

# **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>	Prevention Services – Eligible Services
<b>Department and section:</b>	Strategic Planning & Commissioning Team Adults and Communities Department
<b>Name of lead officer/ job title and others completing this assessment:</b>	Amanda Price Louise Melbourne
<b>Contact telephone numbers:</b>	0116 3057364 / 0116 3055060
<b>Name of officer/s responsible for implementing this policy:</b>	Strategic Planning & Commissioning Officers; Ian Mellor, Carin Davies, Louise Melbourne, Martin Hall and Amisha Chauhan
<b>Date EHRIA assessment started:</b>	EHRIA process started: 26th February 2014 Reviewed following consultation: 14 <sup>th</sup> July 2014
<b>Date EHRIA assessment completed:</b>	5 <sup>th</sup> August 2014

# Section 1: Defining the policy

## Section 1: Defining the policy

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

1	<p>What is new or changed in this policy? <i>What has changed and why?</i></p> <p>The Strategic Planning and Commissioning Team are developing a revised prevention service offer which reflects the longer term strategic vision, offering greater opportunity to align services with need and to move to an outcome based framework. It is important to clarify that the main focus of the review is Secondary Prevention/Early Help as defined in the prevention work lead by Public Health during 2012: <i>'This is aimed at identifying people at risk and halting or slowing down any deterioration. Interventions are aimed at identifying people at risk of specific health conditions or events (such as strokes or falls) or those that have existing low level social care needs'</i>.</p> <p>A number of Voluntary Sector and Housing Related Support (HRS) services are being reviewed to ensure alignment of future commissioned services to the secondary prevention model see definition below.</p> <p>In Summer 2013 – The County Council announced a five year savings requirement of £110m. The County Council undertook a detailed budget consultation to inform the Medium Term Financial Strategy (MTFS). Adults and Communities spend £9 million on Housing Related Support and Voluntary sector – it has been identified that we need to save £3.5 million by 2016/17</p> <p>Therefore, in response make these significant savings, we shall ensure that service delivery is aligned with strategic priorities of the department and that positive outcomes are being achieved for service users</p> <p>The desktop review of preventative services has identified a number of inconsistencies in commissioned services, specifically around preventative services that are being accessed by people who are eligible for social care under Fair Access to Care Services (FACS), or where there is some likelihood of crossover to the care-pathway. There is a legal requirement to ensure that people that require support to meet eligible needs have services available.</p> <p>This EHRIA specifically refers to services which are likely to be supporting people who are receiving a package of care/ personal Budgets and include: Long term housing related support for the following groups:</p> <ul style="list-style-type: none"> <li>➤ Learning Disabilities</li> <li>➤ People with Mental Health problems</li> <li>➤ Physical disabilities including associated with brain injury</li> <li>➤ People who have a brain injury</li> </ul>
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	<p>A range of support for social groups with and without transport</p> <ul style="list-style-type: none"> <li>➤ People with learning disabilities</li> <li>➤ People with mental health</li> <li>➤ People with physical disabilities and sensory impairment</li> </ul> <p>Services are generally delivered in specific district or boroughs in the County with the exception of services provided by Headway (Brain Injury specialist services) and Advance x 2 contracts (HRS Countywide Floating Support for learning disability and Housing Related Support Countywide floating support for mental health) who provide county wide services.</p> <p>Below is a full list of services that are affected by the proposals that this EHRIA is specifically dealing with:</p> <ul style="list-style-type: none"> <li>• Shared Lives Service (Adults and Communities Department)</li> <li>• Oadby and Wigston learning disability supported living (long term) – Creative Support Countywide learning disability floating support (Creative Support)</li> <li>• Challenge Group (Glebe House Charnwood Ltd)</li> <li>• Information and Daycare Services (Headway)</li> <li>• Floating Support for people physical or sensory impairment (Headway)</li> <li>• Day and Community Services (Melton Welfare Sitting Service – Melton Mencap)</li> <li>• Day and Community Services (Hinckley and District Mencap)</li> <li>• Community Support – Hinckley Association for the Disabled</li> <li>• Roecliffe Court – Leonard Cheshire Homes</li> <li>• Melton, Charnwood and Harborough Learning Disability Supported Living (long term)</li> <li>• Early Intervention and Prevention Services - (Mosaic Shaping Disability Services)</li> <li>• Sole Traders x 4 - Supporting people with learning disabilities and physical disabilities</li> <li>• Learning Disability Floating Support (long term) – Nottingham Community Housing Association</li> <li>• North West Leicestershire Mental Health Floating Support (long- term) – Nottingham Community Housing Association</li> </ul> <p>Support specified for all HRS contracts included in this EHRIA as detailed in contracts/ schedules include eligible tasks as follows (some variation in contracts for different groups and delivery approaches):</p> <ul style="list-style-type: none"> <li>• Help in setting up and maintaining home or tenancy</li> <li>• Developing domestic/ life skills</li> <li>• Developing social skills/behaviour management</li> <li>• Advice, advocacy or liaison</li> <li>• Help in managing finances and benefit claims</li> <li>• Emotional support, counselling and advice</li> <li>• Help in gaining access to other services</li> <li>• Help in establishing social contacts and activities</li> <li>• Help in establishing personal safety and security</li> <li>• Supervision and monitoring of health and well being</li> <li>• Peer support and befriending</li> </ul>
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	<ul style="list-style-type: none"> <li>• Help finding other accommodation</li> <li>• Help maintaining the safety and security of the dwelling</li> <li>• Access to local community organisations</li> </ul> <p>Other non HRS services included in this EHRIA support the provision of social groups for various cohorts of people including learning disabilities, physical disabilities and contractual objectives are varied but can be broadly summarised as:</p> <ul style="list-style-type: none"> <li>• Support the Council to meet the requirements of “Leicestershire County Council Disability Equality Scheme 2006 – 2009”. To promote independence and maximise life changes, to empower and safeguard vulnerable people thereby contributing to the overall well-being of the community.</li> <li>• That the provision of stimulating activities and support to access community facilities will improve disabled people’s well-being and quality of life.</li> </ul> <p>Specialist service provision (e.g. Headway) has more detailed objectives relating specifically to the circumstances of the people the service is aimed at, particularly around coping with the changes to personal circumstances associated with the particular illness or disability.</p> <p>Service delivery and level of investment/ funding also varies from service to service but usually includes number of ‘places’ that should be available, where the service should be delivered, whether or not transport should be provided if needed, and on occasion what type of activities are accessed (e.g. swimming, bowling etc.).</p> <p>The number of people accessing the services included in this EHRIA is varied and data sources are also varied. Housing related support services have specified numbers of units that are specified with contractual agreements. Actual utilisation of services is understood by referring to monitoring data and this is not standardised across all service types. For Housing Related Support Long Term services data is in the form of Performance Indicator (PI) Reports which provide percentages against targets around utilisation, throughput, service availability, maintaining independence. For social groups monitoring data collected again is varied and usually contains numbers of people accessing the groups, but there are huge gaps in monitoring data collection. As a result there is not a clear or accurate picture with regards to demographic information relating to equality strands for access to the services included in this EHRIA.</p>
<b>2</b>	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>The development of the Adults and Communities Prevention offer forms part of a wider unified prevention offer for Leicestershire’s Communities that has been developed as part of the Better Care Fund. The Better Care Fund (formerly the Integration Transformation Fund) is a single pooled budget to</p>

