Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

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

Key Details	
Name of policy being assessed:	Hospital to Home
Department and section:	Strategic Planning and Commissioning
Name of lead officer/ job title and others completing this assessment:	Amanda Price, Interim Head of Service, Strategic Commissioning and Market Development James O'Flynn, Strategic Planning & Commissioning Officer
Contact telephone numbers:	0116 3057364 0116 3055378
Name of officer/s responsible for implementing this policy:	Strategic Planning & Commissioning Officers
Date EHRIA assessment started:	14/03/2016

Date EHRIA assessment completed:	13/12/2016

Section 1: Defining the policy

Section 1: Defining the policy
You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

1	**What is new or changed in this policy? What has changed and why?** Hospital to Home is currently delivered by the RVS, with the contract due to expire in March 2017. Royal Voluntary Service began providing a Countywide Service 16th April 2012. In 2013/14 a strategic review of many of our contracted prevention services was undertaken, which excluded several services which were either in the process of procurement at the time, or were delivering statutory services to eligible clients. The Adults and Communities (A&C) department are now beginning work to undertake a strategic review during 2016 of VCS contracts which were previously out of scope, which will include Hospital to Home. The review process will examine unit costs, future demand, effectiveness, throughput and strategic relevance as well as alignment to the Council's Medium Term Financial Strategy (MTFS). This will enable us to continue to meet our statutory duties but also to address the funding gap resulting from reduced income from central government at a time when we are expecting increasing demand for social care support. This stage of the review will be carried out through early to mid-2016, after which decisions about future services and commissioning will be made. The contract is split into 2 parts each being funded separately. Part one is funded by LCC and covers provision in the County hospitals. Part 2 is funded by the Better Care Fund (Public Health) and covers the UHL hospitals. The service provides low level practical support for people returning home from hospital after illness, surgery or accident with the emphasis on people achieving full rehabilitation and regaining independence and enabling quicker discharge from hospital. The service provides and coordinates a range of short term; task centred activities giving clear outcomes and targets using a mixture of paid staff and trained volunteers to deliver the support.

The desired outcomes are agreed with the individual at the start of the service provision and the individual receives regular assessments as it is acknowledged that desired outcomes may change during the course of the service provision. The period of support ends either when the outcomes have been met, or when the amount of time after discharge from hospital reaches six weeks, whichever is sooner.

The service is delivered in 2 Parts.
Part 1 provides support to people leaving the community hospitals which cover all the community hospitals in the county. Loughborough, Coalville, Ashby de la Zouch, Melton Mowbray, Hinckley, Market Harborough and Lutterworth.

Part 2 provides support to people leaving the Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital. The service delivery and outcomes are the same for both lots.

The required **outcomes** of the Hospital to Home service are:

1. A decrease in dependency on services – to be measured 6 months after the individual has left the Hospital to Home service. Services that the County Council provide (Social Care) should be measured as well as services that Health provides.
2. A reduced rate in the re-admittance to hospital
3. An increase in understanding and knowledge by individuals (primarily older people) of the transition process (from hospital to home) and the range of support they can expect from all partners
4. An increase in volunteering within the associated hospitals
5. Increasing access to skills and employment for individuals, as a result of volunteering
6. An increase in confidence by those receiving the service which will enable individuals to feel more able to cope at home (e.g. regaining mobility which may lead to reducing the risk of falls)
7. Individuals experiencing improved social confidence and getting to know people from different backgrounds.
8. Individuals accessing mainstream services independently
9. Positive changes to emotional wellbeing and mental health

Some of the above have specific targets set throughout the year, on which the provider has to fill in workbooks and send back to LCC for assessment. Others are assessed by the provider filling in surveys with the customer groups.

Initial desktop assessment has shown:

- The service supports its objective of lowering the readmission rate back into hospital with a rate of around 9% compared to a 15% national average.
- The service has little evidence to show that it meets its objective of keeping people out of LCC ASC services.
- Majority of clients are 75 +
- Majority of clients live in their own homes
- Majority of clients live alone.
- The service seems to have its greatest impact on a customer's perception of social contacts, with around 70% reporting improvements.
- The service has less of an impact on people going out socially when they wish, and health which is limiting the majority of customers life.
- An increase in confidence is reported by 52% of people

Proposed Changes

The review will focus on the following:

Understanding and getting a picture of the performance of the service
Highlighting competitors and the wider landscape of similar hospital to home services in the County.
Coming to a set of options that take into account the department's strategic direction, partner's strategic direction and current or future potential investments into similar services.

