>st</sup> April 2017 - 31 <sup>st</sup> March 2021
<b>Department and section:</b>	Adults & Communities Department
<b>Name of lead officer/ job title and others completing this assessment:</b>	Louise Melbourne Strategic Planning and Commissioning Officer
<b>Contact telephone numbers:</b>	0116 3055604
<b>Name of officer/s responsible for implementing this policy:</b>	Sandy McMillan Assistant Director, Adults & Communities
<b>Date EHRIA assessment started:</b>	15/12/2015
<b>Date EHRIA assessment completed:</b>	

# 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><b>What is new or changed in this policy?</b> <i>What has changed and why?</i></p> <p>Supported living describes a combination of housing and support services, provided to enable people to be as independent as possible, to have choice and control over where they want to live, who they want to live with (if anyone) and the support they get. Supported living is a support option provided to people who are eligible for social care and is relevant to the 'meeting needs' category of the Adult Social Care Strategy 2016-20.</p> <p>The current supported living framework (which is the existing mechanism to commission supported living services) operates until 31<sup>st</sup> March 2017.</p> <p>The supported living framework has been reviewed in line with the new Adult Social Care Strategy and Commissioning Strategy, to ensure supported living is a cost effective and sustainable option for people who need it, and can support reductions to residential care admissions particularly for adults of working age.</p> <p>This EHRIA is concerned with the commissioning proposal for a new supported living framework in Leicestershire. New arrangements are needed to ensure that the supported living framework is a cost effective and sustainable option for people in Leicestershire and which can achieve the following:</p> <ul style="list-style-type: none"><li>• Motivate the delivery of outcomes and a progressive model of support.</li><li>• Support the delivery of our ideas to 'meet need'.</li><li>• Support the delivery of the Adult Social Care Strategy (2016-20) and Working Age Adults Strategy</li><li>• Facilitate improved relationships between the council and providers through effective risk sharing and reducing the number of relationships needed allowing resources to focus on delivering good quality support.</li></ul> <p>Medium Term Financial Strategy Savings targets are £1.16 million over a four year period, agreed by Cabinet in February 2016, the budget for supported living in 15/16 was £12.4 million.</p> <p>The new arrangements involve the reduction of providers on the framework to 5 across the county, each of whom will be responsible for delivering all managed supported living services for a geographical division of the county. It will also involve formally introducing progression into the services, to ensure people's independence is continually optimised. The relationship between the</p>
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	<p>provider and the council will ensure delivery of outcomes and the reduction in the number of providers will enable officers to focus on driving up quality.</p> <p>Engagement with the supported living provider market has taken place as part of the review process and has been key to determining how supported living can be more cost effective to deliver savings targets whilst delivering the individual outcomes required. Demand and supply for supported living has also been analysed locally to determine the changes required and the potential impact of those changes.</p> <p>Key learning from the engagement workshops included:</p> <ul style="list-style-type: none"> <li>• Providers have a desire to drive down costs and the principles of supported living fit with “prevent, reduce, delay and meet needs” principles of the Adult Social Care Strategy. Providers do require support from the council to ensure processes; systems and culture do not discourage reductions in packages.</li> <li>• Incentivisation of progressive support is thought to be achieved by the successful provider receiving more business and the lotting approach will support this better.</li> <li>• Providers are best placed to understand opportunities for efficiencies creating the potential for providers to play a lead role in reviewing packages of care.</li> <li>• The relationships between providers and the council needs to improve to develop trust to ensure the principle of ‘just enough support’ can be realistically and safely applied.</li> <li>• Feedback about the potential for reductions in packages of care varied. Providers with a large volume of business in a given area have been able to respond to local authorities’ target savings due to their ability to offset savings in one area with higher savings elsewhere. Organisations with smaller volumes of business, are unable to do this, and are opposed to blanket savings targets being applied in Leicestershire.</li> </ul>
2	<p><b>Does this relate to any other policy within your department, the Council or with other partner organisations?</b> <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>The Adult Social Care Strategy 2016 - 2020 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 meet our financial targets and implement our new approach to adult social care.</p> <p>The need for a new strategy arose 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>The new model of social care outlined in the ASC Strategy 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"> <li>• prevent a need for social care (by making universal services e.g. advice and information, public health wellbeing initiatives available),</li> <li>• reduce the need for social care (through targeted interventions, e.g. social groups),</li> <li>• delay the need for social care (through reablement and rehabilitation services) and for those most in need,</li> <li>• 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.</li> </ul> <p>The following strategies/workstreams are related to this area of work:</p> <ul style="list-style-type: none"> <li>- Adult Social Care Strategy 2016-20</li> <li>- Help to Live at Home Project</li> <li>- In-House Services Review</li> <li>- Adult Social Care Commissioning Strategy</li> <li>- Medium Term Financial Strategy</li> <li>- Adult Social Care Workforce Strategy</li> <li>- Working Age Adults Strategy</li> <li>- Finance</li> <li>- Assessment, support planning and review</li> <li>- Resource allocation</li> <li>- Learning and Development</li> <li>- Compliance</li> <li>- Performance Management</li> <li>- Integration with health</li> <li>- Market shaping</li> </ul>
	<p><b>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</b></p> <p>The potential impact of any changes to the commissioning supported living services is relevant to people living in Leicestershire with an eligible need or potential need for social care support who may be suitable for supported living. This may also include their relatives and ‘carers’. A significant proportion of people accessing supported living in Leicestershire via a commissioned service have learning disabilities (215 out of 264 as of January 2016).</p>

