



Leicester
City Council

**SPECIAL MEETING OF THE ADULT SOCIAL CARE SCRUTINY
COMMISSION**

DATE: TUESDAY, 25 SEPTEMBER 2018

TIME: 5:30 pm

**PLACE: Meeting Room G.02 - City Hall, 115 Charles Street, Leicester,
LE1 1FZ**

Members of the Committee

Councillor Cleaver (Chair)

Councillor Joshi (Vice-Chair)

Councillors Aldred, Chaplin, Osman, Thalukdar and Unsworth

One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Angie Smith (Democratic Support Officer),

Tel: 0116 454 6354, e-mail: angie.smith@leicester.gov.uk

Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

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Further information

If you have any queries about any of the above or the business to be discussed, please contact:

Angie Smith, Democratic Support Officer on 0116 454 6354. Alternatively, email angie.smith@leicester.gov.uk, or call in at City Hall.

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PUBLIC SESSION

AGENDA

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. VCS REVIEW PHASE 1: CARERS' SUPPORT, LUNCH [Appendix A](#) CLUBS AND VISUAL & DUAL SENSORY SUPPORT

The Strategic Director for Social Care and Education submits a report and Equality Impact Assessments to update the Commission on the outcome of Phase 1 of the Voluntary and Community Sector (VCS) Review as reported at the Adult Social Care Scrutiny Commission meeting on 28th August 2018.

The Commission is recommended to note the report and provide comments.

4. VCS REVIEW PHASE 2: ADVOCACY, STROKE [Appendix B](#) SUPPORT AND DISABLED PEOPLES' SUPPORT SERVICE

The Strategic Director for Social Care and Education submits a report to update the Commission on the Voluntary and Community Sector (VCS) Review Phase 2 – Advocacy, Stroke Support and Disabled Peoples' Support Service.

The Commission is recommended to note the report and provide comments.

Appendix A

Adult Social Care Scrutiny Commission Report

VCS Review Phase 1: Carers' Support, Lunch Clubs and Visual & Dual Sensory Support

Lead Director: Steven Forbes
Date: 25th September 2018

Useful information

- Ward(s) affected: All
- Report author: Cathy Carter
- Author contact details: cathy.carter@leicester.gov.uk ext. 39 4137
- Report version number: 1

1. Purpose of report

- 1.1. At the Scrutiny Commission of 28th August 2018, the Lead member updated the commission on the outcome of phase 1 of the Voluntary and Community Sector (VCS) Review.
- 1.2. As agreed at the meeting, the purpose of this report is to present the update already provided, and provide the Equality Impact Assessments of those services under review.

2. Summary

- 2.1. Adult Social Care (ASC) is carrying out a review of a range of services commissioned from the VCS. The review covers 7 services. In addition, a new service; Service User Participation, is currently being developed.
- 2.2. This report outlines the proposals for Phase 1 – Carers’ support; lunch club funding; and visual and dual sensory support services.

3. Recommendations

- 3.1. The ASC Scrutiny Commission is recommended to note the report and provide comments.

4. Report

- 4.1. Adult Social Care (ASC) is required to make savings of £790k against its Voluntary and Community Sector (VCS) spend of £1.9m.

Carers’ Support

- 4.2. There are currently 5 contracts with 3 organisations (Carers Centre, Age UK, Ansaar). The total contract value is £252,562 and it is proposed to reduce it to £154,063

- 4.3. The rationale for the proposal is that the current model of 5 services for different groups is not appropriate for the city's increasingly diverse city and carer base. One service would be simpler for carers and others to have one place to go to, and would be a more efficient use of the reducing funding available.
- 4.4. Current contracts are due to end on 31.3.2019. It is proposed to reduce from 5 contracts to one Carers Hub services from 1.4.2019
- 4.5. This is a non-statutory service, aimed at carers who may not have eligible needs. Carers are assessed as having eligible needs receive support such as respite or more help with the person they care for. This support is not the focus of the review.
- 4.6. Three months consultation has taken place from 9th April to 29th June 2018. Only 43 people responded to the consultation, although there were several responses from The Carers Centre and feedback from meetings.
- 4.7. Of the responses 24 people (56%) did not agree with the proposal, whilst 19 people (44%) either agreed, weren't sure or did not answer.
- 4.8. The main concern raised through consultation was about the level of demand on the services provided by the existing carers organisations and not be able to cope with a reduced contract value. However, this is contradictory to the monitoring information received from the existing organisations which shows some of the services are underutilised.
- 4.9. The new model is considered the most cost-effective way of providing support with the funding that is available.

Lunch Club funding

- 4.10. The Council pays a subsidy of £139,719 a year to 13 organisations to run lunch clubs for people age over 55.
- 4.11. Most are in the inner city and are BME / faith based organisations
- 4.12. There is no rationale to the funding based on need or preventative value for the list of the clubs that receive the funding, nor the level of funding provided to each club. It is possible to run lunch clubs or other activities to support older people to socialise without needing council funding, and there are examples of this in the city.
- 4.13. This is a non- statutory service, and whilst many people enjoy and value the clubs, there is no evidence of preventative value to adult social care.

- 4.14. The proposal is to cease funding on a tapering basis over 3 years - year 1 25% reduction, year 2 50% reduction, year 3 75% reduction, year 4 end of funding. The purposes of the tapering approach is to enable lunch clubs to find alternative funding and /or find lower cost alternative to lunches.
- 4.15. Three months formal consultation has taken place from 9th April to 29th June 2018. This has included 1:1 meetings with several of the providers and meetings with service users. There were 172 responses to the survey.
- 4.16. Concerns raised through the consultation were mainly focussed around the likelihood of social isolation, rather than the issue of older people not receiving a meal.
- 4.17. A review of local groups for older people operating out of the council's libraries and community rooms show there are alternative activities. There are also likely to be many more facilities provided by community groups and religious organisations not funded by the council
- 4.18. Support will be given by ASC officers and VAL to develop sustainability plans with the clubs.