support health and social care services to work more closely together in local areas. It forms an important element of strategic planning in both health and social care. In Leicestershire part of the Better Care Fund will be invested in a unified prevention offer, including funding for Local Area Coordination. The intention is that by 2018 there will be a comprehensive offer for community-based prevention for the citizens of Leicestershire, bringing together all the resources available to Local Councils and the NHS. Commissioning options arising out of the prevention review and departmental prevention offer have been developed to be aligned with and form part of this unified prevention offer, in particular Local Area Coordination.

Throughout the review process it has been recognised that the scale of the proposed changes has the potential to impact on a range of services commissioned or offered by the department (both adult social care and communities and wellbeing). These impacts could be varied, including:

- It has been identified that a number of existing housing related support services need to be aligned with the care pathway as the individuals currently accessing the services are eligible for adult social care support. These services are the focus of this EHRIA.

The development of a new prevention offer is also accepted to have implications for partners. Indeed, the contribution of partner agencies and organisations, either directly or indirectly through their own commissioning activity is considered essential to the success of the Departmental and wider unified prevention offer. Discussions with partner organisations have therefore been essential during the review process and public consultation to establish a partnership approach to the development of commissioning options for the Departmental prevention offer.

As mentioned above it was identified that a number of existing housing related support services need to be aligned with the care pathway as individuals accessing the services are eligible for adult social care services. In addition, services for which individuals are eligible for social care services and which fall within the wider departmental prevention offer include personal budgets for carers (as dictated by the new Care Bill) and carers assessments.

Other EHRIAs/ EIAs that relate to this EHRIA are those that deal with changes to policies or procedures linked to operational process and care pathway, such as:

- Help to Live at Home
- Charging Policy for non-residential care services
- Delivering Cash Personal Budgets
- Effective Support Project
- Fairer Charging Policy
- Adult Social Care Day Services Strategy and Review of Employment Services – Outcome of Consultation
- Community Alarm and Telecare Service
- Community Equipment - Services

	<ul style="list-style-type: none"> <li>• Community Life Choices Framework Agreement</li> <li>• Assistive Technology</li> </ul> <p>As part of the consultation process discussions have taken place with key stakeholders to ensure impact of the proposals is considered internally bearing in mind the potential interdependencies of other areas of work and the proposals included in the Prevention review that are being dealt with in this EHRIA.</p>
<b>3</b>	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The prevention review and commissioning options for the Departmental prevention offer have the potential to affect anybody living in Leicestershire aged 18 years or over (i.e. of adult age). This is true of the whole review and specific options for other vulnerable people (including victims of domestic abuse). It has been identified that some of the service specifications show that the services were set up to generally support the needs of people over 16 years who are eligible for Supporting People Grant and although actual utilisation is not known for these services, the assessments will identify if anyone accessing the services and if there are under 18s appropriate actions will be taken e.g. requesting input from transition. It is thought that this is not likely to be the case due to services in the main meeting long terms needs of people and referrals will be limited to where capacity arises.</p> <p>As described above, the purpose of the review was to develop a Departmental prevention offer with an emphasis upon aligning services to need and a move towards a robust outcomes framework for all commissioning activity. This strategic shift is also set against the MTFS – the scale of required savings means that commissioning in a different way and at a reduced level of investment. Inevitably, this has the potential to impact upon on all individuals who currently access or would potential access prevention services.</p> <p>Drawing on information derived from the prevention review, proposals for this group of services is to:</p> <ul style="list-style-type: none"> <li>• Decommission current block contracts in line with current contractual arrangements</li> <li>• Assess eligibility of individuals accessing services currently to determine next steps (support with accessing Personal Budgets or to exit the service and explore alternatives).</li> </ul> <p>The decommissioning and assessment process will need to be done in a planned and sensitive way with effective and appropriate communication with providers and individuals throughout the process.</p> <p>Funding for these services has not been reduced to ensure that the statutory needs of individuals accessing these services can continue for those who are eligible under FACS. Any savings made associated with no longer fund support for individuals will be added to the prevention budget however the level of potential savings will only be understood once assessments of eligibility and support planning for eligible people, is completed.</p>