	<p>The intention of the changes are to ensure that the new model of support can:</p> <ul style="list-style-type: none"> <li>• Prevent escalation (increasing need) or a crisis, and maximise independence;</li> <li>• Deliver the right support to prevent, reduce or delay need, without creating dependence, delivered by the right people with the right skills.</li> </ul> <p>There are elements of supported living that are proposed to change as a result of the new supported living framework which are outlined below, which aim to meet MTFS savings without negative impact on existing or future users:</p> <p><b>Introducing progression and incentivisation:</b></p> <p>The focus for service provision is to support people to achieve their outcomes, and to deliver only as much formal support as needed to enable them to do so, whilst maximising informal support from families and communities, and self-management.</p> <p>Promotion of independence should be seen as a positive impact as packages of support will only be reduced where appropriate support planning is in place and risk assessments carried out. The overall impact of reducing support should lead to greater independence by;</p> <ul style="list-style-type: none"> <li>• being able to do more things for themselves</li> <li>• accessing universally available support and greater integration with mainstream services and activities</li> <li>• joining up with other forms of support</li> </ul> <p>However, for recipients of supported living services who may have been used to having people doing things for and / or with them, accompanying them when out and about this will be a big change and could have the impact of reducing social activity/increasing isolation and transition planning will need to address this.</p> <p>The new contractual arrangements will facilitate this by setting budget targets that the provider will need to work towards through service efficiencies and/ individual progression. Any additional reduction in budget will be rewarded by the providers being able to retain that annual saving. The mechanisms for this process are currently being finalised.</p> <p>Service users with protected characteristics in addition to disability will continue to receive assessed care, support and enablement appropriate to their needs. It is not anticipated there will be disproportionate negative impact on people who identify with other protected characteristics, e.g. race, ethnicity, sexual orientation, gender etc.</p> <p><b>Lotting approach:</b></p> <p>Provider engagement has focussed on understanding cost drivers for supported living and harnessing ideas to reduce costs. Providers have consistently cited the financial benefits of commissioning services in one area to maximise opportunities to share support and increase economies of scale. The current supported living framework does not support this approach and the new framework will ensure this is encouraged regardless of which model is agreed. There are potential benefits of this approach to both existing and new recipients of supported living in terms of opportunities to access peer support</p>
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and benefit from shared support where applicable.