Visual and dual sensory impairment support

- 4.19. There is currently one organisation (Vista) providing this service. The current contract is due to end on 31.3.2019. This is a statutory service.
- 4.20. The total contract value is £296,525 and it is proposed to reduce it to £188,129. It should be noted that for 2017/18 the contract value was reduced from £296,525 to £279,000 by agreement with the provider as they could not achieve the required contractual outputs due to low demand.
- 4.21. Three months formal consultation has taken place from 9th April to 29th June 2018. 244 people responded to the survey - 107 people (44%) disagreed with the proposal. 63 people (26%) agreed with the proposal and 58 people (24%) of people said, 'don't know / not sure' and 16 people (6%) did not answer this question
- 4.22. The consultation proposal was to reduce the contract value and to fund only the statutory elements of the service. The consultation proposed funding of £148,129. However, because of feedback through the consultation it is proposed to increase this to £188,129 (an increase of £40k).
- 4.23. This additional £40k will cover £35k for a specialist worker for deafblind reablement and £5k for specialist equipment. The additional monies are

built into our budget as we anticipated they would require more for the specialist deafblind reablement worker.

4.24. Equality Impact Assessments have been carried out for each of the services and these are at Appendices A to C.

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 From the overall savings target of £790k, this report (Phase 1) will save: £26.2k in 2018/19; £250.6k in 2019/20; £285.5k in 2020/21 and £346.6k in 2021/22 (these are cumulative figures).

5.1.2 For completeness, another report (Phase 2) done separately identifies further savings.

Rohit Rughani, Principal Accountant, Ext 37 4003

5.2 Legal implications

5.2 The Council has followed the Best Value Consultation Guidance and undertaken an appropriate consultation with the responses being conscientiously considered before a final decision is made. Any genuine alternative proposals have been taken into account in the appropriate cases such as in the case of the visual and dual sensory impairment support service's increased budget.

Jenis Taylor, Principal Solicitor (Commercial), Ext 37 1405

5.3 Climate Change and Carbon Reduction implications

5.3

5.4 Equalities Implications

5.4

6. Background information and other papers:

7. Summary of appendices:

Appendix A: Carers Support – Equality Impact Assessment

Appendix B: Lunch Clubs – Equality Impact Assessment

Appendix C: Visual and Dual Sensory Impairment – Equality Impact Assessment

8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

9. Is this a “key decision”?

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	Carers Support Service
Name of division/service	Strategic commissioning
Name of lead officer completing this assessment	Nicola Cawrey
Date EIA assessment completed	22 nd June 2018
Decision maker	e.g. City Mayor/Assistant Mayor/Director
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer	<i>Nic Cawrey</i>	22/06/2018
Equalities officer	Surinder Singh	03/08/2018
Divisional director		

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

Support for carers is required to ensure that carers can continue to undertake their caring role. Under the Care Act 2014, carers local authorities have a responsibility for assessing a carer's needs for support, where the carer appears to have such needs. This function is carried out by our internal Adult Social Care social work staff. The Care Act also requires councils to provide information and advice for individuals who are not eligible for statutory support, this is delivered via external providers.

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There are currently 5 contracts for carers support being delivered by 3 providers. These have been in place since 1st April 2016. This year these services are in scope for review, as part of the larger, strategic review of the Voluntary Community Sector (VCS) portfolio. The contracts are due to expire on 31.3.2019. The current spend across the 5 contracts is £252,562 per annum and this proposed to be reduced to £154,063 per annum from 1.4.2019. These services support people with caring roles regardless of whether they have been assessed as eligible.

Current Service Provision	Contract Value
Support to older Asian carers	£19,944
Support to carers of people with mental health needs from the Asian communities	£19,944
Support to carers of people with mental health needs	£39,867
Breaks and information for carers of people with learning disabilities from Asian communities	£47,807
Carers partnership and support services and advocacy support for carers	£125,000

There are potentially options available which are: procure a single carers support service for the city only with a revised set of targets proportionate to funding levels or commission a joint carer support service with County and Rutland. This assessment addresses the proposal considered during public consultation which is the option that the city council procure a single carers support service for the city. This is our preferred option and the one that our Leadership, Lead Member and Executive has been asked to endorse.

The option to continue to deliver services in the same way was also considered but sustaining 5 separate contracts across 3 different organisations is simply unaffordable.

It is estimated that there are 30,780 carers in Leicester (Census 2011). Data suggested that 51% of carers in the city are white British, 41% are Asian/Asian British with the remainder being from mixed/multiple ethnic groups, black/African/Caribbean/black British and other ethnic groups. This includes young carers, carers in employment, full and part time carers.

Monitoring information provided by current providers show they are performing to the required outcomes in relation to reducing social isolation, improving health and wellbeing, reducing stress and anxiety, increasing carer access to rights and entitlements, increasing the ability to make choices and decisions about the support that carers receive and how to access additional support if needed, increasing knowledge in relation to carers assessments, increasing opportunities for peer support, increased confidence in the carers ability to undertake the caring role, and increased knowledge of problem solving and coping strategies. These relate to the Adult Social Care Outcomes Framework (ASCOF <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current#summary>)

Any reduction in the budget would inevitably mean a reduction in the amount of one to one support the Provider could give. However, the providers do currently deliver group sessions, which could be extended to provide more peer support. This would mean that more information and advice could be given to more people. Self-help groups could be created and more information and advice could be provided via the ASC portal, My Choice, by phone or other websites. These approaches would reduce costs.

