

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:	Direct Payments Delivery Options
Department and section:	Adults & Communities Care Pathway Improvements Programme
Name of lead officer/ job title and others completing this assessment:	Amanda Stott, Strategic Lead and Business Change Manager (Care Pathway) Maureen Heneghan, Project Support Officer Anne Walsh, Head of Service
Contact telephone numbers:	0116 3053735
Name of officer/s responsible for implementing this policy:	Amanda Stott, Strategic Lead and Business Change Manager (Care Pathway)
Date EHRIA assessment started:	15 th July 2016


Date EHRIA assessment completed:	15 th March 2017
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Section 1: Defining the policy

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

1	<p>What is new or changed in this policy? <i>What has changed and why?</i></p> <p>Since Personal Budgets were first introduced in Leicestershire there have been 3 ways for people to receive their Personal Budget.</p> <ul style="list-style-type: none"> • Paid to the service user via a dedicated bank account set up for the purpose • Managed by LCC as a commissioned service • Provider Managed Account where the Direct Payment is paid to a provider and the provider managed the Direct Payment on behalf of the Service User to deliver services to the service user. <p>The Provider Management Account (PMA) was first introduced in 2010 to offer support to people who wanted more choice and control and <u>who were able, or had support to manage a Cash Payment</u> but who did not want to open a separate bank account and be responsible for paying invoices.</p> <p>A PMA is when the money is paid into the service user's service provider's bank account. The service user or their nominated/authorised person is responsible for ensuring the Personal Budget is spent in accordance with their Support Plan; any service contract is therefore between the individual and the provider with the provider taking instruction from the service user/service user representative re the spending of the DP and the provider producing statements to the service user/service user representative to evidence spending of the DP.</p> <p>Due to the termination of many provider contracts in early 2011 there were a significant number of service users who were receiving a managed service and wanted to stay with their provider who no longer held a contract with LCC. There were insufficient services to meet the demand within a managed budget and as a solution these service users were offered the opportunity to remain with their existing provider via a PMA option of a Personal Budget.</p> <p>The PMA option for a Direct Payment was <u>never</u> intended for service users</p>
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	<p>who were not able or who did not have support to understand and manage a Direct Payment. In reality, this is what has happened and in many cases the provider is not supplying statements to the service user or their nominated person.</p> <p>The proposal is to remove the PMA as a delivery mechanism for Direct Payments as of 01/11/2016. This is the matter to be considered within this EHRIA.</p> <p>Rationale for ending PMAs</p> <ul style="list-style-type: none"> • Inappropriate use of PMAs for people who lack capacity to make a decision about Direct Payments either independently or with whatever help or support they are able to access eg family, nominated or authorised individual under the MCA which could lead to legal challenge • Lack of a robust audit trail to monitor expenditure and balances for individual service users • The introduction of a Direct Payment (pre-paid) card with a dedicated support team provides a beneficial alternative for both LCC and the service user/carer/nominated or authorised person. This makes DPs more accessible and manageable for service users and their representatives. • Low levels of accountability have allowed excess balances (surplus to requirements) to accrue in PMA provider accounts (e.g. service users who may have died or moved to another provider). Inefficient vehicle for the delivery of Direct Payments • Balances will continue to accrue if this option is not stopped. The transactions made from the DP card (the preferred option) are fully visible to the Council via remote access by the DPS team. Regular financial audits by the team will flag where there are issues e.g. excess balances – payments to providers and therefore services are not being delivered or support needs have changed.
2	<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 existing Community Life Choices and Supported Living Exceptions Policy will need to be reviewed and aligned with the removal of the PMA option and the new exceptions policy.</p> <p> community_life_choices_supported_living_exceptions_policy_guidance DEC 15.pdf</p> <p>The Adult Social Care Strategy 2016-2020 outlines the vision and strategic direction of social care support for the next 4 years. Removing the option of PMAs aligns with the strategy in the following areas:</p> <ul style="list-style-type: none"> • To meet people's needs in a personalised way which delivers the outcomes that people require. • In delivering and commissioning services we want to achieve the best value and most cost-effective means of delivering high quality care.

- Everyone should expect that the services they are buying or receiving represent the best possible value.
- Whilst choice is an important factor in people being able to manage their own care, it cannot be unrestricted. Wherever possible we will work with individuals to deliver personalised social care and health services, but we will only do this in the context that the services people receive will maximise their independence and provide the very best value for money.
- Working with providers of care we will constantly review people's care arrangements to ensure their outcomes are being met in a cost-effective way.
- It is recognised that for some people there is a risk to their personal safety because of their particular disabilities or frailties it is recognised that there may be a level of risk in order that we grow and develop as individuals. We will therefore work with people to enable them to understand and manage risks appropriately, whilst also providing arrangements to safeguard people from significant harm.
- People who need our help and have been assessed as eligible for funding will be supported through a personal budget. The personal budget may be taken as a payment directly to them or managed by the council.
- In all cases the council will ensure that the cost of services provides the best value for money. Whilst choice is important in delivering outcomes that people want, maintaining people's independence and achieving value for money is paramount.

Impact on charging policy and administration of payments.

Payroll services/administration of Direct Payments

People who are happy and able to manage a Direct Payment but who still need support to employ a PA can benefit from the in-house payroll service provided by LCC.

There are also providers who will support individuals re recruitment of PAs. There is a weekly charge for this. The DP recipient may choose to engage an agency in this way. Workers will discuss options with the service user/service user representative when setting up their Direct Payment. People who do not wish to use the in-house offer and do not wish to have a card can engage a money management provider such as Mosaic to manage their Direct Payment in terms of recruitment of a PA, HR, payroll service etc. This is included as an additional cost in the Support Plan and clearly identified as a Managing Fee. Direct Payment guidance and training will be refreshed so that this choice is clear. This option will represent a Third Party Managed Account and will require separate documentation.