The current arrangement is an open framework which means that the number of providers have increased to a number which is unmanageable. It is also arranged so that there are a few providers who work with not all client groups, preferring to work to their constitution. The council will ensure that the needs of individuals can be met by the provider responsible for the geographical lot. This will be achieved through the pre-procurement engagement, procurement exercise and ongoing contract management. There is flexibility in terms of how specialist providers will support the delivery of the new model by either lead provider or sole provider and providers will be supported as required to develop services as and when required.

The new framework will need to demonstrate this most effectively through meeting the needs of people via the Transforming Care agenda. The framework procurement will test the provider to ensure they have the right approach, skills and resources to meet any emerging needs not being supported by the existing workforce. If/ when this does occur work with the provider will take place to ensure they are given sufficient time to upskill and / or recruit a team and a transition plan will be developed. If it is deemed that, with support, the provider cannot meet the specific individual needs, the other four providers will be considered. Ongoing learning will need to ensure that service development continues and gaps in provision are addressed.

Reducing the number of providers will enable the council to work more effectively with those providers, with the potential benefits of improving data and quality.

**Transition:**

Adult Social Care Steering Board gave the mandate to transition existing supported living users to the new framework to ensure the benefits of the new approach are applied consistently. As a result of this decision existing users are likely to change where they source their support from. A transition plan and decommissioning plan will be required when the framework has been commissioned.

**Supported living Utilisation:**

At 31<sup>st</sup> January 2016 there were 264 individuals accessing supported living that will be affected by the commissioning, as recorded on the IAS system, broken down by the following groups:

<b>Client Category</b>	<b>Number of individuals</b>
Mental: Learning Disability	215
Mental: Memory & Cognition	3
Mental: Mental Health	17
Physical: Access & Mobility Only	20
Physical: Personal Care Support	7
Sensory Visual	1
Social: Substance Misuse	1

	In-house provision and services that are being dealt with by Leicester City Council's procurement are excluded from this data.		
<b>4</b>	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? <b>(Please tick and explain how)</b>		
		<b>Yes</b>	<b>No</b>
			<b>How?</b>
	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	The supported living framework will enable commissioning workers to arrange supported living for people who do not want to take their personal budget as a cash payment. The support provided to eligible individuals, as with any type of social care support, will need to support this area in line with their support plan.
	Foster good relations between different groups	x	The new supported living model will be 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

<b>5.</b>	Have the target groups been consulted about the following?	<b>Yes</b>	<b>No*</b>
		<b>X</b>	
			<b>X</b>
			<b>X</b>