	Full details of how the commissioning options have been developed will be set out in a report which will go to Cabinet in September 2014			
4	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>			
		Yes	No	How?
	Eliminate unlawful discrimination, harassment and victimisation	X		<p>The review process so far has enabled a good overview of preventative services – in terms of its determinants, interventions that help aid recovery, and to establish what service provision is most likely to benefit the people of Leicestershire in a way that is cost-effective to the department. This has also enabled identification of those groups and individuals who are likely to benefit from the proposed commissioning intentions. Conversely, it has also allowed consideration of any groups or individuals who might be adversely affected by the proposals and to establish what mitigating actions are required to enable them to access other support and services.</p> <p>In relation to the services specifically related to in this EHRIA, the focus is on the transitional arrangements and support that will be in place moving forward. Therefore the elimination of unlawful discrimination, harassment and victimisation is reliant on existing policies and procedures being effective in this area.</p>
	Advance equality of opportunity between different groups	X		As above.
	Foster good relations between different groups	X		As above – the review also seeks to establish community opportunities for those experiencing problems and using the services to access preventative services alongside other community-based/universal services. This has the potential to encourage community cohesion and develop relations between different groups.

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

### Section 2: Equality and Human Rights Impact Assessment Screening

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

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

### Section 2

#### A: Research and Consultation

5.	Have the target groups been consulted about the following?	Yes	No*
		X	
		X	
		X	
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	A formal public consultation exercise was conducted (April to July 2014). The consultation documents (including information sheet and questionnaire) were accessible to the target groups (including current customers), the general public, providers and stakeholders. Information was made available in Easy Read and offered in alternative formats by using the corporate approach to information provision. Specific events were also held with customers, providers and stakeholders as part of the review process and the consultation period. In addition, research into prevention services and the role of preventative services has been undertaken throughout the review process to inform	

		<p>decision making and commissioning proposals.</p> <p>The consultation process was subject to the Department's Research Governance Framework (RGF) to ensure that the process was carried out to high standards in line with national guidance on health and social care research as set out by the Department of Health (2010)</p>	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	X	
8.	<p>*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.</p>		

## Section 2

### B: Monitoring Impact

8.	Are there systems set up to:	Yes	No
	<p>a) monitor impact (positive and negative, intended and unintended) for different groups;</p> <p>b) enable open feedback and suggestions from different communities</p>	<p>Standard contract monitoring procedures (including annual and quarterly monitoring) are in place and will exist for any new service provision. It is (and will continue to be) a contractual obligation for services to receive complaints and commendations. In addition, the Department will seek to obtain feedback from existing and new customers as part of ongoing monitoring of the impact of these proposals (see improvement plan, below)</p>	

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

**Section 2****C: Potential Impact****9.**

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
<b>Age</b>	X		<p>HRS Services contract schedules state that services are for all age ranges and all services included in this EHRIA are open to all ages and this either specified in the contract, or not referred to in the contract resulting in an assumption that the service is open to all ages, with the exception of the following the Glebe House Challenge Group as this targets people with learning disabilities in full time education (16-35 years), Mosaic (18-65years) and Creative Support (18+). Proposals will not affect access to these services by age.</p> <p>Monitoring data is also available for the Melton Welfare Sitting Service which shows that 32% are 18-64, 55% are over 65 and the remaining 13% are not known.</p> <p>The intention set out in proposals is that individuals will continue to support those people assessed as eligible for social care as set out in the Department's Eligibility Framework. There may be some changes to the support received however again this will be associated with the individual commissioning process which is already established, regardless of age.</p> <p>The mechanism for accessing support set out in the proposals for these groups of services will be via an assessment carried out by the Adult Social Care pathway. The assessment process, commissioning of support for any current users and going forward any new users, will be in line with the Departments eligibility framework. The intention set out in the is that the proposals will continue to support the existing service user group if they are assessed as eligible for social care and hence there is no expectation of any adverse impact for this group regardless of age. It is therefore anticipated that no adverse impact will occur for this group of users. Those assessed as not eligible for social care support will be assessed with the consideration of accessing informal support at the point the service ends. This will involve individual transition plans and implementation. Ongoing support will be determined by a form of assessment by</p>

			<p>the worker, including input from the staff/ provider and other people in the person's life. An example of what may be provided include information about what do to in an emergency and will be reliant on identifying what they key risks and support requirements are in the persons like. This is not a new approach to transition and similar work has been as part of the eligibility review and review of Community Life Choices and this expertise can be drawn upon if needed.</p> <p>Older people are more likely to develop a disability and most disabled people are adults. More than 11 million people in the UK are disabled. More people are living with a disability now than in the past because we're living longer, and improved medical treatments are enabling more people to manage long-term health problems.</p> <p>The Equality and Human Rights Commission says that 58% of people over 50 will have a long-term health condition by 2020.<sup>1</sup></p> <p>RAP Data (Referrals, Assessments and Packages of Care) is collected locally and submitted to the Health and Social care Information Centre for the purposes of performance management and planning. RAP data locally shows that access to social care services covers all ages but there is a higher proportion of older people accessing services.</p> <p>Access to social care is based on disability and prevalence of disability increases with age RAP data from 2012-13 shows that 75% of people accessing LCC funded social care were over 64 and 25% were 18-64 . However assessments of eligibility will be carried out for individual regardless of age. Unfortunately, as outline in the earlier EHRIA, monitoring data on services is limited and further details will be known once assessments are completed.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored.</p>
	<b>Disability</b>	X	<p>All of the services included in the prevention review that are being addressed in this EHRIA are meeting some of the needs of disabled people. Future services will be arranged through individual Personal Budgets which are open to anyone with a disability subject to their eligibility criteria. Changes were made to Leicestershire's eligibility</p>