Increased workload due to volume of DP cards being issued will have an impact on the existing Direct Payment Support and Personal Budget Payroll teams. Capacity may be stretched. Work is under way to develop and expand both the team and the service with a report to the Departmental Management Team (DMT) in September.

Help to Live at Home (HTLAH)

Domcare providers who are concerned that they may not be selected through the procurement process and service users who wish to stay with that provider are already applying for DP cards as a way of remaining with their current provider.

As at 21/7/16 commercial sensitivities prevent us from identifying which current homecare providers will not be on the framework. We expect to have more

	<p>information by 31/8/16 providing HTLAH contracts have been awarded. At this point, a cross check will be undertaken to identify those providers who are not on the new framework and currently have PMA service users. These service users will need to either transfer to a provider on the framework or have a Direct Payment card with their existing providers.</p> <p>Community Life Choices (CLC)</p> <p>The way that CLC is commissioned and provided in Leicestershire is being reviewed in line with the new ASC Strategy and Commissioning Strategy to ensure how CLC support can be more cost effective. Savings will be achieved through a restricted core service offer. Many of the CLC service users are also PMA service users.</p> <p>Data was checked on 28/7/16 and 41 service users have been identified as having a PMA and a CLC service. This data will be passed to Review so that the CLC/PMA review is combined.</p> <p>Supported Living</p> <p>The supported living framework has been reviewed in line with the new Adult Social Care Strategy and Commissioning Strategy, to ensure supported living is a cost effective and sustainable option for people who need it, and can support reductions to residential care admissions particularly for adults of working age.</p> <p>The new arrangements involve the reduction of providers on the framework to 5 across the county, each of whom will be responsible for delivering all managed supported living services for a geographical division of the county. It will also involve formally introducing progression into the services, to ensure people's independence is continually optimised. The relationship between the provider and the council will ensure delivery of outcomes and the reduction in the number of providers will enable officers to focus on driving up quality. A considerable number of Supported Living Service service users are also PMA service users. An initial review of the data indicates that at least 280 PMA service users on the existing LCC Support Living framework will be affected by the change. This does not include service users who have a PMA with a provider who is not on the framework (eg, LCIL and Freedom Support). More information is required re Supported Living services providers off framework PMA holders and the nature of SL services provided.</p> <p>We will liaise with Review, Supported Living and Community Life Choices teams to avoid duplication and multiple conversations with service users.</p>
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>On 1st June 2016, there were 702 service users with active PMAs across 98 providers (December 2015 figures were 884 service users across 105 providers)</p> <p>The table below provides a breakdown of service users who are receiving a Direct Payment through a Provider Managed Account by service user grouping as at 1.6.16</p>

LD	213	
MH	238	Will be some cross over with LD here where the secondary need may be listed as LD
Physical Support/Access & Mobility	68	
Physical Support Personal care and support	153	Potential cross over with HTLAH. Commercial sensitivity so cannot cross check yet
Dual Sensory	1	
Visual impairment	2	
Substance Misuse	1	Potentially not suitable for a DP if subject to court order? Exceptions Policy
Social Inclusion	20	
Memory & Cognition	8	
Total service users with a PMA	704	349 male vs 355 female

Taken from Pivot Table supplied by BI 19/6/16. The difference in numbers is due to a number of service users who have more than one Cost Per Line Item (CPLI) on their PMA. These duplicated lines were removed to get a more accurate figure. The tab below still contains those multiple lines.

Primary Need	18-64	65+	Grand Total
Learning Disability Support	215	11	226
Mental Health Support	203	45	248
Physical Support - Access and Mobility Only	33	33	66
Physical Support - Personal Care Support	52	104	156
Sensory Support - Support for Dual Impairment		1	1
Sensory Support - Support for Visual Impairment	2		2
Social Support - Substance Misuse Support	2		2
Social Support - Support for Social Isolation / Other	13	4	17
Support with Memory and Cognition	2	6	8
Total Service Users with a PMA	522	204	726

Research shows that the data under Substance Misuse support may be misleading. There are a number of service users whose primary need is Mental Health but who are also substance misusers.

Intended Changes and Outcomes

Service users with capacity to make a decision about Direct Payments and able to manage a Direct Payment independently or with whatever help or support they are able to access (e.g. family, nominated individual /representative)

- A review will be arranged face to face with a worker and they will be offered the opportunity to transfer to a Direct Payment card.
- Workers will be provided with refreshed guidance to ensure service users

	<p>and/or their representatives are given the correct information on the options available and the reasons for the removal of the PMA option.</p> <ul style="list-style-type: none"> • Where the provider has signed the DPA as the nominated person, this will need to change and a new nominated person identified who is willing and able to support the service user. The nominated person (not an organisation) can have the DP card issued in their name. The nominated person would then take on this responsibility for managing the DP and arranging services from the provider(s). There would be no discernible change for the service user. • Their Direct Payment agreement will be checked and may have to be re-signed. Workers will need to make thorough checks to ensure that the service user has capacity to make a decision about Direct Payments either independently or with whatever help or support they are able to access (e.g. family, nominated individual /representative) • They will be supported by the commissioning worker and have access to a dedicated Direct Payments support team for advice and assistance to set up direct debits and standing orders and any ongoing support required. • There may be a significant amount of paperwork to complete and sign however support will be provided by the commissioning worker/DPS team to complete the necessary documentation. Once the initial set up of the card is completed, the ongoing process is very straightforward. • They will always know how much money they are paying to their provider because they can check on line, by telephone or by paper statements. Underpayments or overpayments to the provider(s) can be resolved much more quickly • Payments to their chosen provider or PA will continue without interruption and any service user contribution can be collected automatically by setting up a standing order payment to their DP card which can be set up with the help from the DPS team. They won't need to pay their provider their contribution. • They can use the in-house LCC payroll service for payments to employ their PA. • The change will promote more independence and more choice and control which could benefit their wellbeing resulting in reduced dependency on their provider. • The change will ensure transparency and accountability for the service user/service user representative. They will no longer have to request statements from their provider. <p>A Direct Payment card is a much easier option for the service user than setting up a separate bank account. The Direct Payment card does not require the service user to provide copies of bank statements or receipts to the Council. However, this option is still available if the service user or nominated person is unable or unwilling to take a DP card.</p> <p>For service users who already have a third party managed account (previously known as a third party agreement) with their existing PMA provider to manage their Direct Payment and wish to stay with that provider</p> <p>Where a third party agreement is in place with a provider who manages the Direct Payment but does not provide any care and support to the service user</p>
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(i.e. no conflict of interest), the service user will be offered a Direct Payment card which can be used to pay the money management fee to their existing provider. Payments to their care and support providers can be set up using the Direct Payment card. We will need to ensure that the correct agreements are in place.