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.	*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>There has been formal consultation as part of the Draft Adult Social Care Strategy consultation which included detail about our ideas for how the council will ‘meet need’. 321 questionnaire responses were received during the consultation, 19 per cent of respondents were people who use social care, and a further 19 per cent were family member/carer of an adult who uses social care. A further 732 individuals were engaged with through the consultation period, as part of workshops and meetings, 21 per cent of who were people who used social care and 10 per cent were family member/carer of an adult who uses social care.</p> <p>The following table shows the responses to the specific questions in the strategy consultation which relate to the principles around meeting need, demonstrating majority support for the proposals.</p> <table><tr><th>Question number</th><th>Grid option</th><th>Response</th></tr><tr><td rowspan="4">Q8a</td><td rowspan="4">We will work out what support the community can provide before considering local authority funded support. This might include community groups and activities, volunteering and education opportunities.</td><td>Agree</td><td>197 (67.5%)</td></tr><tr><td>Neither agree nor disagree</td><td>43 (14.7%)</td></tr><tr><td>Disagree</td><td>43 (14.7%)</td></tr><tr><td>Don't know</td><td>9 (3.1%)</td></tr><tr><td rowspan="4">Q8b</td><td rowspan="4">We will support people to manage their personal budget as a cash payment (this could be helping people through the process of employing personal assistants). For people who cannot manage cash payments, we can manage the personal budget for them. We call this a managed budget.</td><td>Agree</td><td>203 (69.3%)</td></tr><tr><td>Neither agree nor disagree</td><td>48 (16.4%)</td></tr><tr><td>Disagree</td><td>26 (8.9%)</td></tr><tr><td>Don't know</td><td>16 (5.5%)</td></tr><tr><td rowspan="4">Q8c</td><td rowspan="4">We will work with a smaller number of providers to deliver quality, cost effective support (this may mean less choice of provider for those on a managed budget)</td><td>Agree</td><td>152 (51.7%)</td></tr><tr><td>Neither agree nor disagree</td><td>55 (18.7%)</td></tr><tr><td>Disagree</td><td>76 (25.9%)</td></tr><tr><td>Don't know</td><td>11 (3.7%)</td></tr><tr><td rowspan="4">Q8d</td><td rowspan="4">We will require providers to work in ways that can maximise people's independence and reduce reliance on the services that the council pay for.</td><td>Agree</td><td>189 (64.3%)</td></tr><tr><td>Neither agree nor disagree</td><td>58 (19.7%)</td></tr><tr><td>Disagree</td><td>37 (12.6%)</td></tr><tr><td>Don't know</td><td>10 (3.4%)</td></tr><tr><td rowspan="4">Q8e</td><td rowspan="4">We will make sure people get just enough support to meet their needs. Regular reviews will mean that levels of support will change as a person's needs change.</td><td>Agree</td><td>193 (65.6%)</td></tr><tr><td>Neither agree nor disagree</td><td>46 (15.6%)</td></tr><tr><td>Disagree</td><td>45 (15.3%)</td></tr><tr><td>Don't know</td><td>10 (3.4%)</td></tr><tr><td rowspan="4">Q8f</td><td rowspan="4">We will develop alternative approaches to residential care, including Supported Living, Extra Care Housing and Shared Lives.</td><td>Agree</td><td>186 (64.6%)</td></tr><tr><td>Neither agree nor disagree</td><td>73 (25.3%)</td></tr><tr><td>Disagree</td><td>20 (6.9%)</td></tr><tr><td>Don't know</td><td>9 (3.1%)</td></tr></table>				Question number	Grid option	Response	Q8a	We will work out what support the community can provide before considering local authority funded support. This might include community groups and activities, volunteering and education opportunities.	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	<p>If people's support changes as result of this work, it will be managed through transitional/ decommissioning processes to ensure any negative impact to the user is minimised and/ or mitigated and the aim is to secure the resources of the Pathway to Housing Project to help with the process to ensure people can make informed choices about what is going to affect them.</p> <p>As part of the engagement with existing providers, work has been done to involve people who currently use supported living services to develop the new service specification A series of work was done to inform the best way of involving users of the service with the majority of respondents suggesting that face to face meetings were most suitable –As a result officers met with people and asking them questions that gathered people's views about what a good and bad service looks like to them.</p> <p>The information gathered has been used to inform the service specification and derive a method statement for the procurement which people who currently use services will be evaluating.</p>
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## 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 potentially 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. However supported living users tend to be younger age adults as tend to access these services earlier in their lives. As of January 2016, 220 people accessing supported

				living affected by the new framework were under 65, and 44 were 65 years and over.
	<b>Disability</b>	<b>x</b>		All people accessing supported living services will be eligible for social care services in line with national eligibility criteria. Data from January 2016 (section 8) shows that almost 100 per cent of people have social care needs resulting from a disability. As a result of this work, changes to people's support package in terms of the way that they are supported and who they are supported by, may occur. Any associated changes to individuals support will need to consider the best way to do this for the individuals involved, through both transition planning and the decommissioning processes.
	<b>Gender Reassignment</b>		<b>x</b>	
	<b>Marriage and Civil Partnership</b>		<b>x</b>	
	<b>Pregnancy and Maternity</b>		<b>x</b>	
	<b>Race</b>	<b>x</b>		The focus on achieving individual outcomes will support equality of service delivery. Ongoing monitoring is required to ensure that services are accessible and inclusive.
	<b>Religion or Belief</b>	<b>x</b>		As above
	<b>Sex</b>	<b>x</b>		As above
	<b>Sexual Orientation</b>	<b>x</b>		As above
	<b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum</b>	<b>x</b>		Integration and partnerships with health services will contribute to addressing health inequalities.