The options paper will then be presented to the Adult Social Care Steering group for further discussion, directions and ultimately choices to be made as to the future of the service. The review and options encompass a funding stream outside of ASC i.e. The Better Care Fund, which in this situation is overseen by Public Health. To this end the future direction, and any changes or options chosen will be directly influenced by Public Health, their strategic direction and that of their health partners who maybe operating services that are similar to hospital to home, or may have plans that will affect the future of the service. The required outcomes above are consistent with the prevention agenda in part overseen by Public Health.

The paper will also go the Integration Operational Group as they will have a particular interest in the BCF funding element of the project, how it is spent, its future and the connection between any changes proposed and wider health or voluntary programmes that touch hospital to home.

The review will also consider the service in light of the need to achieve further savings, as identified in the councils Medium Term Financial Strategy (MTFS). Other drivers include the need to integrate and align new services into both the Adult Social Care Strategy 2016-20 and the associated Adult Social Care Commissioning Intentions and Market Position Statement.

The review and options encompass a funding stream outside of ASC i.e. The Better Care Fund, which in this situation is overseen by Public Health. To this end the future direction, and any changes or options chosen will be directly influenced by Public Health, their strategic direction and that of their health partners who maybe operating services that are similar to hospital to home, or may have plans that will affect the future of the service.

The options are:

Option 1: Withdraw ASC Funding (£60,336) but recommission as a more targeted intervention.

The service continues (is recommissioned) with an increased focus on particular groups of people who are at the highest risk of readmission into hospital i.e. comorbid – the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder, over 75's etc. but it is the funding that continues from the BCF element only i.e. £73,042.

Option 2: Withdraw both elements of funding, and decommission the service.

Funding has been achieved by two other providers (British Red Cross and the Lightbulb project) that will deliver some of the outcomes of the existing hospital to home service across the County, and as such any further investment would be a questionable use of resource for a non-statutory support service i.e. funding for a service that is being delivered in whole or part by other providers in the marketplace.

The British Red Cross Service First Call has received funding from a private trust to deliver the service in the county. It will receive 50k per year from 2016 for 3 years. It will have 3 project workers and support people who have had an illness, come out of hospital or are recuperating for a period up to 12 weeks. They will design a support plan and assist with things such as connecting people to social networks, shopping, signposting, appointments etc. Referrals will come from ASC, GP's and family. They are not based in hospital and such don't necessarily have the connection to the discharge service. They are looking to expand the service which currently operates in the city and Rutland ASAP, but an internal restructure is currently ongoing and this may impact upon the start date.
A formal referral process between ACS and the British Red Cross will be negotiated if funding for the current service is withdrawn, either fully or in part.

Lightbulb is a holistic early intervention project, aimed at supporting people with housing related needs, by solving the problem before it becomes a more expensive health and social care intervention. Currently there are several proofs of concept pilots occurring which aim to justify further investment and the changing of processes which will save money.
Pilots include working in hospitals to work with people on discharge to solve their housing related issues that are preventing them from leaving hospital and working in GP surgeries to get referrals where there is a housing related issue.

	Lightbulb is about remodelling existing pathways around DFG's and OT work as well as hospital to home and hia initiatives. The idea being that if savings can be made through redesign then this can be reinvested in part into the project make it self-sustaining. Early stage data is showing positive results in hospitals in terms of savings. The hospital discharge element has just received 3 years' worth of funding to support it from the BCF essentially providing a reablement service for people that are leaving hospital. Lightbulb's plans are to offer people support on discharge from hospital in all the County and UHL hospitals.
2	Does this relate to any other policy within your department, the Council or with other partner organisations? *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.* Adult Social Care Strategy 2016-20 Adult Social Care Commissioning Intentions ASC Market Position Statement Better Care Fund (Public Health)
3	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them? The review has the potential to affect the target group of users, their families/carers and the current providers of the service and volunteers. For the entire service (both county and city) statistics show: mean age is 80.81 with an age range of 53 to 106 majority of clients - 76% were 75 years and above majority lived in owner occupied housing (65%) and almost 1 in 5 (18%) from rented sector, others sheltered/unknown 574 (75%) participants identify as living alone; women more likely to live alone (77% of women compared with 71.7% of men) The majority of service users are white British – approx. 80% Asian or Asian British are the next most prominent group supported by the

service – approx. 8%

Physical disability is the largest reported disability, then dementia and visual impairment.