Service users who have a PMA but where a Direct Payment is not suitable or appropriate

We are aware that there will be a number of people for whom a Direct Payment or Direct Payment card will not be suitable or appropriate. These service users will be moved to a managed service on the managed services framework to ensure that their care and support needs are met and the correct safeguards are in place. This may mean moving from their existing provider to a new provider.

Where changing a provider would be detrimental to the individual's health and wellbeing and they are unwilling or unable to manage a DP and there is no one to perform the role of nominated/authorised person, the exceptions policy will apply. The exceptions policy will apply to the managed services framework so that an individual who meets the exceptions policy criteria will be able to have an off framework managed service arranged with their existing provider.

An example where the Direct Payments Delivery Options Exceptions Policy may apply could be where moving a service user to a different provider would cause the individual's health and wellbeing to deteriorate to such an extent that it becomes a factor in their day to day life. It could prevent them from doing something or causes them significant distress which impacts on their ability to perform/enjoy day to day tasks/life.

Service users will be assessed by a commissioning worker, evidence gathered and a case made for exception to the appropriate Heads of Service. Final sign off of any exceptions will be undertaken by the Director of Adults & Communities.

Examples to be added to the policy

- The service user is in receipt of specialised services which can only be met by their existing provider
- Service users who due to age, disability or health condition prevents them from operating a direct payment card and who have no family or nominated person who could manage the card on their behalf.

For the impact on service users with specific disabilities and older people see Section 2(10)

For service users who do not wish to manage the DP

They will be offered a managed service through the LCC framework. This may mean moving to an alternative provider if their existing provider is not on

the framework. If this would prove too disruptive to the person's health and wellbeing, the Exceptions Policy may be applied and the service user would see no change.

Transitional Arrangements

- All PMA service users will receive a letter explaining the change, the intention to have an exceptions policy and asking them to submit any comments or concerns. Draft engagement plan has been updated following a meeting and instructions from Jon Wilson on 12th August to scale back
- The engagement exercise will include staff and providers.
- The PMA clawback exercise has identified some service users where there are concerns that a Direct Payment may not be appropriate. These will be prioritised.
- CLC and or SL reviews will be combined with PMA reviews where crossovers have been identified to reduce duplication
- Face to face review meetings with PMA service users will start in take November 2016 and continue throughout 2017.
- The nature of the review will be both sensitive to the service user/carer's needs and attempt to reduce unnecessary stress or anxiety
- Review workers will be briefed and guidance refreshed to ensure a consistent approach to the advice and guidance being given to service users/carers to inform decisions.
- PMA providers will be asked to identify where there may be a need for an advocate during discussions/decisions.
- May present an opportunity to discuss with service users or their carers planning for the future eg LPA etc. to ensure arrangements are put in place where none exist at present.

Providers Benefits/Disadvantages

Benefits:

- Removes any conflict of interest and potential legal challenge where a provider is acting as an authorised person for someone without capacity.
- Will no longer have to collect service user contributions
- Will avoid situations whereby one service user's Personal Budget/DP would be subsidising another
- Removes the need for the provider to supply the service user with transactional statements of monies received and spent
- Payment process will be easier/transaction history will be transparent
- Financial administration reduced/accounting simplified

Disadvantages:

- Additional work/time will be required to explain changes to service users and their families particularly for service users who lack capacity
- Potential loss of income – where they have a third party arrangement and are charging a fee for management of the DP.
- Additional work - may need to employ advocates to support their service users through the process of change

	<h3>LCC Benefits/Disadvantages</h3> <p>Benefits:</p> <ul style="list-style-type: none">• There will be a more robust assessment of people with capacity and their suitability for a Direct Payment.• Limits potential challenge where a provider is acting as an authorised person for someone without capacity.• Reduces safeguarding concerns re financial abuse• Transaction alerts on the DP card will help identify any safeguarding concerns more quickly• Improved collection of service user contributions i.e. no longer reliant on the provider.• Providers will not be able to force commissioning outside of the LCC framework driving up costs of commissioning• The DP card option increases transparency and accountability and best use of public funds• Removes the build-up of unused funds due to regular DPS team financial audit reviews. <p>Disadvantages:</p> <ul style="list-style-type: none">• Additional work for PB Payroll team as more people may employ Pas and use the service• Costly and time consuming to withdraw all existing PMA cases particularly where Mental Capacity Assessments may be required• Risk that the percentage of managed budgets will increase• The demand for managed services might outweigh the supply• Demand for services from the Personal Budgets Payroll team increases without sufficient resources to handle. This concern is being addressed separately.																				
4	<table><tr><td colspan="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)</td></tr><tr><td></td><td>Yes</td><td>No</td><td>How?</td></tr><tr><td>Eliminate unlawful discrimination, harassment and victimisation</td><td>√</td><td></td><td>The means by which accounts are managed must be fair and designed to avoid possible financial abuse, accounting errors or unnecessary anxiety. The exceptions policy will ensure that a safety net is available where alternatives are potentially harmful to individuals.</td></tr><tr><td>Advance equality of opportunity between different groups</td><td>√</td><td></td><td>Sensitive transition for those losing a PMA and appropriate use of the Exceptions Policy will promote this aim.</td></tr><tr><td>Foster good relations between different groups</td><td>√</td><td></td><td>As above</td></tr></table>	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	√		The means by which accounts are managed must be fair and designed to avoid possible financial abuse, accounting errors or unnecessary anxiety. The exceptions policy will ensure that a safety net is available where alternatives are potentially harmful to individuals.	Advance equality of opportunity between different groups	√		Sensitive transition for those losing a PMA and appropriate use of the Exceptions Policy will promote this aim.	Foster good relations between different groups	√		As above
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Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