	seeker and refugee communities, looked after children, deprived or disadvantaged communities			
	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? <b>(Please tick)</b></p> <p>Explain why you consider that any particular <a href="#">article in the Human Rights Act</a> 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
	<b>Part 1: The Convention- Rights and Freedoms</b>			
	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		Social Care services including supported living is underpinned by ASC duty to promote wellbeing and personal dignity. All services, either in house or commissioned, are expected to be delivered at an acceptable standard to maintain health and 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		Supported living is focused on how to support people to remain independent in the setting of their choice taking into account their right to privacy.
	Article 9: Right to freedom of thought, conscience and		x	Support providers will be expected to ensure that a person's cultural

	<b>religion</b>			and religious needs are understood, respected and supported.
	<b>Article 10: Right to freedom of expression</b>		<b>x</b>	
	<b>Article 11: Right to freedom of assembly and association</b>		<b>x</b>	
	<b>Article 12: Right to marry</b>		<b>x</b>	
	<b>Article 14: Right not to be discriminated against</b>	<b>x</b>		The values and principles of supported living are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefitting from them.
<b>Part 2: The First Protocol</b>				
	<b>Article 1: Protection of property/ peaceful enjoyment</b>	<b>x</b>		Supporting people to remain independent in the setting of their choice supports this article, together with safeguarding policy
	<b>Article 2: Right to education</b>		<b>x</b>	
	<b>Article 3: Right to free elections</b>		<b>x</b>	
<b>Section 2</b>				
<b>D: Decision</b>				
<b>12.</b>	Is there evidence or any other reason to suggest that:	<b>Yes</b>	<b>No</b>	<b>Unknown</b>
	a) this policy could have a different affect or adverse impact on any section of the community;		<b>X</b>	
	b) any section of the community may face barriers in benefiting from the proposal		<b>X</b>	
<b>13.</b>	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"/>
<b>Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.</b>				
<b>14.</b>	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 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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| <b>15.</b> | <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"><li>a) current needs and aspirations and what is important to individuals and community groups (including human rights);</li><li>b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);</li></ul> |
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	c) likely barriers that individuals and community groups may face (including human rights)
<p><b>Current Users Views:</b></p> <p>Working with organisations who currently deliver supported living services in Leicestershire, a methodology was developed to engage with people who use services that consider their individual needs and preferences. Providers who know the people well were asked about the best ways to involve them in the service development. As a result a basic questionnaire was produced and a series of meetings were arranged to meet face to face with people.</p> <p>The questionnaire focussed on asking the following:</p> <ul style="list-style-type: none"> <li>• What makes a good provider?</li> <li>• What makes a bad provider?</li> <li>• What does a good day look like?</li> <li>• What does a bad day look like</li> </ul> <p>Face to face customer engagement:</p> <p>A total of 13 meetings took place including a number of one to one sessions/visits in a variety of settings, including a person's own home, a shared home and a group of individual flats. Continuity and competency of staff were commonly cited as important for individuals receiving the service. Feedback from this exercise has been used to inform the development of the new service specification and to support transition arrangements.</p> <p>The information gathered as part of this process, along with other national research on quality standards for this service area has been used to inform the service specification and the procurement method statements. There is aspiration for the future service to recruit people who can play an active part in the ongoing role evaluation of quality checkers that will feed into the contract management process. The Department's Co-Production Officer is supporting this process as improved co-production in commissioning.</p> <p>A "Need to Consult" questionnaire was completed to determine risks associated with the proposal and whether consultation would mitigate these risks, highlighting concerns about communicating changes and the anxieties this may cause. The advice provided suggested that further work with users and providers would be beneficial in terms of reducing the risk associated a potential challenge to the council. Legal advice has subsequently been sought in relation to the council's duty's to inform users of changes to the services they receive and has recommended that communication about the changes should take place prior to procurement, focussing on the changes being at a level that should not cause disruption to those people who receive a service. A plan is being developed as to how the council and providers will identify and support those people who would be detrimentally affected by this communication, considering what methods would be best to use, and what support would need to be available.</p> <p>Individuals will continue to have the option to take their Personal Budget as a cash payment if for example, they wish to continue with their existing provider and that provider is not responsible for delivering supporting living in that area under the new arrangements. It should be noted that where people share their support in the same setting, agreement about who provides the support must be reached to ensure support does not become disaggregated. Work will continue to be carried out to ensure this will happen, as it is done currently.</p>	