The intended outcome for service users is not clear at options stage, however in light of the options one of several outcomes could come to fruition:

1) The service continues with a reduction in funding, and a more focused approach to supporting clients.

This could mean:

- Not as many people could be supported.
- Only those at most risk would be supported.

2) The service is no longer funded and is decommissioned.

This could mean:

- Employees of RVS no longer work on the hospital to home contract, whether this means they lose employment at RVS is unclear. As no other service would be commissioned its unlikely there would be any TUPE issues.
- Volunteers that currently support clients in the service would no longer work on the hospital to home contract.
- Service users would no longer have this particular route of support available to them. Consequences of this would be either that they received support from other projects with similar objectives i.e. British Red Cross, Lightbulb, internal projects within the hospital aimed at supporting discharge. Support after discharge could also potentially be received by a voluntary sector organisation such as Age Concern to tap into a wide selection of different support methods. As part of the review process discussions and analysis has occurred to try and understand both Lightbulb and the Red Cross Service and how they could provide a service to customers in the absence of this commissioned service. However it is likely that if any decisions are made to end funding, that further discussions and analysis would occur. It must also be stated that if any people were 'eligible' they would receive ASC support on leaving hospital anyway, which ensures that the most vulnerable can get help regardless of any decisions made in isolation.

  Or

- They received support at discharge due to being eligible after having an ASC or health assessment.

  Or

- The client doesn't receive support from a hospital to home service or health/social care or the voluntary sector.

4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**			
		Yes	**No**	**How?**
	Eliminate unlawful discrimination, harassment and victimisation	x		The review process, and the associated analysis of performance data has allowed further understanding about what the current service is achieving, and further more how improvements or positive changes could potentially be brought about, including ensuring that all groups can benefit from the service, and that steps are taken to ensure that this is the case. It has also allowed for the identification of any particular groups who may be adversely or disproportionately affected by any changes to be identified, and as such establish what mitigating actions are required to enable them to access other support and services if necessary.
	Advance equality of opportunity between different groups	x		The policy changes will analyse and take into account the specific characteristics of the group likely to be affected and understand the alternative support mechanisms and how to ensure service users can continue to access similar support available to the groups, if any changes to the service occur.
	Foster good relations between different groups	x		As above

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

Section 2: Equality and Human Rights Impact Assessment Screening
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

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

Section 2

A: Research and Consultation			
5.	Have the target groups been consulted about the following? 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	**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)?	**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.		
	There has not been any formal consultation with the users of this particular service, however there has been consultation in regards to the Social Care Strategy 2016-2020 re how the council will meet need and specifically to this service, how we will consider what other community are voluntary sector programmes of support are available before local authority funded support. 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.		

Section 2 B: Monitoring Impact			
9.	Are there systems set up to: a) monitor impact (positive and negative, intended and unintended) for different groups; b) enable open feedback and suggestions from different communities	**Yes**	**No**
		X	
		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 protected characteristic in this group as it is a service aimed at older people. If the service continues older people will continue to receive support from the RVS service, if not they can receive support from an alternative provider in the marketplace (of which there are several) or via a health and social care assessment if their needs are sufficient.
Disability	**x**		A large proportion of service users of the hospital to home service are disabled. If the service continues disabled people will continue to receive support from the RVS service, if not they can receive support from an alternative provider in the marketplace (of which there are several) or via a health and social care assessment if their needs are sufficient.
Gender Reassignment		**x**	No significant impact identified for this group
Marriage and Civil Partnership		**x**	As above
Pregnancy and Maternity		**x**	As above
Race	**x**		A small proportion of people using the service are from a BME background. If the service continues they will continue to receive support from the RVS service, if not they can receive