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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
		Planned Engagement Service Users: engagement via questionnaire (hard copy) by post Providers: engagement via questionnaire (online) and comms via providers forums	
	c) potential barriers they may face	Individual letters will ask whether there are any specific communication needs which need to be addressed Unable to cope with	X

		change	
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	<p>Authorised Persons are in place for some people without capacity.</p> <p>Providers will be asked to identify where advocates may be needed</p>	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	<p>Provider forums</p> <p>Carer Forums</p> <p>LDPB</p>	
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> <p>See attached draft communication/engagement plan v0.02. Updated following meeting with Jon Wilson on 12 August and instruction to scale down existing level of engagement. Draft leaflet and draft letters to providers and service users attached. Engagement plan will be approved by DMT F&P on 12 September.</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Provider Managed Accounts_draft communication v0.02.doc </div> <div style="text-align: center;">  Draft PMA ends letter to providers v0.02.doc </div> <div style="text-align: center;">  Draft PMA ends letter to service users.doc </div> <div style="text-align: center;">  Service User Fact Sheet v7.doc </div> </div>		

Section 2

B: Monitoring Impact

9.	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>✓ For those service users who are issued with a DP card there will be a courtesy call after 6 weeks to check how things are working.</p> <p>A member of the Direct Payments Support team will make a personal visit to the service user where this would help the service user to understand the process better.</p> <p>Where a service user has any major issues with the DP card they can revert to using a separate bank account.</p> <p>Benefits and Issues log is being maintained by DPS team for monitoring purposes.</p>	

		√ Customer Satisfaction /Stakeholder evaluation / survey linked to POET planned for DP cards in November 2016		
		Feedback from the Leicestershire Equality Challenge Group will be arranged.		
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 <u>potentially</u> be affected by this policy and describe any positive and negative impacts, including any barriers.			
		Yes	No	Comments
	Age	✓		<u>Service User</u> Out of approx. 700 service users 205 are over the age of 65 and of those 88 are over the age of 80 and may be unfamiliar with internet and telephone banking and unable to learn. Where someone has a relative, adult child or other person who is willing to manage the DP card (and comfortable with online /telephone banking) may find the DP card a better alternative (less potential for financial abuse and more transparency on how much the provider is being paid) but we would need to engage with a family member at the review. The DP card can be issued in the nominated person's name. Where there is no one to support them with a DP card and they are unable or unwilling to manage it themselves, we would offer a managed service. This may mean moving to a different provider. Exceptions policy may be applied where this would provide detrimental to their health and wellbeing.. Review and DPS team and other staff to be aware that "The ease of remembering a PIN falls with age and disability. Whereas nine out of ten people aged 25 – 34 find it very easy to remember, this falls to around three quarters of people

			<p>aged 65+ or those people with a disability” Source: Age UK 2013 Direct payments for social care: How local authorities and financial institutions can make managing the finances easier for older people</p> <p>Older People – Carers</p> <p>Additional and unwanted responsibilities. Elderly parents may be acting as an authorised or nominated person but do not want the responsibility of managing finances even with the benefits that a Direct Payment card provides. Research has indicated that some may be quite elderly, have health problems of their own and or live out of county. They would have made the decision to have a PMA because they didn’t want the responsibility. Some will not want to use internet or telephone banking and won’t want to change. In these circumstances, the managed service option will be the most appropriate option.</p> <p>All forms of engagement will be inclusive and take account of using accessible formats for people who do not use or have access to IT, or who have sensory, intellectual or physical impairments.</p>
	Disability	✓	<p>Currently we have no Easy Read or Plain English guidance to Direct Payments or Direct Payment cards. This will need to be commissioned from the BigWord.</p> <p>Questionnaire for engagement will be in Plain English. Easy Read version will also be developed.</p> <p>Positive: Limits financial abuse Offers more choice and control Develops financial skills Decreases dependency on provider Visibility or knowledge of what is being paid out compared with care and support being delivered DP card is easy to use Dedicated DPS team to support</p> <p>Disadvantages</p> <p>Workers/Review team and other staff to be aware that “The ease of remembering a PIN falls with age and disability. Whereas</p>

			<p>nine out of ten people aged 25 – 34 find it very easy to remember, this falls to around three quarters of people aged 65+ or those people with a disability” Source: Age UK 2013 Direct payments for social care: How local authorities and financial institutions can make managing the finances easier for older people</p> <p>Sensory Impairment</p> <p>The DP card will be offered to the service user or if appropriate and agreed a nominated person (eg family member) who is comfortable with online or telephone banking to support the service user.</p> <p>Deaf or hard of hearing can communicate with the card provider via TextBox via textphone, minicom or TexMee on their android or Iphone by downloading TexMee App from Google Play or App Store</p> <p>Visually impaired</p> <p>There are currently 2 service users with visual impairment with a PMA.</p> <p>The DP card provider does not currently offer specialised software for the visually impaired to operate a DP card. The possibility of future developments of this nature will be raised with the DP card provider at their regular forums with local authorities.</p> <p>Can The DP card provider produce anything in Braille. Do we provide DP agreements and guidance in Braille?</p> <p>All forms of engagement will be inclusive and take account of using accessible formats for people who do not use or have access to IT, or who have sensory, intellectual or physical impairments.</p>
			<p>Service users with a Learning Disability and/or Mental Health issues who lack capacity</p> <p>The safeguarding of these service users will be critical during this change.</p> <p>Positive:</p> <p>Some of this group may have no next of kin and no authorised person in situ. The face to face review will identify the specific needs of this group and a Mental Capacity Assessment</p>