**Ongoing evaluation of impact:**

Individuals accessing supported living now and in the future will be assessed as eligible for adult social care therefore will have an assessment of need and associated support plan identifying individual's needs and aspirations.

In addition to statutory assessment and support planning, the supported living providers will be expected to work with the person to identify ongoing needs and aspirations through ongoing support assessments, support plans, person centred plans, helping them to identify and achieve goals as part of progression.

The contract management process will oversee the delivery of service outcomes which will include how individual outcomes will be delivered and if they are not, the evidence as to why.

The statutory review process for each individual will check progress against individual outcomes including needs and aspirations.

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| <b>16.</b> | 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? |
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Ongoing assessment of impact will be monitored and managed by business as usual activity as outlined above.

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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| <b>17.</b> | 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? |
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See response in paragraph 15.

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| <b>18.</b> | Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups? |
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No – advice has been sought about the need to consult and concluded that ongoing involvement and communication should be conducted at relevant points in the process.

**Section 3****B: Recognised Impact**

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| <b>19.</b> | Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' |
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are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.													
	<b>Comments</b>												
<b>Age</b>	Older people make up the largest group of users of social care, and numbers are increasing. However supported living users tend to be younger age adults as they tend to access these services earlier in their lives. As of January 2016, 220 people accessing supported living affected by the new framework were under 65, and 44 were 65 years and over.												
<b>Disability</b>	All people accessing supported living services will be eligible for social care services in line with national eligibility criteria. Data from January 2016 (section 8) shows that almost 100 per cent of people have social care needs resulting from a disability. As a result of this work, changes to people's support package in terms of the way that they are supported and who they are supported by, may occur. Any associated changes to individual support will need to consider the best way to do this for the individuals involved through transition planning and decommissioning processes.												
<b>Gender Reassignment</b>	No specific impact identified												
<b>Marriage and Civil Partnership</b>	No specific impact identified												
<b>Pregnancy and Maternity</b>	No specific impact identified												
<b>Race</b>	<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. The table below shows number of people accessing supported living by ethnicity taken from LAS data on 31.1.16</p> <table border="1"> <thead> <tr> <th>Ethnicity</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Asian/ Asian British- ....Any other</td><td>7</td></tr> <tr> <td>... British Chinese</td><td></td></tr> <tr> <td>....British Indian</td><td></td></tr> <tr> <td>... Black British-African</td><td></td></tr> <tr> <td>Not recorded</td><td>6</td></tr> </tbody> </table>	Ethnicity	Total	Asian/ Asian British- ....Any other	7	... British Chinese		....British Indian		... Black British-African		Not recorded	6
Ethnicity	Total												
Asian/ Asian British- ....Any other	7												
... British Chinese													
....British Indian													
... Black British-African													
Not recorded	6												