Stakeholder feedback demonstrates providers recognise that the financial position necessitates a change in the way that carer services are delivered, and this could include a single service delivery model, with specialisms such as targeting carers from BAME backgrounds, working with parent carers, or engaging with male carers still being prioritised.

It is proposed to purchase a single 'hub' support service for £154,000 for carers. The service would support carers from a range of backgrounds. It would also support carers who have a diverse range of caring roles, and those who look after people with a wide range of needs, such as physical disability, learning disability, mental health needs and so on. It would be delivered in various locations across the City. This arrangement would replace the current system of having several specific contracts. The new service would promote the importance of identifying as a carer, as well as promoting the benefits of registering as a carer with the GP surgery. It would include: information, advice, guidance, carers training, peer support and breaks.

The new arrangements will ask providers to demonstrate that they can meet the specific needs of any carers including but not limited to language needs, however it will also allow carers to meet other carers from similar backgrounds and those caring for people with similar needs. The proposed service would also have a strong link with GP surgeries. It will use a community asset based approach to support carers, which means drawing on the support available from other services and from communities. This will help to make sure the support continues into the future and finds new and alternative approaches to help carers stay well, and continue to give support to the person they care for.

In addition there will continue to be many other sources of support for carers in the city for example:

- Support for carers of people with mental health needs through the new recovery and resilience services commissioned from Richmond Fellowship
- Support for carers of people with dementia through our contract with the Alzheimer's Society
- Support for carers of people with substance misuse problems through our contract with Turning Point
- General information, advice and guidance available on specific issues such as welfare advice, employment and housing etc. as part of a new social welfare advice service starting in October
- A wide range of support from other local and national charities for people with specific health conditions or disabilities.

Adult Social Care teams already signpost to these organisations and will continue to do this. The new service should become an integral part of the carer journey across the health and social care sector and will work to ensure that it becomes a central hub for all carer related issues.

The reasons for this proposal are:

- We believe it will be more efficient for prevention services for carers to come from one place.
- We also believe it would be easier for carers to navigate their way around the social care system as a result. It will also be more straightforward for social workers and other staff to signpost carers to sources of support. The proposed service will support a more streamlined process and the opportunity for partnership working arrangements with adult social care teams. Mobilisation of the contract will ensure that there is a much-improved pathway for carers with adult social care teams. Promotion of the new service across all health and social care areas who we know work with carers will be imperative.
- The current model is based on separating out Asian carers, and separating out carers of people with different types of need – for example people with mental health problems or learning disabilities. However, the city has become more diverse, and the support that carers want is not always specific to different types of need, such as mental health or disability etc., Therefore we believe there is a case for ‘joining up’ the various approaches into one service. The service will have to be able to respond to diversity, whilst at the same time being able to deploy its resources to support carers as efficiently and effectively as possible. Capitalising on the other support options available within the City under the other voluntary sector contracts that are commissioned by the local authority will ensure support for carers of people with specific needs are met. Joining the dots with other services and ensuring a seamless pathway with adult social care in particular so that referral pathways are well established and publicised will also be a key feature of mobilisation of the new contract. There will also be the opportunity for more robust demographic information collection in relation to the caring community of Leicester
- Engagement with local carers, together with national evidence (https://www.ndti.org.uk/uploads/files/Carers_Journey.pdf), suggests that the main priorities for delivering services to carers should be: to support the early identification of carers; for carers to receive easily accessible, appropriate information, advice and signposting from a system that works for carers; support to access the right support at the right time; support to receive direct support through groups and training; and the opportunity to have a break from caring. We propose that these are some of the key priorities for the proposed new service.
- A large proportion of carers in the city do not think of themselves as a carer, and are not in contact with their GP, Adult Social Care or carers’ services. Carers have indicated through the Survey of Adult Carers that they do not find it easy to find information about services in the city. We want to make the system simple and easy to navigate and to improve information for carers, by having one provider, one point of contact and a clear ‘brand’ for carers support.

2. Equality implications/obligations	
Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.	
	Is this a relevant consideration? What issues could arise?
<p>Eliminate unlawful discrimination, harassment and victimisation</p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>By nature of the provision and service models across the 3 organisations, these are services that can be accessed by the most vulnerable, including those who could fall within any one of the nine protected characteristics. The existing organisations deliver services from various locations across the city which are accessible to people that do not have a car or other forms of transport. Many of these are also situated on a major bus route both in and out of the city. We are proposing that the new service has a city centre base but deliver services from a variety of satellite venues across the city.</p> <p>Equality, diversity and inclusion (EDI) are a key tenet of each of the organisations ethos and all staff working within these organisations are encouraged to make careful consideration of the law relating to EDI and also to challenge discriminatory practice. It is proposed that the new service continue to have this emphasis on EDI matters.</p> <p>The current services accept referrals over the phone and online and from other organisations as well as self-referrals. We would expect the new service to have similar referral routes, but that there be a more streamlined route for social care staff to ensure that all carers approaching the local</p>