			<p>for Finance carried out where deemed necessary. Where an authorised person is already in place, documentation will be checked that the authorised person is appropriate and understands their responsibilities. The Direct Payment options will be discussed and agreed with the Authorised Person. Where there is no Authorised Person or where there is an inappropriate Authorised Person (e.g. a provider), the Review team will investigate whether there is someone who could act in the best interests of the service user. Where there is no one to act on the SU's behalf, LCC will apply for Deputyship to the Court of Protection.</p> <p>This group's needs will be addressed by the Exceptions policy which will be applied if the change to a provider on the framework would be detrimental to the health and wellbeing of the service user.</p> <p>Where appropriate, service users may be moved to a LCC managed service if this is appropriate.</p> <p>The change avoids the potential for financial abuse and ensures that a person has been legally appointed to act in the best interests of the service user where none may exist currently.</p>
			<p>Service users with capacity – all groups but particularly LD and MH</p> <p>Positive: The DP card will be offered to the service user or to their carer (unpaid) if they are comfortable with online or telephone banking and can act as the nominated person. Potential for financial abuse will be reduced. Service users without a passport/driving licence or any other form of ID have struggled to open a bank account and have previously been excluded from a DP. Providing a DP card will overcome these issues and make a positive impact on the service user's sense of independence and wellbeing.</p> <p>The DP card will enhance independence and provide visibility and assurances that the DP is being spent on the care and support needs</p>

				<p>that have been agreed in the Support Plan.</p> <p>Negative: The change may increase anxiety, cause challenging behaviour, increased needs particularly for those with Autism/Aspergers where routine and familiarity are key. Exceptions policy will be applied where any change in provider would be detrimental to the health and wellbeing of the service user.</p> <p>Easy Read/Plain English guidance will be needed. Guidance in other formats may be required depending on the service user's communication needs.</p> <p>Service user does not want responsibility. Family do not want responsibility for the Direct Payment</p> <p>Service user will be moved to a managed service on the framework. Exceptions policy may apply if the change would cause undue stress and anxiety.</p> <p>Services users/representatives who have Third Party Managed Accounts (Third Party Agreements) with their existing PMA provider</p> <p>If it is clear that there is a third party arrangement in place for money management purposes only with the existing PMA provider (subject to definition of third party managed accounts and not for care and support needs) and the individual has capacity to make a decision about Direct Payments either independently or with whatever help or support they are able to access eg family, nominated or they have an authorised individual to act in their best interests, it may be possible to continue this arrangement with a Direct Payment card.</p>
	Gender Reassignment	√		The review team will be sensitive to the needs of this group.
	Marriage and Civil Partnership		√	No impact
	Pregnancy and		√	Unlikely to have any effect on this group.

	Maternity			
	Race	√		The specific needs of this group will be addressed during the face to face review See table below. From a total of 726 PMA service users, 654 are White-English/ Welsh/ Scottish/ N.Irish/ British

PMA Service Users			
	18-64	65+	Grand Total
Asian or Asian British-Any other background	12	4	16
Asian or Asian British-Bangladeshi	1		1
Asian or Asian British-Chinese		1	1
Asian or Asian British-Indian	11	4	15
Asian or Asian British-Pakistani	2		2
Black or Black British-African	1		1
Black or Black British-Caribbean	1		1
Not recorded, but not refused	5	4	9
Other ethnic group		1	1
Other mixed background	4		4
Refused	6	1	7
White and Asian	1		1
White and Black African	3		3
White and Black Caribbean	2		2
White-Any other White background	5	2	7
White-English/ Welsh/ Scottish/ N.Irish/ British	467	187	654
White-Irish	1		1
Grand Total	522	204	726

	Religion or Belief	√		The review team will be sensitive to the needs of this group.
	Sex		√	Of the 703 users 349 are male and 355 are female.
	Sexual Orientation	√		Limited data exists however the sensitivities for this group will be addressed during the face to face review
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	√		Some PMAs have been set up inappropriately for people who lack capacity for finance and have no independent authorised person to act in their best interests. Many of these service users have already been identified and others will be identified during the individual review process.

				Research has revealed that one carer of a person with LD is unable to read and write. They are from the traveller community. The review team will be sensitive to the needs of this group.
	Community Cohesion		√	No impact
11.	<p>Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)</p> <p>Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]</p>			
		Yes	No	Comments
Part 1: The Convention- Rights and Freedoms				
	Article 2: Right to life			
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	✓		All policies and procedures affecting the delivery of care services need to ensure that they promote delivery of those services at an acceptable standard. The use of PMAs and their alternatives must be judged against this requirement.
	Article 4: Right not to be subjected to slavery/ forced labour		✓	
	Article 5: Right to liberty and security		✓	
	Article 6: Right to a fair trial		✓	
	Article 7: No punishment without law		✓	
	Article 8: Right to respect for private and family life	✓		Any mechanism that we use in relation to delivering care services should protect Article 8 rights. In order to promote this, the means by which financial support is administered must be appropriate to the individual service user.
	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	✓		<p>If someone (older person/person with a disability) does not wish to have a DP card and has no one to support them to manage a Direct Payment, the default position will be to move them to a managed service. This may mean moving to a different provider on the LCC framework. The exceptions policy criteria for remaining with this provider will need to address this group of people.</p> <p>One carer of a person with LD is unable to read or write. Does this preclude them from a Direct Payment card due to complexity of documentation which needs to be signed? This is someone with capacity not without capacity.</p>
	Part 2: The First Protocol			
	Article 1: Protection of property/ peaceful enjoyment		✓	
	Article 2: Right to education		✓	
	Article 3: Right to free elections		✓	
	Section 2			
D: Decision				
12.	Is there evidence or any other reason to suggest that: a) this policy could have a different affect or adverse impact on any section of the community; b) any section of the community may face barriers in benefiting from the proposal	Yes	No	Unknown