		<div>White – ...Any other background ...English ... Welsh ... Scottish ... N. Irish ... British</div> <div>Total</div>	<div>266</div> <div>279</div>								
	Religion or Belief	No data collected. As with all services provided by LCC, the expectation is that they will be delivered with sensitivity to the requirements of all faiths, and provision for observance made where required.									
	Sex	Sex of people accessing supported living on 31.1.16 taken from LAS data: <table><tr><td>Sex</td><td>Total</td></tr><tr><td>Female</td><td>120</td></tr><tr><td>Male</td><td>159</td></tr><tr><td>Total</td><td>279</td></tr></table>		Sex	Total	Female	120	Male	159	Total	279
Sex	Total										
Female	120										
Male	159										
Total	279										
	Sexual Orientation	As above									
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	Integration and partnerships with health services will contribute to addressing health inequalities. The promotion of supported living to more people may help parent carers to see supported living as an attractive service encouraging them to start planning in advance.									
	Community Cohesion	The focus on maximising use of community resources should promote greater inclusion and community cohesion.									

<b>20.</b>	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?	
		<b>Comments</b>
	<b>Part 1: The Convention- Rights and Freedoms</b>	
	<b>Article 2: Right to life</b>	Safeguarding is likely to engage this article
	<b>Article 3: Right not to be</b>	Social Care services, including supported

	<b>tortured or treated in an inhuman or degrading way</b>	living, are underpinned by ASC duty to promote wellbeing and personal dignity. All services, either in house or commissioned, are expected to be delivered at an acceptable standard to maintain health and dignity.
	<b>Article 4: Right not to be subjected to slavery/ forced labour</b>	
	<b>Article 5: Right to liberty and security</b>	Safeguarding will protect these rights
	<b>Article 6: Right to a fair trial</b>	
	<b>Article 7: No punishment without law</b>	
	<b>Article 8: Right to respect for private and family life</b>	Supported living is focused on how to support people to remain independent in the setting of their choice.
	<b>Article 9: Right to freedom of thought, conscience and religion</b>	
	<b>Article 10: Right to freedom of expression</b>	
	<b>Article 11: Right to freedom of assembly and association</b>	
	<b>Article 12: Right to marry</b>	
	<b>Article 14: Right not to be discriminated against</b>	The values and principles of supported living are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefitting from them.
	<b>Part 2: The First Protocol</b>	
	<b>Article 1: Protection of property/ peaceful enjoyment</b>	The right to own tenancy within supported living supports this article
	<b>Article 2: Right to education</b>	
	<b>Article 3: Right to free elections</b>	Supported living supports the involvement in community and political democracy.
<b>Section 3</b>		
<b>C: Mitigating and Assessing the Impact</b>		
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.		
<b>21.</b>	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.	

There is no adverse impact anticipated however it is important to recognise that any change, if not managed well, can itself result in negative impact. The importance of managing this process, including positive communication and involvement will be essential to ensure any of the groups affected, regardless of equalities, are not adversely affected.

N.B.

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

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

- 22.** Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.
- a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination
  - b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed
  - c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why

As mentioned above the transition and decommissioning process will be tailored to ensure people get the right information and support to help them deal with any of the changes that occur as result of this commissioning. Help to Live at Home Project commissioning is currently setting out a new approach to commissioning

For new people accessing supported living, the impact is intended to be positive by making supported living available to more people, and maximising people's independence through a progressive model of support, making them less reliant on formal support. This will be done by effective risk assessment and supporting individuals to make choices about the way they live in line with the rest of society. Making the services as cost effective as possible aims to make it more cost effective than residential care and in turn encouraging the commissioning of supported living where historically residential care would have been commissioned.

There are a number of activities that will support our intentions, however these activities are broader than supported living recommissioning:

1. The forthcoming departmental restructure which aims to ensure the arrangement of staff and teams aligns with the requirement of the business in relation to developing proactive commissioning approaches and developing strategic relationships with providers.
2. Procurement and detail in the service specification
3. Workforce Strategy – associated staff training and development for the team and staff managing the contracts
4. The reduced number of contracted providers will allow more time for workers to

contract manage.