				support from an alternative provider in the marketplace (of which there are several) or via a health and social care assessment if their needs are sufficient.
	Religion or Belief	**x**		There is no data on the religion of a customer collected on our workbooks so it's possible that this group may be affected by any changes. This can be mitigated if the service continues and if not via an ASC assessment or through being supported by one of the other providers in the marketplace.
	Sex	**x**		During 2015/16 more women were supported by the project than men so it's possible that this group may be affected by any changes. This can be mitigated if the service continues and if not via an ASC assessment or through being supported by one of the other providers in the marketplace
	Sexual Orientation	**x**		There is no data on the religion of a customer collected on our workbooks so it's possible that this group may be affected by any changes. This can be mitigated if the service continues and if not via an ASC assessment or through being supported by one of the other providers in the marketplace
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	**x**		Any replacement service will need to take account of the particular difficulties experienced by people living in isolated rural areas. Similarly, if reliance is to be placed on existing alternatives, we will need to be sure that this does not result in geographical gaps. Many of the users of these services are likely to have carers, and all services should take account of the need to support carers in their role.

	Community Cohesion	**x**		As above

11.

Are the human rights of individuals potentially affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**

Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]

	Yes	**No**	**Comments**
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life	**X**		**Safeguarding protocols towards individuals will protect this right.**
Article 3: Right not to be tortured or treated in an inhuman or degrading way	**X**		**There is a health and 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 protocols for individuals will protect this right**
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**		**Services such as this are part of the overall strategy to protect and promote the ability of people to retain independence and manage their private and family life in ways that they would choose.**
Article 9: Right to freedom of thought, conscience and religion		**x**	
Article 10: Right to freedom of expression		**x**	
Article 11: Right to freedom of assembly and association		**x**	
Article 12: Right to marry		**x**	

	Article 14: Right not to be discriminated against	**x**		**Current and future services operating in this area of work are governed by policies and protocols that promote anti discriminatory practice**
	Part 2: The First Protocol			
	Article 1: Protection of property/ peaceful enjoyment		**x**	
	Article 2: Right to education		**x**	
	Article 3: Right to free elections		**x**	

Section 2
D: Decision

12.	Is there evidence or any other reason to suggest that:	**Yes**	**No**	**Unknown**
	a) this policy could have a different affect or adverse impact on any section of the community;			**X**
	b) any section of the community may face barriers in benefiting from the proposal		**x**	

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 ☒ x

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

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

UPDATE – Since the screening form above was completed, the ASC Steering Group on the 3rd of August 2016 agreed to look at taking option 2 forward (subject to further sign off and agreement by the Director of ASC) which is to not recommission the service and let the contract naturally end. Many recipients of the services covered by this option will fall within one or more of the groups protected by the Equalities Act 2010, usually by virtue of age or disability.

The RVS currently deliver this service and it is due to end in March 2017. The provider have been informed of this proposed intention.

As part of this process a period of targeted engagement occurred from the 22nd of September until the 20th of October 2016 (4 weeks). Taking the lead from the RVS, LCC asked the provider to connect with some of its relevant customers and stakeholders.

a) The customers using this service, through feedback from the provider and through case studies, and wider feedback from stakeholders value the support offered by the RVS. This includes lifts to services, social interaction and assisting them generally on the transition out of hospital. Wider stakeholders including the county hospitals value the fact that they can rely on the service to help them assist people out of hospital. Social interaction and the service being something that assists here is something that stakeholders strongly identify with.
b) Likely impacts include customers not being able to access the RVS **Hospital to Home** service. The referral route into the RVS service is through RVS volunteers having a presence in hospital (established over many years) as well as their volunteers attending discharge meetings. Family and friends, occupational therapists and other professionals can also refer into the service.

   The service will no longer continue but it is envisaged that the service user group will be able to continue to receive support from alternative support services that have the same aims and objectives. These are primarily First Call a support service run by the British Red Cross and the Housing Discharge Enabler run by the Lightbulb Project. There are however other support options available including First Contact, good neighbour schemes and ASC subject to an assessment.

   Staff/Volunteers who work at RVS will be affected if the service is decommissioned. The UHL contract has 2 FTE staff and currently approx. 75 volunteers and the Community contract has 1.75FTE and approx. 63 Volunteers. This totals 3.75 FTE and 138 volunteers.