13.	Based on the answers to the questions above, what is the likely impact of this policy			
	This policy decision will remove some poor practice but implementation needs to take account of some quite complex situations where serving the best interests of service users will require careful exploration. For this reason, a full EHRIA will be completed.			
	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.				
14.	Is an EHRIA report required?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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, <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? |
| | a) current needs and aspirations and what is important to individuals and community groups (including human rights); |

	<p>b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);</p> <p>c) likely barriers that individuals and community groups may face (including human rights)</p>
<p>Responses during the engagement process have:</p> <ul style="list-style-type: none"> • Further highlighted the need for third party money management support to both service users and service user representatives (authorised/nominated persons) to maintain choice and control over provision of services. • Revealed a misconception by some service users and or their carers that they have a Council managed service and not a Direct Payment delivered via a Provider Managed Account (PMA). A lack of understanding of what a Council managed service is and the restrictions that this option might impose on choice and control • Revealed that some carers do not want the responsibility of managing a Direct Payment • Critical that the carer/family is present at any planned face to face review with the service user • Staff and providers confirming concerns about some service users not understanding the change, being unable to engage and the need for advocacy • Carers having faith in the PMA provider to act in the best interests of their child and not wanting anything to change. <p><i>Likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);</i></p> <ul style="list-style-type: none"> • Service users or carers concerned that they don't know how much is being paid by the council to the provider via PMAs and they never see statements of expenditure. Concern that the Council is paying for services cancelled or not received • Family members willing to move to a Direct Payment (DP) card to ensure continuity of service provided for the service user (particularly elderly relatives). • Confusion by both staff and providers that service users with PMAs with domiciliary care providers had to move to the new HTLAH framework by 7th November or move to a DP card causing anxiety to the service user or carer. • PMA Service users or Nominated/Authorised Persons being rushed onto a DP card or a managed service without an in-depth review. The impact of this will need to be measured. 	

- Annual reviews conducted as business as usual without in-depth discussion of whether DP card is suitable or appropriate.

Likely barriers that individuals and community groups may face (including human rights):

- The cost of services they may require from the support of a third party money manager provider may exceed the ceiling rate set by the Council

16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
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It is important to establish that the scheme that we will use in place of PMAs will operate effectively, and avoid disadvantage to service users who fall into protected groups. While some data has emerged (see paragraph 19) this is not comprehensive and can only be treated as reflecting trends.

Due to financial constraints and insufficient of resources, the Adult Social Care Departmental Management Team (DMT) has not approved the proposal to undertake a customer satisfaction survey. However, the Assistant Director has agreed in principle to undertake a staff survey. This work is currently being scoped (February 2017). In addition, a proposal to incorporate some “quality assurance” work via telephone and desktop during a Direct Payment clawback exercise has also been approved subject to agreement on resources. As yet, no date has been set for this exercise.

Feedback is required to reflect the experiences and outcomes for deaf or blind or deaf/blind service users when moved to a third party managed service or a DP card. Please refer to the Improvement Plan.

Financial data and regular reporting is required from third party money management providers to ensure transparency and accountability. No third party money managers have yet been engaged due to the complexity of services and costs. The Care Pathway project team is awaiting service user data from the Review Team and Team Seniors to reflect actual challenges being faced so that these issues can be addressed. It is understood that there are only about 6 service users who have been identified as needing this support. Also, see Action Plan under “Disability or age does not restrict the transfer to a Direct Payment” Action items 3, 4 and 5.

Data on the use of the Exceptions Policy should be available in 12 months. The Exceptions Register is maintained by the Compliance Department and interim data has Been requested.

The number of service users requiring Advocacy needs to be established. Monthly reporting to the Care Pathway Steering Group on advocates engaged and outcomes achieved should be available from the Review team.

The number of service user representative DP Cards issued have risen dramatically as a result of Help to Live at Home (HTLAH). Review workers will assess how service users or their representatives are managing their arrangements during the scheduled annual review.

<p>PMA reviews will be monitored to ensure appropriate outcomes are achieved for service users.</p> <p>The following are potential consequences of the ending of PMAs that require monitoring to ensure that future arrangements protect the interests of vulnerable service users:</p> <ul style="list-style-type: none"> • Service user representatives - evidence of their relationship to service users that their nomination is appropriate and that authorisation is in accordance with capacity. • Appropriate DP agreements have been signed. • Service user-managed DP Card – evidence that SU has capacity to manage or has appropriate help to manage their card. • Evidence that transfers to a Managed Service is appropriate. • Exceptions are considered and applied appropriately. • Third Party Money Managers are engaged appropriately. 	
<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>	
17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups?
<p>Refer to paragraph 18.</p>	
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?
	<p>Reviews by the Review team started in December 2016 but the number of reviews completed to date is less than anticipated, mainly due to complexities requiring more than one visit e.g. capacity issues, Court of Protection and Continuing Health Care and service demands elsewhere.</p> <p>To date, 375 Help to Live at Home cases have moved from a managed service to a Direct Payment although it is not known what percentage of these may have been Provider Managed Accounts.</p> <p>The current turnover of reviews may lead to a re-scheduling of reviews which is subject to an options paper for decision by the Departmental Transformation Delivery Board on 13 March</p> <p>As a consequence of delayed reviews, the following situations may continue unchecked for a longer period of time:</p> <ul style="list-style-type: none"> • Cash balances continue to accrue in PMA accounts and or DP cards. • DP cards not used • services not delivered • service users or their representatives having difficulties managing a DP card

