

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 <u>guidance</u>, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your <u>Departmental Equalities Group</u> or <u>equality@leics.gov.uk</u>

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

Key Details					
Name of policy being assessed:	Leicester, Leicestershire and Rutland Health and Social Care Protocol				
Department and section:	Adults and Communities				
Name of lead officer/ job title and others completing this assessment:	Heather Pick, Assistant Director Personal Care and Support Anna Bailey, Business Consultant				
Contact telephone numbers:	Heather Pick – 0116 305 7456 Anna Bailey – 07850 521 590				
Name of officer/s responsible for implementing this policy:	Heather Pick				
Date EHRIA assessment started:	25 th February 2013 (old format documentation)				
Date EHRIA assessment completed:	11 th July 2014				

Section 1: Defining the policy

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

1	What is new or changed in this policy? <i>What has changed and why?</i> Why were Changes Needed? The Protocol had not been updated since 2005 and was deemed to be unwieldy, including unnecessary information and sections that would be more appropriate as separate documents; its use was inconsistent and it no longer held an appropriate level of importance within the participating organisations. It needed a much higher profile; there needed to be somewhere to report practical problems with the use of the Protocol; a consistent method of recording training undertaken and competence / delegation of tasks needed to be developed and implemented.
	 The new Protocol aims to achieve: 1) Improvements for individuals in receipt of health and social care services by providing a more streamlined and co-ordinated response between agencies 2) Improvements in the use of resources for all agencies
	It is important to understand that the updating of the Protocol does not change working practice of carrying out tasks with individuals that is already taking place; rather it is simply updating the underpinning documentation.
	What Changes were Made? The terms and language used was standardised throughout the Protocol and its supporting documents.
	The signatures of Senior Directors / Officers from each participating organisation were included at the beginning.
	New guiding principles were developed and included in the opening section. Large sections of text were removed. Content listing tasks belonging to health and tasks belonging to social care was removed. Instead, only those tasks that could be delegated from health to social care were included. The sections on equipment and medical policies were removed – these are now separate stand alone documents (and referred in the Protocol). Descriptions of tasks were carefully redefined, new tasks were added and tasks were categorised as either Generic or Specific (these terms relate to the type of training required by the social care worker). Tasks were placed into themed headings.
	The Protocol establishes a new body called the Health and Social Care Oversight Board, made up of members from each participating organisation. The remit of the Board is described in the Protocol.
2	Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i> No
3	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them? The health care tasks and working arrangements described in the Protocol will be used by staff of all agencies in their work with all individuals that have both health and social care needs. The Protocol aims to ensure that individuals will receive a more integrated service, through promotion of constructive co-operation between staff of

	different agencies in the interests of good quality care for individuals throughout					
	Leicestershire and Rutland.					
4	Will this policy meet the Equality Act 2010 requirements to have due regard to					
	the need to meet any of the following aspects? (Please tick and explain how)					
		Yes	No	How?		
	Eliminate unlawful			The health care tasks and working		
	discrimination,	\checkmark		arrangements described in the Protocol will		
	harassment and			be used by staff of all agencies in their work		
	victimisation			with all individuals that have both health and		
				social care needs, regardless of the equality characteristics of those individuals. The		
				Protocol will have no more or less of an		
				impact on any individual equality grouping.		
	Advance equality			The health care tasks and working		
	of opportunity			arrangements described in the Protocol will		
	between different	\checkmark		be used by staff of all agencies in their work		
	groups			with all individuals that have both health and		
	5 - 1 -			social care needs, regardless of the equality		
				characteristics of those individuals. The		
				Protocol will have no more or less of an		
	Easter good			impact on any individual equality grouping. Not relevant to the individuals in receipt of		
	Foster good relations between	1		support. However, the Protocol aims to		
		¥		foster good relations between staff working		
	different groups			in the different participating organisations		
				with the aim of providing a better service to		
				individuals.		

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 <u>Section 3</u> on Page 7 of this document.