   TUPE is unlikely to apply as there is no replacement service being commissioned so the outcome for staff will more than likely either be that they will be encompassed back into RVS on different roles or will no longer be employed by RVS.

   The RVS delivers several services across the county and volunteering is a key element of their delivery model. It is possible that other opportunities may exist for the volunteers within RVS although this needs to be confirmed. Volunteering opportunities are widely available throughout the City and County and Voluntary Action Leicestershire are a key partner who can assist with information and advice in this area

16.	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?

Determining the effectiveness of the service on arguably its 2 key objectives (readmission rates and keeping people out of ASC services) has been difficult based upon the data that the service supplied. This is largely because the current workbooks that the service use need improving to ensure that LCC ASC are asking for the correct type of data to ensure that comparisons can be made in regards to the readmission rate/keeping people out of ASC services.

Finding independent research regarding Hospital to Home services that deliver the same kind of support has also been difficult.

The RVS commissioned their own statistical analysis of the service. **Michael Saunders, Oxford University** reported that for all its services including the city, from the projects start until March 2016 the readmittance rate was 9%.

The report also found:

mean age is 80.81
with an age range of 53 to 106
majority of clients - 76% were 75 years and above
majority lived in owner occupied housing (65%) and almost 1 in 5 (18%) from rented sector, others sheltered/unknown
574 (75%) participants identify as living alone; women more likely to live alone (77% of women compared with 71.7% of men)

No statistically significant relationship between the number of services a respondent receives and their overall score, although the relationship is positive only two services - lunch clubs and home preparation, are strongly correlated with a more positive score, they are most associated with improvements for respondents

No statistically significant relationship found between the time spend with a client and overall score.

Analysis shows a positive association between the quality of relationship with the volunteer and the overall improvement score

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.

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

Targeted engagement occurred with the RVS and various stakeholders they approached, over the course of 4 weeks to answer the following questions:

What organisation do you represent?

Please tell us your views about the proposal.

What are the key opportunities for improving discharge support?

Can you think of any ways that could minimise the impact of this decision (if approved) by Leicestershire County Council?

There were 7 responses in total from people who described their organisation as:

RVS

Occupational therapy department Coalville hospital

Occupational therapy (acute medicine)

Community Hospitals LPT (Primary Melton Hospital)

Leicestershire Partnership Trust

NHS

Leicestershire Partnership Trust – Melton Mowbray Hospital, Dalgleish Ward, Inpatient Therapy Department

a) The engagement feedback from the above stakeholders, captured the following key messages:

Many of the people the RVS help are socially isolated and the social contact side of the service is greatly appreciated by customers.

Assistance is required for tasks such as shopping, lifts home from hospital, and being there when occupational therapy or mobility equipment is delivered.

The service provides reassurance for the patient in a stressful time.

The pressure on discharging people on hospital in a timely fashion may increase.

More people will struggle on the return to home, continuing to be socially isolated and anxious because the RVS provides socialisation. *Staff will have difficulty in sourcing support for people on discharge, the RVS is a one stop shop for support that is well integrated and well known by staff.* *The emergency readmittance rate back into hospital could increase.* *There could be a greater reliance on social services.* *Customers and hospitals are not aware of the alternative support provision that is available in the marketplace and this needs to be addressed.*	
18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
	It is known that the main groups that use the service are older and people with disabilities. The potential effects are known, as well as the mitigating options available. The responses from stakeholders to the targeted engagement are detailed and cover a wide variety of potential issues for the customers who currently use the RVS service. To this end, it is not thought that further consultation or engagement is required.

Section 3 **B: Recognised Impact**	
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.

		Comments
	Age	The 75's and over, represent the most statistically significant group of people using the service. Through strengthening links with First Call and the Lightbulb Project it is envisaged that this group will still have access to low level support. As Lightbulb continues to develop, older people will have clear routes of support from hospital to home in regards to any housing related issue that may be hindering their hospital discharge. The Lightbulb project continues to embed itself in the discharge process within the NHS. First Call will continue to offer support for this client group in the absence of the RVS service. Several other services are available to assist older people with social interactions within the voluntary sector and referrals can be accepted to First Contact to help streamlining.
	Disability	When customers who currently use the RVS service declare a disability there is significant amounts, who state that they have a physical disability. Mental health conditions and dementia are the next highest declared groups. As Lightbulb continues to embed itself in the hospital discharge process, people with disabilities have access to support (at discharge) which they may not have had previously, meaning that they would either have to return home to inadequate/unfit housing or that they would be delayed in their transfer. First Call will continue to offer support for this client group in the absence of the RVS service. A period of marketing will occur with First Call both with the hospitals and with ASC to ensure that this route to support is known about.