	<ul style="list-style-type: none"> • inappropriate/fraudulent use of the Direct Payment <p>Depending on how much we can extract from available data, we may need to investigate further. The limited data that we do hold has been included against the appropriate protected groups in the next section, and the projected findings assimilated into the Equality Improvement Plan (EIP) at the end of this report.</p> <p>An update and feedback is planned at the Multi Sector Provider Forum on 9th May 2017</p> <p>Staff survey currently being scoped</p> <p>Engage with Making it Real Service User Group for feedback</p> <p>Feedback from Carers</p>
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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 screening document reflects PMA use among over 65 and over 80 age groups. The limited data that we hold on how these service users and their representatives have responded to the ending of their PMAs reflects that to date most have opted for a DP card managed with the support of a family or issued to a family member as their representative. As this category was most affected by the introduction of HTLAH, this decision will have been influenced by the need to remain with their existing home care provider. A smaller percentage have been moved to a Managed Service. It should be noted that the number of PMA holders in this group is also reducing as a result of moving to residential care and inevitably death.
	Disability	<p>It is recognised that most if not all PMA users will be suffering from some degree of disability. Different conditions may result in varying impacts arising from the ending of PMAs.</p> <p><u>Deaf/Hard of Hearing</u> No data is available at present regarding service users who are deaf/hard of hearing. A mobile App is available to assist this group.</p>

		<p><u>Visual/Dual Impairment</u> From the limited data available, 1 service user with visual impairment has been issued with a DP card with no comment that accessibility may be an issue. 1 service user has been moved to a Managed budget and another has been moved to a DP card issued to their representative.</p> <p><u>Learning Disability</u> From the limited data available, around 60% of those reviewed have been moved to a Managed Budget due to a lack of capacity to manage their finances. This decision has been made either in agreement with the family who are unable to support with a DP or by LCC where the service user has no one to act in their best interests. A significant percentage are in Supported Living with providers on the LCC framework. Therefore there has been no impact on the service user or their family. A further review will be required should the framework change.</p> <p>In around 40% of cases, families have taken the option of a DP card and acting as representative for the service user.</p> <p><u>Mental Health</u> The very limited data available shows that very few service users in this category have been moved to a Managed budget. Where the service user is under 65, most have been issued with a DP card. Where they are over 65 (suffering from dementia etc.) most have agreed to a Direct Payment card issued to a family member as their representative.</p> <p><u>Disability</u> It is not possible to identify specific data for all disabilities as this may not be recorded as the primary category of need. A small number of service users with disabilities have been identified by the Review team as requiring the services of a third party money managed account to manage their Direct Payment. Further work is required to ensure their needs are met in this area. See Improvement Plan.</p>
	Gender Reassignment	The data does not show anyone in this group,

		and no specific impacts have been identified.
	Marriage and Civil Partnership	Not relevant to this group.
	Pregnancy and Maternity	The data does not show anyone in this group, and no specific impacts have been identified.
	Race	Data recorded in the screening exercise showed that the numbers of PMAs held for non-white British was close to the demographic expectations, suggesting that the service had provided well for this group. As well as the potential concerns identified for all groups, it will be necessary for reviews to take account of cultural as well as language needs to ensure there is no miscommunication when new arrangements are being made.
	Religion or Belief	The issues outlined above may also be relevant here.
	Sex	Gender numbers are proportionate, and no potential impacts relating to this group have been identified.
	Sexual Orientation	No specific issues identified for this group.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	Ending PMAs may create further responsibilities for carers; reviews and revised arrangements should bear this in mind along with LCC's responsibilities under the Care Act 2014. Availability of third party money management providers is not expected to be a geographical factor.
	Community Cohesion	

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	n/a	
Article 3: Right not to be tortured or treated in an inhuman or degrading way	Article 3 may be engaged if revised arrangements are unsatisfactory and provision of care suffers as a result. Any arrangements put into place should be tested against this requirement.	
Article 4: Right not to be subjected to slavery/ forced labour	n/a	
Article 5: Right to liberty and security	n/a	
Article 6: Right to a fair trial	n/a	
Article 7: No punishment without law	n/a	
Article 8: Right to respect for private and family life	This will be engaged as we are providing a means to meet needs that are essential to SU's ability to maintain their dignity and independence. As with Article 3, arrangements must be adequate to protect these rights.	
Article 9: Right to freedom of thought, conscience and religion	n/a	
Article 10: Right to freedom of expression	n/a	
Article 11: Right to freedom of assembly and association	n/a	
Article 12: Right to marry	n/a	
Article 14: Right not to be discriminated against	Decisions which change arrangements across the board need to be checked to ensure that there are no discriminatory consequences for particular individuals or groups. E.g. ending PMAs for everyone with insufficient safeguards or inadequate assessment of capacity may undermine the article 3 and/or 8 rights for people with certain kinds of disability such as sensory impairment or learning difficulties.	
Part 2: The First Protocol		
Article 1: Protection of property/ peaceful enjoyment	n/a	

	Article 2: Right to education	n/a
	Article 3: Right to free elections	Na/
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.	
<p>Providing the review procedures are undertaken with the concerns identified in this EHRIA in mind and safeguards fully observed, no adverse impact or discrimination should occur.</p> <p>It is likely that some service users will object to changing arrangements that are familiar and satisfactory to them, but this in itself does not transgress the PSED or Human Rights, but can be regarded as a proportionate means of attaining the legitimate end of LCC discharging its duties in accordance with Care Act requirements and our own strategy, which has itself been tested for Equality Act, HRA and Care Act compliance.</p>		
<p>N.B.</p> <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>		
22.	<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> <ul style="list-style-type: none"> 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 	
At this stage, this can only be adequately appraised with full data derived from a fully completed review programme. The EIP at section 3F covers this and will be reviewed at an appropriate date (also recorded in the EIP).		

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. |
|------------|---|

Sections 21 and 22 provide part of the response to this question. The overall conclusion is that the programme is being delivered in the knowledge of a number of known concerns, and an appraisal of the outcomes will be necessary to achieve a reliable answer to this question.

Section 3

E: Monitoring, evaluation & review of your policy

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|------------|---|
| 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? |
|------------|---|

The related findings are recorded in the EIP for future review..

- | | |
|------------|--|
| 25. | 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> |
|------------|--|

The EHRIA forms part of the work of the project team. This work has in turn provided guidance to the work of staff undertaking reviews.