Sect A: Re	ion 2 esearch and Consultation		
5.	Have the target groups been consulted about the following?	Yes	No*
	 a) their current needs and aspirations and what is important to them; 		✓
	 b) any potential impact of this change on them (positive and negative, intended and unintended); 		✓
	c) potential barriers they may face		\checkmark
6.	If the target groups have not been consulted directly, have representatives been consulted or research		~

	explored (e.g. Equality Mappir	ng)?					
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?						
8.	*If you answered 'no' to the que what consultation you are plan be necessary.	•					
	Please note: the updating of the Protocol does not change working practice of carrying out tasks with individuals that is already taking place; rather it is simply updating the underpinning documentation.						
	ion 2						
<u>B: M</u> 9.	onitoring Impact Are there systems set up to:				Yes	No	
•							
	 a) monitor impact (positive and unintended) for diff 	-	-	ended	~		
	b) enable open feedback different communities	and sugg	estions fr	om	~		
NI -		-					
estat	e: If no to Question 8, you will blished to check for impact of ion 2						
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	Race				
			 ✓ 		
	Religion or Belief				
			~		
	Sex		~		
	Sexual Orientation		 ✓ 		
	Other groups e.g. rural isolation,		~		
	deprivation, health				
	inequality, carers, asylum seeker and refugee				
	communities, looked after				
	children, deprived or disadvantaged				
	communities				
	Community Cohesion		~		
11.	there be an impact on human (Please tick) Explain why you consider that apply to your policy/ practice/ individuals are likely to be affe	the protected by this proposal? Could be on human rights for any of the protected characteristics? consider that any particular <u>article in the Human Rights Act</u> may by/practice/function or procedure and how the human rights of ely to be affected below: [NB. Include positive and negative as barriers in benefiting from the above proposal]			
		Yes	No	Comments	
	Part 1: The Convention- Rights and Freedoms				
	Tart I. The Convention- Rig				
	Article 2: Right to life		~		
	Article 2: Right to life Article 3: Right not to be tortured or treated in an inhuman or degrading way	✓		Health care tasks being performed under delegation will be carried out by staff that have received training and are signed off as being competent. The underpinning training programme and 'passport' ensure that both the 'common steps' and the tasks themselves are carried out to nationally recognised standards.	
	Article 2: Right to life Article 3: Right not to be tortured or treated in an	· ·	✓ ✓	under delegation will be carried out by staff that have received training and are signed off as being competent. The underpinning training programme and 'passport' ensure that both the 'common steps' and the tasks themselves are carried out to	

			,			
	Article 5: Right to liberty and security		\checkmark			
	Article 6: Right to a fair trial	rticle 6: Right to a fair trial				
	Article 7: No punishment without law					
	Article 8: Right to respect for private and family life			 Health care tasks and record keeping being performed under delegation will be carried out by staff that have received training and are signed off as being competent. The underpinning training programme and 'passport' ensure that both the 'common steps' and the tasks themselves are carried out to nationally recognised standards. Health care tasks and record keeping being performed under delegation will be carried out by staff that have received training and are signed off as being competent. The underpinning training programme and 'passport' ensure that both the 'common steps' and the tasks themselves are carried out by staff that have received training and are signed off as being competent. The underpinning training programme and 'passport' ensure that both the 'common steps' and the tasks themselves are carried out to nationally recognised standards. 		
	Article 9: Right to freedom of thought, conscience and religion	✓				
	Article 10: Right to freedom of expression		~			
	Article 11: Right to freedom of assembly and association		~			
	Article 12: Right to marry		\checkmark			
	Article 14: Right not to be discriminated against		~			
	Part 2: The First Protocol					
	Article 1: Protection of property/ peaceful enjoyment		✓			
	Article 2: Right to education		~			
	Article 3: Right to free elections		\checkmark			
Secti						
	ecision			V	N	
12.	Is there evidence or any other re suggest that:	Is there evidence or any other reason to suggest that:		Yes	No	Unknown
	 a) this policy could have a diaffect or adverse impact or section of the community; 	on any			✓	
	 b) any section of the community may face barriers in benefiting from the proposal 		-		✓	

13.	Based on the answers to the questions above, what is the likely impact of this policy				
	No Impact	Positive Impact	Neutral Impact	Negative Impact or Impact Unknown	
Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.					
14.	Is an EHRIA rep	oort required?	Yes	No 🗸	

Section 2: Completion of EHRIA Screening

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

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

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

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your <u>Departmental Equalities Group</u> 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.

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 x
Equality and Human Rights Assessment Report
1 st Authorised Signature (EHRIA Lead Officer):
2 nd Authorised Signature (DEG Chair): MMAMA Heather Pick Date:26/08/2014