<sup>1</sup> <http://www.nhs.uk/Livewell/Disability/Pages/Lifewithdisability.aspx>

			<p>in 2011 resulting in public funded support being made available to people with substantial and critical needs only. The eligibility criteria will determine whether people will continue to receive support from the department on an ongoing basis. Those people who are eligible will receive their support via a personal budget. Those who are not eligible who may be disabled will be supported to access alternative support via a comprehensive transitional planning and implementation. The Care Act will set a national minimum eligibility threshold to help people better understand whether they are eligible for local authority support. This will inevitably have implications for access to services locally and it is envisaged that an impact assessment will be undertaken locally to understand and plan for the changes as this may result in some people deemed to be ineligible under the current criteria, becoming eligible under the new criteria.</p> <p>The process of determining eligibility is well established and therefore assumed to be compliant with equality objectives. Additional support will be provided by the Department as well as the service delivered by the providers, to work with those individuals not eligible for input from social care to develop and implement transition options.</p> <p>RAP data shows that access to LCC funded social care services is predominately by people with a physical disability as their primary category of need (77% in 2012-13). People with mental health or learning disabilities make up 21% of all people accessing services in 2012-13. Service affected by the review included in this EHRIA address the needs of these groups.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored.</p>
	<b>Gender Reassignment</b>	X	<p>Current contract monitoring data for the services included in this EHRIA does not include detail about gender reassignment.</p> <p>Nationally, data concerning gender reassignment is also limited. Figures show that the number of gender reassignment surgeries carried out by the NHS in the UK tripled between 2000 and 2009 (during that time period a total of 853 trans women and 12 trans men had state-funded surgery to change sex)</p> <p><a href="http://www.bournemouth.gov.uk/PeopleLiving/Bourne">http://www.bournemouth.gov.uk/PeopleLiving/Bourne</a></p>

			<p><a href="#">mouthStatistics/Bournemouth-JSNA/Reports/Community-profiles/GenderReassignment.pdf</a>). However, the true number is likely to be higher, taking into account non-state funded operations and those who do not wish to undergo painful or complex surgery, or are unable to access it. No statistics relating to gender reassignment in Leicestershire have been identified.</p> <p>During the review attempts were made to determine whether there are any issues with accessing services in respect of gender reassignment. Current contract monitoring data (collected as client records) for the services does not include detail about gender reassignment. However, it is accepted that there is the potential for some people accessing the services to have been through gender reassignment and that a person's decision to access the service might be affected by their gender reassignment (such as social exclusion or marginalisation).</p> <p>This has been of interest to the review and service development/ transition will be aware of any difference particularly with regards to equality strands include gender reassignment, and those eligible/ not eligible for ongoing support and the outcome/ impact of the transition process. As the transition is predominantly about accessing eligible services via the care pathway the process for assessing eligibility is also approved and operating and changes to the eligibility criteria was addressed in the corresponding EHRIA (EIA). There is currently no RAP data collated on gender re-assignment therefore no comparison can be made against access to social care and current service delivery. Efforts will be made during the transition process to collect data on all equality strands to identify any issues around disproportionality. If any issues are identified further work will be required.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored.</p>
	<b>Marriage and Civil Partnership</b>	X	<p>Current contract monitoring data for the services does not include detail about marriage and civil partnership. However, it is accepted that some service users accessing the services may be married or in a civil partnership and that a person's decision to access the service might be affected by whether they are married or</p>

			<p>in a civil partnership (such as social exclusion or a feeling of being stigmatised). Some of the HRS service specifications state that the service provision is for single people only however changes to service delivery will remove this restriction and any type of restriction will be with regards to provision of accommodation only.</p> <p>New provision in line with proposals will align to the Departmental' s eligibility criteria which does not discriminate against civil partnership or marriage in terms of access or equity of provision. The assessment and commissioning processes is not discriminatory to this group and reference has been made to the EIA for changes to the eligibility criteria.</p> <p>RAP data collated does not currently include details about marriage or civil partnerships therefore a comparison cannot be made to current service accessibility. More information will be known about current service delivery once assessments are completed dependent on how these are recorded.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored.</p>												
	<b>Pregnancy and Maternity</b>	X	<p>Information is available from ONS Census providing prevalence of marriage nationally showing that marriage rates vary by age group and gender.  <a href="http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Marriages#tab-data-tables">http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Marriages#tab-data-tables</a> The table below shows marriages for 2012.</p> <table border="1"> <tr> <th colspan="2">First marriages</th><th colspan="2">Remarriages</th></tr> <tr> <td colspan="2">Number marrying per 1,000 single population aged 16 and over</td><td colspan="2">Number marrying per 1,000 widowed or divorced population</td></tr> <tr> <td>Men</td><td>Women</td><td>Men</td><td>Women</td></tr> </table> <p>Current contract monitoring data for the services does not include detail about pregnancy and maternity. However, it is accepted that some service users accessing the services may be pregnant or have recently had a baby and that a person's decision to access the service might be affected by whether they are pregnant</p>	First marriages		Remarriages		Number marrying per 1,000 single population aged 16 and over		Number marrying per 1,000 widowed or divorced population		Men	Women	Men	Women
First marriages		Remarriages													
Number marrying per 1,000 single population aged 16 and over		Number marrying per 1,000 widowed or divorced population													
Men	Women	Men	Women												