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 /Team Responsible	By when
Disability or age does not restrict the transfer to a Direct Payment	<ol style="list-style-type: none"> 1. Third party DP money manager option made available with ceiling cost. Referral to be made to Service Manager for approval where costs are in excess of ceiling rate due to individual needs. 2. Guidance for staff circulated including clear instructions on Support Plan recording. 3. Accredited schemes or commissioned services to be explored as options 	<p>To fulfil the equality objective.</p> <p>To ensure ease of access and affordability to third party money management provision in the market.</p> <p>To ensure no service user is disadvantaged through lack of information or accessibility of information and advice.</p>	Care Pathway Improvement Programme	December 2016

	<p>going forward. Third Party Money Management to be more clearly defined.</p> <p>4. Feedback via monthly reporting by Review lead to Care Pathway Steering Group to capture any issues re cost/accessibility</p> <p>5. Customer facing information and advice to be produced for service users with physical disabilities who cannot access the internet to research potential third party money managers and their services.</p> <p>6. Guidance re payroll services and PA rates/standard additional amounts to be included in a DP produced and circulated.</p> <p>7. Employment Support Officer post secured in the new ASC structure to provide</p>			<p>September 2017</p> <p>December/January 2017</p> <p>December 2016</p>
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	advice and information to staff and service users. 8. Staff training re third party arrangements.			September 2017
Remove difficulties for deaf or hard of hearing	Robust testing of card provider TexMee APP	Tests carried out by a staff member with a hearing impairment, the Direct Payment Card Support Team and PFS – the Direct Payment card provider and confirmed satisfactory in December 2016 – Equality objective fulfilled.	Direct Payment Card Support Team	Completed December 2016
Remove difficulties for the visually impaired	Specialist assessor/advocate to be engaged to support the service user to access a third party money managed account to make use of their Direct Payment. No development planned by card provider as other local authorities only offer DP card as one option rather than the LCC default position,	To fulfil the equality objective.	Service Managers	Ongoing.

To ensure that those with a Learning Disability with the capacity to make a decision about a Direct Payment are not disadvantaged by inaccessible information and documentation	Easy Read Leaflet developed and circulated to share with service users with LD and their carers or providers to aid communication	To fulfil the equality objective		December 2016
To ensure the removal of a PMA and any alternative option does not affect a service user's health and well-being to significantly deteriorate to such an extent that it becomes a serious detriment in their day to day life.	<ol style="list-style-type: none"> 1. Exceptions – Commissioning Services Policy and Guidance developed and circulated 2. Monitoring of the Exceptions Policy relating to PMA reviews to be included in the monthly report from the Review team lead for the Care Pathway Steering Group. (Numbers to be retrieved from the Compliance team). 3. Workers to make every effort to identify an appropriate Authorised Person 	To fulfil the equality objective.	Service & Team Managers	September 2017

	<p>who can act in the service user's best interests in order to continue delivery of the services through a Direct Payment where the service user lacks capacity to agree to a Direct Payment.</p> <p>4. Where service users have a PMA but lack capacity to have a DP and have no one to act in their best interests, LCC will apply to the Court of Protection for deputyship and move them to a managed service.</p> <p>5. Where services users are existing community clients, the Review team will ensure that capacity is assessed and future arrangements are appropriate</p>	<p>Arrangements for community clients are legally compliant.</p>		
To ensure that those with	1. DPs Explained – fact	To fulfil the equality		

capacity to make a decision about a Direct Payment are not disadvantaged by inaccessible information and documentation	<p>sheet developed in Plain English</p> <ol style="list-style-type: none"> 2. DP Card FAQs and Fact Sheet reviewed, amended and re-written to make it easier for the SU or the SUR to understand the responsibilities of a DP and how to manage a DP. 3. DP card provider to replace info on their website with revised FAQs/Fact Sheet 4. DP Glossary of terms re Power of Attorney, Authorised Person, Nominated Person etc. 5. DP card welcome letter and card carrier letter simplified. 6. Staff survey to be carried out 7. Desktop survey with phone calls to be carried out as quality assurance check 8. Engagement with Keeping It Real 	<p>objective</p> <p>.Note: Final versions of some guidance have not yet been circulated/ updated on the intranet. New intranet training planned for 2nd March 2017</p>	<p>Direct Payment Card Support Team</p> <p>Review Team</p> <p>Corporate Complaints team</p>	<p>December 2016</p> <p>Need target date for revised guidance on intranet</p>
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	<p>service user group for feedback</p> <p>9. Feedback and complaints to be monitored via the Corporate Complaints team</p> <p>10. Feedback from the LDPB via questionnaire on Better Lives website</p>			
Establish legal compliance for DP agreements and related guidance.	<p>1. Simplify DP legal guidance and DP Agreement</p> <p>2. Interim DP Agreement published pending agreement with Legal Services to use Nottinghamshire's simplified tick box DPA.</p>	New DP guidance and DP agreement to be legally compliant AND accessible to service users	Legal Services / External consultancy/scrutiny.	September 2017
To ensure that staff have the right tools and training to be able to explain DPs to the service user or their representative.	<p>1. L&D workstream to be established</p> <p>2. DP roadshows to be developed</p> <p>3. DP staff packs created and updated</p>	Staff to be fully conversant with Direct Payments, qualifying criteria (checks and balances) and the methods of delivery to	Service and Team Managers	Immediately

	<p>4. DP training modules to be developed (face to face and e learning)</p> <p>5. Best practice to be shared via team meetings</p>	ensure that this information is conveyed to and understood by service users and/or their representatives.		
To quality check/review all vulnerable service users in Supported Living who have been moved from a PMA to a council managed service to mitigate risks.	Complete reviews by December 2017	Ensure Equality Act compliance for this group.	Team managers	

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) Amanda Stott

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Date:

2nd Authorised Signature (DEG Chair):



Date: 15/03/2017.....