	<p>authority are made aware of the service at the outset. Currently it can be difficult for social care staff to know or understand which service they should be referring carers to and this has been reciprocated by the carers that we have engaged with, many not knowing where they can go for additional support.</p> <p>In terms of access to the current services no one group or individual is prioritised over another although carers presenting in crisis would be dealt with more quickly. This would be regardless of any protected characteristic.</p>
<p>Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p>	<p>The ethos of the current services provided to carers are to provide support to all carers for anyone over the age of 18 who may feel they would need and benefit from it. The current services are also split into separate lots focusing on specific groups of carers such as, older Asian carers, carers of people with mental health needs, carers of people with mental health needs from Asian communities and carers of people with learning disabilities from Asian communities. Due to the nature of the services, it is difficult to establish what the demographics of the current caring community is overall, and the proposed model would allow a provider to identify carers that are accessing services and respond accordingly to any gaps that are identified. The current model does not promote equality of opportunity for all carers within the City and that a one stop shop would enable the City Council to establish a clearer idea of the demographics of the caring community. It is unclear from the current performance monitoring how many of the carers accessing services are accessing more than one of the commissioned services, and equally how many also</p>

	<p>have eligible needs and have had carers assessments by the local authority. Data of this nature would support the need to identify whether there are any inequalities faced by those with specific protected characteristics.</p>
<p>Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>The current carer support services have established good local links with local communities and GP practices across the City, particularly in relation to the Asian community. Many of the organisations utilise a strong volunteer base and very often these volunteers are either carers themselves or have been carers in the past. Consideration of the impact of this on the social and economic value these providers have for the City has been considered and it is anticipated that the use of volunteers will be a large part of the model moving forwards.</p> <p>Demographic information collected from the existing providers across the last two financial years presents an improving picture of engagement with various groups, with the largest group being people from Asian backgrounds. This is not surprising when 3 of the 5 lots are focused on engaging with carers from Asian communities. 5.2% of the service users accessing the commissioned services are from other backgrounds that aren't white British or Asian.</p> <p>It is not easy to determine how well established the current services work with other organisations across the wider health and social care landscape as the bulk of referrals are recorded as self-referrals. As part of the Carer Centre contract there is a GP partnership element, however work in this area has not equated to the amount of referrals to the service that would be expected. Anecdotally all services say</p>

that they engage with local health services and other voluntary sector organisations. It is proposed that the new model works as a more integral part of the health and social care community overall continuing to promote the importance of identifying as a carer, and promoting the service offer. The proposal should particularly include a seamless referral route between the new service and adult social care.

Data also shows the links with organisations across the voluntary sectors remain underdeveloped. There appears to be a lot of overlap with the provision provided by current commissioned services and the wider voluntary sector.

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

Impact of funding cuts to the continuation of the service

In terms of service delivery for city service users, the reduction of carers service from 3 organisations to one would have an impact on the caring community. As a result of the reduced financial envelope for the new service moving forwards, it is likely that carers will receive a reduced service. Carers have fed back through public consultation that they feel carers support services are already under strain [although the providers all indicated they have capacity to support more carers when they returned their annual monitoring information], that carers aren't supported effectively by the local authority and that reductions of this nature, will only serve to increase the number of carers presenting in crisis to the local authority as a result of carer strain.

If the wider health and social care sector improve at identifying carers and all of those carers require the new service, we may find that there is a wait for services such as telephone helplines and face to face appointments.

There is however carers support written into a number of other voluntary sector commissioned services including the Dementia Support Service delivered by the Alzheimer's Society, Turning Point for families and carers of substance misusers, and Richmond Fellowship for carers of mental health issues. The most impact therefore is likely to be seen for carers with more complex needs such as caring for more than one person, or more than one condition who may require more comprehensive support.

Carers by nature regardless of their protected characteristics can experience barriers to accessing services. Carer identification and hidden carers is a challenge for all carers support service. With the reduced financial envelope, there will be very little provision to support the identification of carers within the commissioned services. It is hoped that the new provider will think creatively about how to engage more effectively with the caring community utilising learning from the previous providers experiences.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

- Performance Monitoring Data for existing commissioned providers from April 2016 through to most recent 2018 data.
- Findings from public consultation
- Census 2011 data (<https://www.ons.gov.uk/census/2011census/2011censusdata>)
- The National Development Team for Inclusion research (https://www.ndti.org.uk/uploads/files/Carers_Journey.pdf)
- NHS data
- State of Caring 2018 (<https://www.carersuk.org/news-and-campaigns/state-of-caring-survey-2018>)

- Carers Trust report into male carers (<https://carers.org/male-carers>)

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders?
What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

There were 43 responses to the consultation exercise undertaken. The consultation exercise ran from 9th April 2018 through to 29th June 2018. 31 of these responses were completed using the paper version of the consultation survey. The consultation exercise was promoted through our commissioned carer support services, through the city council's internal carer support group, with other preventative services which are likely to come into contact with carers as well as Voluntary Action LeicesterShire's e-briefing which goes out to all voluntary sector organisations. Council officers attended consultation events with carers and the opportunity was promoted at the carers reference group and carers delivery group. The carers consultation events were held on 4th June 2018 and 12th June 2018. No accessible formats were requested other than the printed copies rather than online surveys.

The majority of people that completed the consultation survey disagree with the proposal to reduce the service to a single model of carer support. Many of them want the services to remain as they are. The main reasons for this appear to be that they don't feel carers services should have a reduced financial window as their carers personal budgets have already been withdrawn and that further reduction makes the local authority look like it does not value the contribution that informal carers make to the health and social care economy.

Those that do agree that a single service makes sense, do worry that it will not be able to cope with the demands of carers overall.

The specification for the revised service will have to focus on priorities that have been identified through national and local intelligence through the consultation relating to the LLR Joint Carers Strategy.

It was felt that a one stop shop would not be able to meet the needs of all carers, particularly those from BME backgrounds. Feedback highlighted that people from BME backgrounds can be harder to engage in services and that it has taken a long time to establish the relationships within some of the communities where there are now active carer support services running. Respondents were concerned that the hard work that has produced some really good networks of support would be lost by procuring one service. Many respondents also reported that they felt that carers support services were already under strain, reducing the service down to one would mean that there would be even less provision. The new specification has an emphasis on peer support which could potentially lead to more opportunities for support at a variety of locations across the city.