		First Contact also continues to be a route of support for organisational referrals and soon to be individual referrals.
	Gender Reassignment	We don't know if this group is affected as the data is not asked for on the LCC workbooks. Lightbulb and First Call will offer support to all client groups.
	Marriage and Civil Partnership	Marriage status is not collected in the RVS data sets. However Lightbulb and First Call will continue to offer support to all client groups.
	Pregnancy and Maternity	In terms of customers LCC don't collect this data set. However Lightbulb and First Call will continue to offer support to all client groups.
	Race	The vast majority of people using the service are of White/British origin. 'Not yet obtained' is next, followed by any other white background and then Asian/British. Lightbulb and First Call will offer support to all client groups.
	Religion or Belief	In the county RVS service when a religion is declared the majority of people declare themselves as Christian. The next group is refused/not obtained, then 'any other religion'. In the UHL service, when a religion is declared it is Christian that the majority of people declare themselves. Then Refused, then Any Other, then Hindu. This group should not be adversely affected as there should still be provision available for all groups via Lightbulb and First Call.
	Sex	During 2015/16 more women were supported by the project than men.

		This can be mitigated through both men and women being supported by one of the other providers in the marketplace going forward.
	Sexual Orientation	In the UHL service in 15/16 most people refused to declare their sexuality under this question, with the next largest group being heterosexual. In the County service most people refused to answer this question with the next largest group being heterosexual. 2 people across the service during this period identified as gay. To this end there should not be any disproportionate disadvantage found by any protected groups. Services in the marketplace will still be available for all groups via lightbulb and first call.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	Firstcall is available throughout the county and support workers can travel to customers' homes to provide support. The Lightbulb project is aiming to have housing support workers in all boroughs and as such it is envisaged that geographical boundaries should not impact on that persons to receive support. There is no data recorded by LCC on whether a customer is a carer or whether they have a carer at home. Both Lightbulb and First Call are available to people regardless of caring commitments (either giving or taking).
	Community Cohesion	Affordability and availability of chargeable services can disproportionately affect economically disadvantaged groups. The current service provider does not charge for access to hospital to home, and the other services in the marketplace to which customers can turn do also not charge.

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	Standards of care must be of an acceptable level, and must avoid inhuman or degrading treatment. Both Blaby Council (Lightbulb) and The British Red Cross are experienced and proven in the delivery of services and as such acceptable levels of delivery should be adhered to.
	Article 4: Right not to be subjected to slavery/ forced labour	
	Article 5: Right to liberty and security	The Lightbulb project will continue to have close links with LCC. Blaby DC and The British Red Cross will have their own protocols and be subject to scrutiny in several ways.
	Article 6: Right to a fair trial	This right extends beyond the formal justice system and can include local hearings and procedures. All service users and their families/carers should be aware of their right to access any provider's complaints procedure if the need arises.
	Article 7: No punishment without law	
	Article 8: Right to respect for private and family life	All providers should respect this protocol.
	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	
	Article 14: Right not to be discriminated against	All LCC service and policy development is EHRIA checked for direct or indirect discriminatory effects. The BRC and Blaby DC should observe standards of equality.
	Part 2: The First Protocol	
	Article 1: Protection of property/ peaceful enjoyment	This service is largely delivered in residential settings, all service users must be able to access personal property and can expect it to be adequately protected.
	Article 2: Right to education	
	Article 3: Right to free elections	

Section 3
C: Mitigating and Assessing the Impact

Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.

There is no adverse impact anticipated however it is worth noting that this change will need managing and certain key tasks completing to ensure that customers and stakeholders continue to be aware of support services that are available to them, that are similar in objectives/nature to the hospital to home service.

Marketing, 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

In decommissioning the service it will be essential to mitigate the risk (in so far as is possible) that people who may benefit from the service can continue to receive those benefits from other providers.