			<p>or have recently had a baby (such as social exclusion or a feeling of being stigmatised).</p> <p>The proposals set out that access to services will be in line with the Departmental' s eligibility criteria which does not discriminate against pregnancy and maternity in terms of access or equity of provision. The assessment and commissioning processes is not discriminatory to this group and reference should be made to the EIA for changes to the eligibility criteria which was agreed in 2011.</p> <p>RAP data, nor monitoring data data collated does not currently include details about pregnancy and maternity therefore a comparison cannot be made to current service accessibility. More information will be known about current prevalence of maternity and pregnancy once assessments are completed dependent on how these are recorded.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored.</p>
	<b>Race</b>	X	<p>All services included in the EHRIA as part of the prevention review are open to all races and there is no information in contractual specifications to restrict or target access to any racial group. Monitoring data is limited in terms of actual utilisation by race/ ethnicity and numbers of units are low therefore to determine whether access is representative of the general population further data collection and analysis is required. Monitoring data is available for the Melton Welfare Sitting Service which shows that 99% accessing the service are WB and 1% is mixed other. According to census data access by ethnicity is broadly representative to the population in Melton (data is provided by 18-64 and 64+ and rates are 97.83% and 99.38% of white people).</p> <p>During the review attempts were made to determine whether there are any issues with accessing services in respect of race.</p> <p>which is of interest to the review and service development/ transition will be aware of any difference particularly with regards to equality strands including race, and those eligible/ not eligible for ongoing support</p>

			<p>and the outcome/ impact of the transition process. As the transition is predominantly about accessing eligible services via the care pathway the process for assessing eligibility is also approved and operating and changes to the eligibility criteria was addressed in the corresponding EHRIA (EIA).</p> <p>During the transitional process attention will be paid to those people not deemed to be eligible for social care to determine there is any inequity in the application of the eligibility criteria or in the processes regarding assessing eligibility. An EIA was completed when changes to the eligibility criteria was revised to exclude people assessed as moderate who were accessing local authority funded services.</p> <p>RAP (Referrals, Assessments and Packages of Care) data (2012-13) show access to social care services by ethnicity as follows:</p> <p>White 14,855 Mixed 40 Asian/ Asian British 597 Black/ Black British 38 Chinese/ other 49 Not stated 313</p> <p>Due to the lack of data available about current services it is not possible to make a comparison between service included in the review addressed in this EHRIA and the prevalence of different ethnicity will only be understood once assessments are completed.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored.</p>
	<b>Religion or Belief</b>	X	<p>Current contract monitoring data for the services does not consistently include detail about the religion or beliefs of service users. Melton Welfare Sitting Service monitoring data is completed however 100% of users for quarter 3 of 2013/14 have either declined to provide this information or it has not yet been obtained. However, it is accepted that a person's decision to access the services might be affected by religion or beliefs (such as social exclusion or stigma within certain religious or cultural communities towards mental health).</p> <p>This has been of interest to the review and service development process and attempts will be made to</p>

			<p>determine whether there are any issues with accessing preventative services in respect of religion or beliefs (i.e. some groups may be or feel less able to access services that others because of their religion or beliefs). Such issues will only be identified once assessments of eligibility are completed however these issues would be addressed in the EIA that was completed as part of the changes to eligibility criteria and the exclusion of people assessed as moderate from receiving local authority funded social care services.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored.</p>
	<b>Sex</b>	X	<p>Current contract monitoring data for the services does not consistently include detail about sex of service. However, it is accepted that a person's decision to access the services might be affected by their sex (such as social exclusion or stigma within certain religious or cultural communities towards mental health).</p> <p>This has been of interest to the review and service development process and attempts will be made to determine whether there are any issues with accessing preventative services in respect of religion or beliefs (i.e. some groups may be or feel less able to access services that others because of their religion or beliefs). Such issues will only be identified once assessments of eligibility are completed however these issues would be addressed in the EIA that was completed as part of the changes to eligibility criteria and the exclusion of people assessed as moderate from receiving local authority funded social care services.</p> <p>Mencap Welfare Sitting Service shows utilisation for quarter 3, 2013/14, 62% male and 38% female.</p> <p>Changes proposed will align services to the eligibility framework and people will access support based on eligibility regardless of sex. Transitional arrangements, particularly for people not assessed as eligible for social care will be sensitive and supportive of needs regardless of sex.</p> <p>RAP data 2012-13 shows a greater prevalence of females accessing LCC funded social care compared to males at 63% and 37%. This is comparable to the example above however this data is limited to one service only and no</p>