6. Potential equality Impact			
<p>Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal <u>because of their protected characteristic(s)</u>. Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.</p> <p>Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially <u>vulnerable groups</u>, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).</p>			
Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age¹	The data submitted as part of the full year evaluation of the 5 current carer support contracts shows that there is an even split of working age and older carers	<ul style="list-style-type: none"> As there is an equal proportion of working age carers and people aged over 65+ accessing current 	<ul style="list-style-type: none"> Make sure new service is promoted across all health and social care areas who

¹ Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

	<p>accessing the services. Any reduced financial envelope therefore would affect those groups equally. Our data around age is defined in a broad way (18-64, 65-74, 75-84 and 85+). The numbers of people 85+ accessing the carers support services are low and further work is needed to explore why this might be the case.</p>	<p>service provision, the reduction of funding will impact on people of any age equally.</p>	<p>we know work with carers and older carers. Mobilisation of the contract will involve adult social care teams, and the new service will be advertised through current carer networks, third sector providers working with carers and colleagues in health</p> <ul style="list-style-type: none"> • That we capitalise on the support options available under the other voluntary sector contracts that we commission that support carers for people with specific needs. Joining the dots with other services and ensuring a seamless pathway with adult social care so that referral pathways are well established and publicised. • Adequate signposting to the referral pathways that exist to carers were promoted to carers during consultation.
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<p>Disability²</p>	<p>In terms of accessibility, it would be expected that the new service be based in the city centre with some elements of the service being delivered in other parts of Leicester. Very little is known whether carers currently accessing services consider themselves disabled, but we do know from national information such as in Carers UK's recent State of Caring report that carers are more likely to struggle with poor mental health (only 4% of respondents said their mental health had not been affected as a result of caring - https://www.carersuk.org/images/Downloads/SoC2018/State-of-Caring-report-2018.pdf) therefore if service provision is reduced the impact on people with mental health issues might be higher. It is unclear from the performance monitoring data, what disabilities carers have as the disability information is completed in relation to the cared for.</p>	<ul style="list-style-type: none"> • Very likely given that carers are more susceptible to poor mental health 	<ul style="list-style-type: none"> • The City has also commissioned a preventative mental health offer which has effective referral pathways for those referred for support. This service has only recently been commissioned and can be accessed via both self and professional referral sources. This service will be signposted and help carers connect with the right support available. • The mental health service also has a remit for supporting carers. It will be important for the new service to have a robust partnership working agreement in place with this service. • It would be preferable that all the venues are on a public transport route, and parking nearby to ensure that people with physical disabilities are able to access
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² Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

Gender Reassignment³	Not known	N/A	N/A
Marriage and Civil Partnership	Not known	N/A	N/A
Pregnancy and Maternity	Not known	N/A	N/A
Race⁴	Recorded ethnicity demonstrates 29% of the reported carers across the 5 services are white British, 63% from Asian backgrounds and 5% from other BAME backgrounds. This doesn't represent the demographic profile of Leicester City, as 3 of the 5 services are specifically targeting people from Asian backgrounds.	<ul style="list-style-type: none"> • There would be impact across most groups if this service had to change the way it delivers services because of reduction in funding provided by Leicester City Council, but due to the investment in specific Asian projects up to this point, people from Asian backgrounds are likely to be the most affected. 	<ul style="list-style-type: none"> • The new service would be expected to continue to engage with the service users that were accessing services prior to re commissioning to ensure their needs including language needs continue to be met whilst exploring creative ways to continue to deliver those services whilst exploring communities where representation could be improved. • It is essential that any new provider has an adequate understanding of their duties

³ Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

⁴ Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

			in relation to equalities therefore staff training and robust policies will need to be in place particularly in relation to what to do if there is any bullying, harassment or discrimination perpetrated against people accessing the service, by staff or other service users. There will be a mechanism in place during the procurement of the service to ensure that equalities issues are understood.
Religion or Belief ⁵	Not known	N/A	N/A
Sex ⁶	The current carers accessing the five services are split with 67% female and 33% male. This is in line with what we know about male carers but more needs to be done to encourage male carers to access carer support services. In	Both men and women could be impacted with the reduction in funding.	<ul style="list-style-type: none"> Male carers should be highlighted as a priority group of carers for the new service.

⁵ Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

⁶ Sex: Indicate whether this has potential impact on either males or females

	a survey undertaken by the Carers Trust over half of the male carers surveyed felt that their needs differed to those of female carers with many citing that men find it harder to ask for help and support (https://carers.org/male-carers)		
Sexual Orientation⁷	Not known	N/A	N/A
Summarise why the protected characteristics you have commented on, are relevant to the proposal?			
<p>It is important to note that people from across all protected characteristics are accessing the existing services, therefore the reduction in funding, and the fact that service provision will be reduced will impact any person from any of the protected characteristic groups.</p> <p>The key protected characteristics which would be affected by reducing carer support services to one single service has been based on the intelligence from the existing services. We already know that there are flaws in this data as there may be overlaps with carers accessing more than one of the services and is therefore double counted. This has been done simultaneously with this EIA. The characteristics most at risk of being negatively affected are: age, sex, disability and race. We know that due to the nature of the service and the very nature of informal caring, there is a higher proportion of carers with poor mental health who may require more complex support. Likewise we know from monitoring information that race is also a factor that needs to be considered carefully within the proposal due to the demographics of the City's population.</p>			
Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?			
<p>Other protected characteristics could be adversely impacted by the reduction of a carer support service to a one stop model but we simply don't know if they are accessing the services or not. I.e. marriage and civil partnership, gender reassignment,</p>			

⁷ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

pregnancy/maternity or religion or belief. The one stop shop will afford the city council a more robust way of being able to gather more accurate demographic information.