- This will be achieved by meeting with First Call and to explore the best referral routes into the service and how to maximise any benefits the service is offering for the people of Leicestershire, minimising any duplication.

- The route into the service (the referral route) may be partially affected. The First Call service does accept referrals from discharge pathways in the NHS, but the service is not situated within the hospital. The Lightbulb project is situated within hospitals and awareness within the discharge teams is developing. As First Call is not based within the hospital it will essential to work with partners to ensure that they are aware of the possibilities of the service.

- As part of these changes LCC are keen to strengthen and develop the referral links between the ASC department and First Call/Lightbulb to ensure that people who have a low level support need on discharge from hospital can still access a service. First Call is expanding into the County presently and ASC are meeting them to discuss how the service can be best utilised and how our staff/hospital staff can be aware of the service and refer effectively. The cementing and strengthening of these referral routes will be key to ensuring continued support.

- Letting the NHS Discharge Steering Group of the departments intentions as they develop, will be a sensible approach to take although it must be noted that this group had a limited understanding and visibility of the service and its place in the official discharge pathways, when as part of this review the options were presented to them in July 2016.

- It would be sensible for the department to continue meeting First Call periodically to ensure that referral routes are working and/or any developments needed can be facilitated.

- The promotion of First Contact (LCC) to customers and stakeholders will continue. First Contact is potentially a support solution for the patient customer base.

- Lightbulb will continue to develop and in doing so will work closer still with county hospitals, to market itself and ensure that hospitals know that support is available to patients via the housing enabler project.

- There are of course several other support services that compliment and carry out lots of similar support to the RVS including social interactions. This includes good neighbour schemes. The Rural Community Council (RCC) delivers some of these, some funded by Chief executives Department at LCC. The RCC also has its Falls Prevention Scheme for those returning home from Hospital after a fall.

- Headway provides community based support for people with brain injuries, following discharge from hospital. They also provide additional support, advice and information to newly injured people in hospital (hospital in-reach) and their families, prior to discharge.

- First Contact will accept referrals from professionals who have concerns and they will soon accept referrals from individuals. If a customer had an issue with for example social contact, then referrals could be made to other providers who could offer support.

Section 3 **D: Making a decision**	
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.

In summary:

- A review of the RVS delivered service Hospital to Home has occurred. The drivers for this were that this service was previously out of scope for review due to it being newly commissioned. Strategic alignment needed to be understood both internally with the ASC Strategy/Commissioning Strategy and Intentions and externally with partners i.e. health/borough councils. The department's position in light of the MTFS was also a key driver.

- The review found that determining the services performance against its key objectives of reducing the emergency readmission rate and that of keeping people out of ASC services is difficult to gauge based upon the data LCC collect. However the service does have some evidence itself based upon internal and external data analysis that shows it does have a lower readmission rate than the national average. Case studies that the service produces shows that outcomes are being reached and that there is a good level of satisfaction from its customers.

- The review found that there are other providers in the marketplace, notably First Call (British Red Cross) and the Lightbulb project that are delivering services over the next 3 years that have the same aims and objectives as the RVS Hospital to Home service. Partners including the BCF have invested in the Lightbulb element i.e. the Housing discharge service, which operates out of hospitals.

- An options paper was presented to the ASC Steering Group on the 3/8/2016 and the group were in favour of pursuing an option to let the LCC element of the service, which is funded at circa 60k end naturally in March 2017, and not to look at recommissioning such a service presently.

- Further to this the board felt that the British Red Cross service First Call should be embedded into referral routes both for ASC and NHS discharge pathways, in so far is possible, whilst acknowledging that the NHS are trying to ensure these routes are understood and as simple/effective as possible for its staff and patients. The First Call service is not funded by LCC but by a private trust fund, so LCC's role it is hoped will be to strategically influence the service.

- In letting the Hospital to Home service contract end without recommissioning, it is envisaged that the other services in the marketplace will be able to provide a low level support service for those in the county and using UHL hospitals. In mitigating any risks, LCC is a key stakeholder in the Lightbulb project and to some degree can influence its direction whilst also being aware of its performance. Further to this LCC ASC aims to work with First Call to ensure its efforts are being best placed strategically to ensure maximum impact and appropriate referrals.

- There are also several projects in the voluntary sector that assist with social interaction travel needs and support which are free to use. Ie good neighbour

schemes.