			<p>conclusions can be drawn regarding representation, however more information will be known regarding access once assessments are conducted.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored.</p>
	<b>Sexual Orientation</b>	X	<p>The Leicestershire Joint Strategic Needs Assessment (JSNA - 2012) notes that there is a lack of reliable demographic data concerning sexual orientation for the County. However, a national estimate (undertaken in 2008) estimated that 1.9% of the population classed themselves as gay, lesbian, bisexual or other (<a href="http://www.lsr-online.org/reports/leicestershire_joint_strategic_needs_assessment_jsna_2012_full_length">http://www.lsr-online.org/reports/leicestershire_joint_strategic_needs_assessment_jsna_2012_full_length</a>). Based on population figures for the County derived from the 2011 census (a total population of 650,489 individuals), then 1.9% would mean a population of around 12,359 classing themselves as gay, lesbian, bisexual or other.</p> <p>Current contract monitoring data for the services does not consistently include detail about the sexual orientation of service users. 100% of users accessing Melton Welfare Sitting Service are recorded as heterosexual. This is therefore not representative of the general population and may be due to the relevantly low numbers of people accessing the service, the approach to recording or something else but further work would be required to determine whether there are any access issues in relation to sexual orientation. Rogers, 2010; Carson &amp; Blyth, 2009; Yacoub &amp; Hall, 2009, research has shown lack of information or support and over-protective attitudes were described by both men and women with learning disabilities. This may act as a barrier to openness regarding sexual orientation and sexual relationships and result in the assumption of heterosexuality. According to Stonewall LGB people who belong to black and ethnic minority communities, disabled people who are LGB also experience barriers to effective health care. They also state on their website that the health sector fails to provide advice and guidance about safer sex to disabled people, generally assuming that disabled people are asexual. Work is being done under the Valuing People Agenda both nationally and locally with regards to sexual health inequalities which may contribute to reducing barriers associated recording sexual orientation accurately.</p>

			<p>It is accepted that a person's decision to access the services might be affected by their sexual orientation (such as social exclusion) but services are aimed at people with learning disabilities and this is the primary eligibility criteria for the service.</p> <p>Proposals will result in access to support via an assessment of eligibility which is applied regardless of sexual orientation but will take into account specific needs regarding sexuality. RAP date for 2012-13 does not include data for sexuality of those people accessing social care services and more detail about access to services affected by the review, included in this EHRIA will be understood at the point when assessments are conducted.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored. This may need to include reference to good practice guidance and training for staff about how to ask for sensitive information and explaining why it is being asked and the terminology required in Easy Read.</p>
	<p><b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</b></p>	X	<p>Service provision currently meets the needs of people around the county and services will continue to do this. Current location of Housing Related Support Services is delivered within each district/ borough and support for social groups is delivered in some but not all districts/boroughs. The actual details of those people accessing services, including addresses of where they live are not known. It is possible that people who are accessing services fit into the category of other groups.</p> <p>This information will be available at the point that assessments are carried out and their specific needs will be considered as part of the assessment and transition process. It should be noted that whilst the review and service transition process will consider this group there is no intention to remove access to services from this group, rather it seeks to improve these services and outcomes for customers in line with the current offer of social care.</p> <p>Future contracts will need to include requests monitoring data by each equality strand to ensure that future contracts can be effectively monitored.</p>
	<b>Community Cohesion</b>	X	<p>It is anticipated that the proposal will result in a neutral impact on community cohesion. Personal Budgets will be the mechanism for accessing support on an individual</p>

				basis for the people eligible for social care. This mechanism aims to provide flexibility in meeting individual outcomes and increased choice and control. This change increase opportunities for community cohesion associated with the flexibility and person centred approach to meeting individual needs.
<b>10.</b>	<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>			
		<b>Yes</b>	<b>No</b>	<b>Comments</b>
	<b>Part 1: The Convention- Rights and Freedoms</b>			
	<b>Article 2: Right to life</b>		<b>X</b>	Services are expected to identify any risks to service users and professionals and to have Health & Safety and safeguarding policies and procedures in place.
	<b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>		<b>X</b>	This article is relevant to the existing preventative services because these services offer accommodation and/or support to a variety number of individuals with various needs. As part of service delivery there is an expectation that the provider will report any safeguarding concerns and have suitable policies and procedures in respect of safeguarding, whistle-blowing.
	<b>Article 4: Right not to be subjected to slavery/ forced labour</b>		<b>X</b>	<b>n/a</b>
	<b>Article 5: Right to liberty and security</b>		<b>X</b>	<b>n/a</b>
	<b>Article 6: Right to a fair trial</b>		<b>X</b>	<b>n/a</b>
	<b>Article 7: No punishment without law</b>		<b>X</b>	<b>n/a</b>
	<b>Article 8: Right to respect for private and family life</b>		<b>X</b>	Current accommodation based preventative services already state within the welcome packs the right for clients to have choice around having contact with family/friends.

	<b>Article 9: Right to freedom of thought, conscience and religion</b>		<b>X</b>	<b>n/a</b>
	<b>Article 10: Right to freedom of expression</b>		<b>X</b>	<b>n/a</b>
	<b>Article 11: Right to freedom of assembly and association</b>		<b>X</b>	<b>n/a</b>
	<b>Article 12: Right to marry</b>		<b>X</b>	<b>n/a</b>
	<b>Article 14: Right not to be discriminated against</b>		<b>X</b>	This article is relevant to the existing preventative services because these services offer support to individuals with various needs such as mental health, learning disabilities, physical disabilities, sensory impairment etc. The new services are expected to be delivered without discrimination of any kind to service users and staff.
<b>Part 2: The First Protocol</b>				
	<b>Article 1: Protection of property/peaceful enjoyment</b>		<b>X</b>	<b>Housing related support services are designed to assist with this protection, as they aim to improve the quality of life in the home and support more independent living arrangements.</b>
	<b>Article 2: Right to education</b>		<b>X</b>	<b>Does not apply</b>
	<b>Article 3: Right to free elections</b>		<b>X</b>	<b>Does not apply</b>
<b>Section 2</b>				
<b>D: Decision</b>				
<b>11.</b>	Is there evidence or any other reason to suggest that:		<b>Yes</b>	<b>No</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>12.</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 type="checkbox"/>	Negative Impact or Impact Unknown <input checked="" type="checkbox"/>

**Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.**

13.	Is an EHRIA report required?	Yes <input checked="checked" type="checkbox"/>	No <input type="checkbox"/>
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## 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.