Other groups	Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	N/A	N/A	N/A
Other vulnerable groups	Not known	N/A	N/A
Other (describe)			
7. Other sources of potential negative impacts			
<p>Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p>			
<p>With the decreasing support available through the welfare state for benefit advice for people of a low income, this can result in people being pushed further into poverty and social exclusion. The impact of the roll out of Universal Credit should also be considered for low income groups such as carers who have had to give up work to care, as this could have adverse impacts on people already experiencing financial hardship. Full service roll out is expected in Leicester in June 18. The problems with</p>			

delayed payments could still be an issue for people who fall into these brackets, exacerbating any mental health conditions, such as depression and anxiety and an increase in carer strain.

8. Human Rights Implications

Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:

Article 2 – Right to life

Article 14 – Right not to be discriminated against

9. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

- Once the new service has been procured, monitoring should ensure that carers of people with dementia, carers of people with mental health issues or substance misuse issues are referred to the appropriate services to ensure the carer specific service is supporting other groups of carers. The procurement of the new service will mean that monitoring information will come from one provider, giving a more accurate account of the caring community.
- Communications to care management could also request advice on any increase in difficulty being faced by carers who might have accessed the current carer support services, to ensure that referral pathways are in place to the new carer support service.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.			
Equality Outcome	Action	Officer Responsible	Completion date
Understanding the impact of changing carer support services to a one stop model on City residents	<ul style="list-style-type: none"> • Meaningful public consultation with proposal 	Nicola Cawrey	29 th June 2018
Ensure effective referral pathways are put in place across relevant services.	<ul style="list-style-type: none"> • Ensure colleagues who commission services in prevention across the board consider the carer offer specifically MH prevention to ensure awareness of this proposal and the potential impact on City residents. • Ensure Clinical Commissioning Group colleagues are aware of the new service model once procured to ensure streamlined referrals through working groups and the work of the Carers delivery group • Work with care management teams to ensure that carers are signposted to the appropriate services that support carers. 	Nicola Cawrey	Mobilisation of new contract approx. January 2019

	<ul style="list-style-type: none">• Carry out the necessary work to join the dots to ensure established referral pathways are put in place		
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Human Rights Articles:

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
- 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
- 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

Part 2: First Protocol

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections

Equality Impact Assessment (EIA) Lunch Clubs

Title of spending review/service change/proposal	Phased reductions in funding to lunch clubs
Name of division/service	Adult Social Care – Commissioning and Care Services
Name of lead officer completing this assessment	Cathy Carter
Date EIA assessment completed	27 07 18
Decision maker	City Mayor
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer Cathy Carter	Cathy Carter	27 07 18
Equalities officer Surinder Singh	Surinder Singh	27 07 18
Divisional director Tracie Rees		

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

The proposal is to implement phased reductions to grants provided by Adult Social Care (ASC) to 14 lunch clubs for older people. The lunch clubs are mainly located in the central areas of the city – a map showing the locations is at Appendix 1.

Adult Social Care (ASC) has funded these lunch clubs for many years. The funding was originally provided in order to provide nutritious, culturally appropriate meals for groups of older people from ethnic minority groups.

However, the Care Act 2014 changed the landscape of Adult Social Care in a way that more clearly distinguished the duties of councils to provide care and support for people who are assessed as eligible for council social care, from the duties of councils to prevent, delay or reduce the development of such needs. Under the Care Act, people who appear to have a need for support, for example to meet their nutritional needs or to mix socially, can have an assessment. If the assessment finds that they are eligible because of such needs they can have a package of care which could include statutory services such as domiciliary care to help with meals, community opportunities to provide social interaction and so on, or a Direct Payment with which to buy the support they need themselves. This would include culturally appropriate food or social opportunities if needed.

Lunch clubs are not statutory services – that is they are not aimed at people who have been assessed as having eligible needs. Their purpose has therefore tended to have been seen as 'preventative'. In addition, new grant agreements issued to

them on 2016 reduced the emphasis on meal provision. As the funding is in the form of grants, and is not statutory, the contractual requirements to provide detailed monitoring and quality assurance information is not as significant as it would be for statutory services

The 'choice' of which club is funded and how much they are funded had developed over time in an ad hoc way, and there was no specific analysis of need, or preventative value. In addition, there is no particular rationale for funding these specific 14 groups to provide social activities for older people, when there are many other activities for older people that do not get adult social care funding.

ASC hopes that the lunch clubs will be able to continue without council funding and will provide advice to assist them to do this. However, unlike statutory services, there is no obligation to find alternatives for service users if they are unable to do so. Having said this, where a disproportionate negative impact on a protected group is identified as part of this impact assessment, we will identify mitigating actions to remove or reduce the impact.