- Referrals will continue to be taken by First Contact and customers' needs will be streamlined to providers offering support.

- The most vulnerable will continue to be helped by the discharge pathways and ASC who have established routes 'out of hospital'.

- The targeted engagement that occurred with the RVS and stakeholders found that one of the key concerns was a lack of knowledge of what other support is available in the marketplace. This potentially can be addressed by working with the hospitals to advise them, and by ensuring the Lightbulb continues to develop links with the county hospitals regarding its hospital discharge enabler.

- This review has determined that older people and people with disabilities are the main customer base of the service and that in working with the other providers in the marketplace there will still be a satisfactory support service/s in place to help those with low level needs. People with greater needs (subject to assessment) will already be catered for through the NHS discharge pathways and through the ASC hospital referral protocols.

Section 3 **E: Monitoring, evaluation & review of your policy**	
24.	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? This screening review has been to DEG and the full version will also be full presented to DEG. The full review will be available to the Adult Social Care Steering Group. As LCC are key stakeholders in the Lightbulb project, its performance and strategic direction are subject to scrutiny through steering groups and executive committees. To this end it is envisaged any positive and negative impact/barriers as and when they arise, will be in sight of LCC. Lightbulb is part of Blaby DC they have public sector equality duties that they have to maintain and perform against. LCC will be working with First Call/BRC to discuss strategic alignment and as to how referrals can be embedded with the department, and in so far as possible raising awareness with the NHS/Health discharge pathways. The Equality Improvement Plan will be reviewed at appropriate intervals and steps taken to remedy any shortfall in targets, or modify these if they are failing in their objectives.
25.	How will the recommendations of this assessment be built into wider planning and review processes?

	e.g. policy reviews, annual plans and use of performance management systems This review was undertaken out of the Strategic Planning and Commissioning team within the department. Lessons learnt, and themes will be fed back to the team and incorporated into processes/procedure when relevant/reasonable.

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
Ensuring that people with protected characteristics, specifically under Age and Disability categories can receive the support required to protect their welfare and safety at the point of, and immediately after hospital discharge.	Adequately inform stakeholders and customers of the alternative support routes available to them, if RVS is no longer facilitating Hospital to Home. This includes speaking to stakeholders who responded to the engagement process. Ensure that the county hospitals and UHL hospitals that currently receive the RVS Hospital to Home service, are aware of the alternative support options for	• Strong awareness of the alternative support routes out of hospital, if the RVS is no longer delivering Hospital to Home. • Users of the service are sufficiently well supported to take maximum benefit from continuing services. • In the absence of a like for like provision, risks associated with discharge are nevertheless minimised. • The Lightbulb scheme, as the LCC choice for	Strategy & Commissioning Team Information & Advice providers	Between January – March 2017. By April 17 and ongoing

	people leaving hospital – this will include First Call, First Contact, Lightbulb, Good Neighbour Schemes, Local Area Co-ordinators, Time banking and other VCS/Voluntary sector schemes that are appropriate for (and targeted at) older people and people with disabilities.	investment, contributes towards reducing readmission rates into UHL and County hospitals. • All related schemes are supported to achieve this same end.		
	Review provision to gauge, as far as practicable, its effectiveness for reducing readmission rates. *n.b. This may only be possible for relevant providers such as Lightbulb, where we are in a position to request supporting data. We may therefore have an incomplete picture of overall effectiveness of these services, and data should be appraised*		A&C rep/Unified Prevention board.	Oct 2017

	accordingly. Ensure, where we can have an influence, that all related services support the wider outcomes of the ASC strategy in relation to prevention, in particular, maintaining personal independence. As per Care Act provisions, maintain high quality information and advice provision via CSC and First Contact to ensure a good level of awareness of services for both providers and users. LCC to utilise available data to identify any gaps in provision which may impact negatively on protected groups.		Strategy & Commissioning Team CSC First Contact Commissioning	Ongoing Ongoing, review Oct 2017 Ongoing, review Oct 2017

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. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

Section 4
A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening ☐

Equality and Human Rights Assessment Report ☐

1st Authorised Signature (EHRIA Lead Officer): ……

Date: ……

2nd Authorised Signature (DEG Chair): 

Date: 12/12 2016