14.	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?
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	<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> <li>c) likely barriers that individuals and community groups may face (including human rights)</li> </ul>
	<p>Throughout the strategic review process, contract monitoring data for existing services service provision (which as highlighted is limited) along with contract specifications were examined in order to better understand existing service provision. This was supplemented during the formal public consultation element of the review process with consultation with the provider of existing services and internal stakeholders. Research was also conducted online to find published resources and evidence for successful preventative interventions however the people accessing services included in this EHRIA have long term needs. Therefore access to services will continue for those people who are eligible for social care and the mechanism behind support will change but essentially these individuals needs will continue to be met. It is assumed that barriers exist in terms of access in relation to the eligibility criteria application and not in terms of equalities.</p> <p>The information gained through these process consisted of feedback from providers who had concerns primarily for people who are not thought to be eligible for social care therefore emphasis will be placed on supporting these individuals to exit the service and find alternative forms of support at the point the current contractual arrangements end.</p> <p>Information will be sought during the process of assessment about the individuals needs and aspirations and this will need to be considered at the point that outcomes are agreed if eligible, and during the transition process if not eligible.</p> <p>Positive impact for this group of people may include reduction in support required due to holistic approach to support planning and delivery, better quality of support due to provision coming from one source (consequently a reduced pool of staff) and consistency in provision and a potential opportunity to gain from other forms of support.</p> <p>The likely impact on people accessing the services will be increased choice and control associated with the aims and objectives of Personalisation. There is likely to be concerns for those individuals not eligible for social care in relation to their needs being met and therefore dedicated resources have been made available within the Non-Regulated Compliance Team to work with those individuals and support them to develop a transition/ exit plan.</p> <p>Using the findings from the strategic review and formal consultation exercise impacts upon the Protected Characteristics under the Equality Act 2010 and Human Rights articles have been identified (see above, Section 2). Of note, it has been recognised that in respect of the protected characteristics, there is the potential for all individuals (regardless of which protected characteristic they fall under) to experience an impact arising out of these proposals because the access to support will be based on Leicestershire Adult Social Care Eligibility Criteria. Accordingly, fewer people may be eligible for support. Consideration will need to be given to ways to mitigate risks associated with services ending and this will be addressed on an individual basis to</p>

determine need, risk and support options. The scale of the reduction will not be known until the eligibility assessments have been completed.	
<b>15.</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?
<p>Effective monitoring data on all equality strands as highlighted above would enable a comparison between accesses to services affected by the review included in this EHRIA.</p> <p>Data on individuals currently accessing services for all equality strands by eligibility and non-eligibility at the point that's assessments are conducted to determine whether there are any equality issues in terms of the assessment process.</p> <p>A primary concern of the Officers carrying out the assessments will be to determine eligibility to social care, this will determine whether commissioning of services or transition/ exit planning should take place.</p> <p>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.</p>	
<b>16.</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?
<p>As mentioned above this will only be possible comprehensively at the point that assessments take place. This consultation will take the form of gathering information from the individual regarding their needs and aspirations and agreeing outcomes that support should aim to deliver. This process will be carried out on a one to one basis by officers who are experienced in assessment and support planning.</p>	
<b>17.</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?
	No – the consultation undertaken already is considered appropriate. As specified above (Section 3.15), some further engagement will occur with providers and users throughout the decommissioning / transition/ service exit processes.

<b>Section 3</b>	
<b>B: Recognised Impact</b>	
<b>18.</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' 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>	<p>There will be no impact on age as the services will be accessible for those aged 18 years and older (no upper age limit) in line with provision via the care pathway. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation</p>
	<b>Disability</b>	<p>There will be no impact relating to disability. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation.</p>
	<b>Gender Reassignment</b>	<p>There will be no impact relating to gender re-assignment. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation.</p>
	<b>Marriage and Civil Partnership</b>	<p>There will be no impact relating to Marriage and Civil Partnership. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive</p>

		transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation.
	<b>Pregnancy and Maternity</b>	There will be no impact relating to Pregnancy and Maternity. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation.
	<b>Race</b>	There will be no impact relating to race. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation
	<b>Religion or Belief</b>	There will be no impact relating to religion or belief. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation.
	<b>Sex</b>	There will be no impact relating to sex. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to

		ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation
	<b>Sexual Orientation</b>	There will be no impact relating to sexual orientation. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation
	<b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</b>	There will be no impact relating to other groups. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation
	<b>Community Cohesion</b>	There will be no impact relating to community cohesion. There is no budget reduction associated with these services as they are thought to be in the main, meeting the needs of people who are eligible for social care. Services will end if individuals are not eligible for social care however this will be managed through effective and sensitive transition planning to ensure risks are mitigated appropriately. The likely impact on people with ongoing eligibility will be increased choice and control associated with the aims and objectives of Personalisation