The lunch clubs affected, current and phased reductions in funding are shown below:

	2017-18	2018-19	2019-20	2020-21	2021-22
	Current	From Jan 2019 25% less	From Jan 2020 50% less	From Jan 2021 25% less	From Jan 2022 End of funding
Provider A	£40,086	£37,581	£27,559	£17,538	£7,516
Provider B	£2,254	£2,113	£1,550	£986	£423
Provider C	£9,601	£9,001	£6,601	£4,200	£1,800
Provider D	£16,932	£15,874	£11,641	£7,408	£3,175
Provider E	£7,058	£6,617	£4,852	£3,088	£1,323
Provider F	£9,384	£8,798	£6,452	£4,106	£1,760

Provider G	£421	£395	£289	£184	£79
Provider H	£5,493	£5,150	£3,776	£2,403	£1,030
Provider I	£16,770	£15,722	£11,529	£7,337	£3,144
Provider J	£4,741	£4,445	£3,259	£2,074	£889
Provider K	£308	£289	£212	£135	£58
Provider L	£9,216	£8,640	£6,336	£4,032	£1,728
Provider M	£12,500	£11,719	£8,594	£5,469	£2,344
Provider N	£5,263	£4,934	£3,618	£2,303	£987
Total	£140,027	£131,275	£96,269	£61,262	£26,255

Part of the basis for the proposal is that it is argued that lunch clubs could continue without ASC funding if they change their 'business model'. This is evidenced by the fact that many lunch clubs or similar community activities are able to operate without council funding, especially low-cost activities – for example coffee mornings. Options for the lunch clubs include charging for meals, finding cheaper sources of food, stopping providing lunches and moving to cheaper activities, finding cheaper venues to meet in, making more use of volunteers, seeking donations, seeking funding from other sources. It is intended to provide information and signposting to lunch clubs to give them advice and support to do this – e.g. via

- VAL's Group Support Service and other sources. VAL's Group Support Service offers a wide range of support on setting up and running a group and finding funding. <https://www.valonline.org.uk/groups/advice-support/setting>
- Leicestershire Cares – specifically ProHelp which is a group of professional firms who are committed to making a difference in the community by offering their services for free to community organisations in need of support <http://www.leicestershirecares.co.uk/prohelp/> .
- DMU Square Mile <https://dmusquaremile.our.dmu.ac.uk/> who could help with skills training for those that run the clubs

- **Spacehive & CrowdFundLeicester**– these are the new funding opportunities for communities and groups that the Mayor is also jointly supporting with the Community Engagement Fund, <https://www.spacehive.com/movement/crowdfundleicester>
- Sports funding for those that carry out physical activities - <https://www.leicester.gov.uk/leisure-and-culture/sport-and-leisure/other-sports/sports-development/funding/>

The reasons for the proposal are:

- That there is no evidence that lunch clubs prevent people from developing needs for statutory ASC care and support. This is because the only requirement is that service users are over 55 and this on its own is not a significant risk factor for developing statutory needs;
- That the current provision is ad hoc, based on historic funding arrangements, and is not based on priority needs (such as having a complex health condition or mental health problem etc); and
- There is a requirement to make savings in adult social care. This funding forms part of a wider review of ASC prevention services commissioned from the VCS. Although there are equalities implications for taking forward this proposal, this should be weighed against the potential equalities implications should the council be unable to afford to deliver statutory ASC care and support.

2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

	Is this a relevant consideration? What issues could arise?
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Eliminate unlawful discrimination, harassment and victimisation

How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic

The funding reductions are proposed to take place across all lunch clubs. The lunch clubs are for older people (55+) and although they state they are open to all, in practice are targeted at people from specific ethnic and faith communities. There may therefore be a disproportionate impact in these groups, plus on people with disability or long-term health conditions, as these characteristics are more prevalent amongst older people. In order to respond to this potential disproportionate impact we have identified the following mitigating actions:

To provide information, guidance and contacts which will help lunch clubs to develop alternative business models and/or alternative sources of funding.

However, the majority of older people in the city, including those from the ethnic or faith groups who would be affected by the proposal, do not have access to a council funded lunch club. In addition, the lunch clubs do not cover other communities who may have an equal or greater need, for example people living on the outer estates of the city.

If the lunch club is able to continue by using donations, making more use of voluntary workers, charging those who attend the full cost of the meal and/or finding other sources of funding, service users may see no change. The lunch club may decide to meet less often, or if the club is no longer able

	to continue, service users may need to find alternative activities to attend.
<p>Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p>	The original proposal was to end funding all in one go from January 2019. The proposal has been amended to take a phased approach to ending funding in order to enable lunch clubs to find alternative sources of funding and/or change their business model to reduce costs. This change should provide a better chance for lunch clubs to continue, which, if this happens, would mitigate the risk to the attendees across protected characteristics.
<p>Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	As above.

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

The 14 lunch clubs receive small grants from ASC. For this reason, it is not required that they provide detailed monitoring information. The specification sets targets for the number of meals provided, but not for the number of unique individuals accessing these meals. It is therefore difficult to provide an accurate picture of service users. In addition, the meal itself is not the

key benefit. People who do struggle to meet their nutritional needs because of a social care need can be assessed for a package of care. The main benefit of lunch clubs is to provide a source of social support.

Some of the lunch clubs do submit demographic data – and the list below shows which ones did and what they submitted for quarter 3 2018-19, which gives us a partial picture of the characteristics of some service users:

Provider	Ethnicity	Disability	Age	Religion	Gender	Sex Orientation
Provider A	Yes	Yes	Yes	Yes	Yes	Yes
Provider B	No	No	No	No	No	No
Provider C	No	No	No	No	No	No
Provider D	Yes	Yes	Yes	Yes	Yes	No
Provider E	Yes	Yes	Yes	Yes	Yes	Yes
Provider F	Yes	Yes	Yes	Yes	No	No
Provider G	No	No	No	No	No	No
Provider H	No	No	No	No	No	No
Provider I	Yes	Yes	Yes	Yes	Yes	Yes
Provider J	No	No	No	No	No	No
Provider K	No	No	No	No	No	No
Provider L	Yes	No	Yes	Yes	No	No
Provider M	Yes	No	No	No	No	No

Provider N	Yes	Don't Know	No	No	No	No
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From those that did submit demographic data a broad summary is shown below:

The full data from those that submitted is shown in Appendix 2.