5. The contract management tool (Quality monitoring toolkit).

In terms of sustainability and making it more available to all, we are finalising our pricing evaluation and looking at an approach that looks at whole lifetime costs and allows us to deal with inflationary costs such as National Living Wage increases.

We are planning a market testing activity to see whether the pricing that we need to set to deliver the savings will allow us to buy sustainable and effective services. We will hopefully determine whether what we are thinking is achievable.

In addition to statutory assessment and support planning, the supported living providers will be expected to work with the person to identify ongoing needs and aspirations through ongoing support assessments, support plans, person centred plans, helping them to identify and achieve goals as part of progression.

The contract management process will oversee the delivery of service outcomes which will include how individual outcomes will be delivered and if they are not, the evidence as to why. The statutory review process for each individual will check progress against individual outcomes including needs and aspirations.

### 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 supported living framework will continue to support Leicestershire County Council to meet the responsibilities in relation to equality; diversity, community cohesion and human rights by ensuring people are supported in line with our Adult Social Care Strategy.

### Section 3

#### E: Monitoring, evaluation & review of your policy

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| 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>If people's support changes as result of this work, it will be managed through transitional/ decommissioning processes to ensure any negative impact to the user is minimised and/ or mitigated. The aim is to secure the resources of the Pathway to Housing Project to help with the process to ensure people can make informed choices about what is going to affect them.</p> |
| 25. | <p>How will the recommendations of this assessment be built into wider planning and review processes?<br/><i>e.g. policy reviews, annual plans and use of performance management systems</i></p> <p>Any recommendations from this assessment will be built into relevant wider processes as part of the introduction of more strategic relationships between</p>  |

	contracted providers and the council through a continuous cycle of improvement and development.
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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.

Equality Objective	Action	Target	Officer Responsible	By when
Ensure people currently accessing supported living are supported well through the changes that are being implemented	Skilled resources are available to support this process, a robust exceptions policy is in place	Transition to new framework is seamless and people feel informed and supported to make choices. Needs are identified early enough to support service development to meet needs.	TBD – a task and finish group is being established to do this work.	October 2017
Eligible individuals are supported to maximise their resilience and independence	Formal implementation of progression and recovery	Reduction in total spend on supported living (not taking into account growth) can be achieved without detriment to the individuals	Contract Compliance	Ongoing throughout the life of the contract
Supported living is a realistic alternative to more people (particularly those of working age) to residential care.	Increase cost effectiveness of supported living through better commissioning.	Reduction in numbers of people entering residential care	Strategic Planning and Commissioning	Ongoing through the life of the contract.

Improve availability and suitability of local services	Commissioning approach (whole cycle) for supported living helps to develop the local market to ensure providers can respond to requirements of eligible population locally	Better strategic relationships with providers increase quality, flexibility and responsiveness. Improvement in service quality and capability resulting in reduction of exceptions	Strategic Compliance and Associated Management	Ongoing throughout the life of the contract.
Promote continuity and competency of care staff in service delivery to maintain and improve the quality of care provided	Embed and ensure delivery of outcomes within contract.  Evaluate procedures for supporting users through change	Minimise the incidence of staff turnover in accordance with the wishes of services users, as stated in engagement events.  Promote good standards of care provision by ensuring that National Living and Minimum Wage levels are reflected in hourly rates paid to providers.	Market Development (procurement) and Compliance	Procurement and throughout the lifetime of the contract.
Improve collection and analysis of monitoring data in relation to service users.	Compliance team to use data to identify any issues/ changes or trends of access for protected groups,	Ensure that services remain inclusive across protected groups.  Improve our understanding of the needs of the Supported	Compliance Team	Ongoing throughout the lifetime of the contract.

		Living service user group, and more accurate appraisal as services develop in the progressive model.		
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## 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** ☒

1<sup>st</sup> Authorised Signature (EHRIA Lead Officer): .....

Date: .....

2<sup>nd</sup> Authorised Signature (DEG Chair): ..... *La Ned* .....

Date: .....27 September 2016.....