<b>19.</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
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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>	Risks to service users and suitable policies relating to Health and Safety and safeguarding adults will be a requirement delivered under any framework arrangements and for those people not accessing support via a framework outcomes will be established and checked as part of the assessment, care-planning and review process
<b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>	All support will be subject to standard Adult Safeguarding requirements
<b>Article 4: Right not to be subjected to slavery/ forced labour</b>	N/A
<b>Article 5: Right to liberty and security</b>	Part of an individual's support plan may be to ensure their home is secure however this will be based on individual assessed needs.
<b>Article 6: Right to a fair trial</b>	N/A
<b>Article 7: No punishment without law</b>	N/A
<b>Article 8: Right to respect for private and family life</b>	Customers will have a choice around contact with family and friends and the benefits of that contact will be acknowledged within the assessment, care-planning and review processes.
<b>Article 9: Right to freedom of thought, conscience and religion</b>	N/A
<b>Article 10: Right to freedom of expression</b>	N/A
<b>Article 11: Right to freedom of assembly and association</b>	N/A
<b>Article 12: Right to marry</b>	N/A
<b>Article 14: Right not to be discriminated against</b>	The eligibility criteria will be applied consistently to ensure that no discrimination occurs with regards to assessment.
<b>Part 2: The First Protocol</b>	
<b>Article 1: Protection of property/ peaceful enjoyment</b>	N/A

	<b>Article 2: Right to education</b>	N/A
	<b>Article 3: Right to free elections</b>	N/A
<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>20.</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.	
<p>As highlighted in sections above the mechanisms for accessing support under the proposals is via an assessment of social care eligibility therefore where people are eligible for social care the impact will be minimal.</p> <p>Any non-eligible customers will cease to get support from the department once current contractual arrangements end therefore the impact for those individuals is greatest. As mentioned above the quantity of non-eligible people accessing these services included in this EHRIA is not known and will only be understood once assessments of eligibility have been undertaken. It is assumed that there are at least some people who are not eligible and those people will be supported by the Compliance Team to find alternative ways to get the support they require and a dedicated resource has been agreed to carry out this work. The transition process will need sensitive management and timescales for the work mean that work can be done at a sensitive pace. It is therefore seen that mitigation for the impact of the changes for those people not eligible is heavily reliant on an effective transition process that will need to deal with service exit prior to end of contract.</p>		
N.B.		
<p>i) If you have identified adverse impact or discrimination that is <u>illegal</u>, you are required to take action to remedy this immediately.</p> <p>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.</p>		
<b>21.</b>	<p>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.</p> <p>a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination</p> <p>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</p> <p>c) if you are not addressing any negative impacts (including human rights) or</p>	

	potential barriers identified for a particular group, please explain why
<p>The current social care eligibility criteria is in line with legislative requirements and the proposals refer to the application of this criteria to services that were available regardless of this criteria. It is therefore thought that the proposals and the impact is not illegal.</p>	
<b>Section 3</b> <b>D: Making a decision</b>	
<b>22.</b>	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>As stated above the principle of these proposals relate to the application of Leicestershire County councils eligibility criteria which meets the council's responsibilities in relation to quality, diversity, community cohesion and human rights.</p>	

<b>Section 3</b> <b>E: Monitoring, evaluation &amp; review of your policy</b>	
<b>23.</b>	<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>It is recommended that data is collected by the teams carrying out assessments should includes demographic information for all those affected by the proposals in terms of this group included in this EHRIA by equality strand and eligibility. This will be useful in determining any instances of over or under representation.</p> <p>It would also be useful in terms of monitoring to record outcomes for those people not eligible and how effective alternative informal provision is in meeting their needs (as well as reviewing those individuals in 12-24 months to understand whether changes have resulted in increased needs or even eligibility) however resources are unlikely to be available to implement this.</p>
<b>23.</b>	<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>This EHRIA is primarily concerned with the application of LCC social care eligibility criteria which is Business as usual for the Department. However the recording of equality demographic data is vital to understanding impact and therefore it would be desirable to make sure this data is collected as part of the standard assessment process.</p> <p>One of the key issues facing the review of existing service provision is a lack of robust monitoring data. In particular, existing data does not capture data in respect of equalities and human rights (for instance, information on many of the protected characteristics is not currently collected). If this were to change it would</p>

	<p>be useful to compulsorily collect robust equalities data as part of the contract monitoring process as standard.</p> <p>The current arrangement for services accessed by a personal budget is that monitoring data is not routinely requested by the department as the arrangement is between the individual and the provider. This is improved slightly if managed budgets are used as contract monitoring does take place under the Framework and equalities information should be recorded on and available from CONTROC.</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.

Equality Objective	Action	Target	Officer Responsible	By when
Ensure that the eligibility criteria is applied consistently and robustly across all equality groups	Team established to carry out assessments (within the Non-regulated Compliance Team)	All assessments completed and recorded	Non-Regulated Compliance Team Manager	September 2015
Those people not eligible for social care are sensitively supported with transition planning (including support for the current provider).	Person Centred Transition plans to be developed with those people not eligible	Individuals no longer entitled for support feel informed and supported regarding the changes.  Effective transition plans are developed	Non-Regulated Compliance Team Manager	September 2015
Barriers to access associated with equality strands are removed/ reduced/ addressed.	Equalities data is collected and analysed to check access to services is representative (this is only possible for contracts included on the	The Department is able to determine whether or not there access to services via Personal Budgets (managed only) is representative by	Non-Regulated Compliance Team Manager	September 2015

	frameworks)	equality strands and address through the contract management process.		
Individuals and providers will be supported to understand their options with regards to sustainability of support	Information and advice will be made available about options particularly in relation to those people not eligible for social care. This will include for social group providers for funding opportunities.	Providers know what options there are in terms of funding opportunities.  Individuals are engaged, supported and involved in their transition plans.	Market Development  Compliance Officers	September 2015  Transition period – up to Sept 2015.

## 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):

.....  .....

Date: ...02/09/2014.....