Of 520 service users,:

- There were 306 females and 214 males.
- There were 28 aged under 65, 204 aged 65-74, 230 aged 75-84 and 58 aged 85 or over
- The predominant ethnic group was Indian (404 people), with Caribbean second (103)
- The predominant disability was 'learning difficulty' (267 people) with physical disability second (80)
- The predominant faith group was Hindu (277 people), with Sikh second (103).

It must be stressed that **this only represents data from less than half of the lunch clubs**. None of the lunch clubs submit data on sexual orientation.

This means that the data alone does not give a full picture of the equality impact of the proposed decision. However, because of the target user groups for the lunch clubs, it is likely that the proposal to taper and cease funding would be likely to result in a disproportionate negative impact on:

- People over 55 years
- People with disability or a long-term health condition (because of the higher prevalence of these amongst older people)
- People from Asian and African Caribbean ethnic groups

- People from minority faith groups: Hindu, Sikh, Jewish.

Therefore it has been identified, as part of the proposal that work must be undertaken to support the organisations who will be affected by the proposal, to make changes to their business model or to identify other sources of funding which would aid them in being able to continue to offer lunch clubs.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

As described above, data has been used from monitoring returns submitted by some of the lunch clubs, the service specification (which specifies that the club should be for people over 55) and observation about the target group for the lunch club and observations made on visits during quarterly monitoring and as part of engagement and consultation during the review.

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

Consultation on the proposal was undertaken from 9th April to 29th June 2018. The consultation consisted of a survey, which people could complete online or on paper, together with a range of meetings with lunch club providers and with service users at the lunch clubs themselves.

172 people responded to the survey. In response to the survey, 89% of respondents disagreed with the proposal to end the funding to the lunch clubs. From both the survey and from the meetings with the lunch clubs, the key points made in the consultation were:

- a. the majority of people disagreed with the proposal
- b. the clubs helps people to avoid isolation and provides a social life,
- c. they help people with health problems by providing exercise and advice and support on keeping safe and well.
- d. the clubs do a lot more than provide lunch – providing both activities, and access to other sources of support such as advocacy in hospital, falls prevention, diabetes support, warm homes and also running activities such as fitness.
- e. changes to lunch clubs will affect ethnic minorities more because they are culturally appropriate.
- f. the value of lunch clubs is reinvested in the community – because they are not businesses.
- g. providers recognised the financial constraints facing the council and support for the proposal to phase out funding rather than remove it all at once
- h. funding cuts are short-sighted as people will need formal care and support earlier if they are not accessing lunch clubs
- i. clubs would need support to become self-sufficient, and for some this will be difficult as they have limited capacity. Some felt that VAL does not necessarily provide the support that groups need; and
- j. the wider issues that groups are facing – for example other cuts to the VCS – should be taken into account.

A consultation report is available which sets out the findings in more detail.

42

6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal?	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
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	How does the protected characteristic determine/shape the potential impact of the proposal?		
Age¹	The lunch clubs are for people over 55 years of age.	May not have a lunch club to attend if the club is unable to continue without ASC funding. This could lead to loneliness and isolation for some.	Advice/Support to be provided to lunch clubs to help them continue without ASC funding. Signposting to other activities for older people. Signposting to ASC for an assessment to see if they are eligible for statutory ASC support
Disability²	Over 55 years – more likely to have a disability or long term health condition.	May not have a lunch club to attend if the club is unable to continue without ASC funding. This could lead to loneliness and isolation for some.	Support to be provided to lunch clubs to help them continue without ASC funding. Signposting to other accessible activities for people. Signposting to ASC for an assessment to see if they are eligible for statutory ASC support
Gender Reassignment³	No impact identified at this stage.	As above	Signposting to other accessible activities for people.

¹ Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

² Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

³ Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

Marriage and Civil Partnership	No impact identified at this stage.		
Pregnancy and Maternity	Unlikely to be an impact – service is for older people		
Race⁴	Indian and Caribbean	Some service users converse in languages other than English, for example at one Lunch club Gujarati is widely spoken. This could limit options for people to attend other groups or activities in the local community.	If a lunch club was to close, seek to signpost to groups or activities for similar communities, where same language spoken as far as possible. Where appropriate, where people require help with their language skills, signpost them to local ESOL classes.
Religion or Belief⁵	People from different faiths use the lunch clubs, Hindu, Sikh, Jewish, Christian	May not have a lunch club to attend if the club is unable to continue without ASC funding.	Advice/Support to be provided to lunch club to help them continue without ASC funding. Signposting to other activities for people.
Sex⁶	More women than men use the lunch clubs.	May not have a lunch club to attend if the club is unable to continue without ASC funding.	Advice/Support to be provided to lunch club to help them continue without ASC funding.

⁴ Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

⁵ Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

⁶ Sex: Indicate whether this has potential impact on either males or females

			Signposting to other activities for people.
Sexual Orientation⁷	No impact identified at this stage.		
<p>Summarise why the protected characteristics you have commented on, are relevant to the proposal? Those who attend lunch clubs will be people who have particular protected characteristics, such as disability and age. However, it is important to recognise that people accessing the clubs will have a wide range of, and possibly multiple, protected characteristics.</p> <p>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal? We will continue to monitor as the proposed changes are implemented, and should any disproportionate negative impact become apparent we will identify mitigating actions where possible to reduce or remove the impact.</p>			

Other groups	<p>Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?</p>	<p>Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?</p>	<p>Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.</p>
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⁷ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

Children in poverty	No specific impact		
Other vulnerable groups			
Other (describe)	Many service users will be on low incomes will mean it is more difficult to charge the service users for the costs of the meal	More difficult to attract donations from the community or sponsorship from private sector organisations.	One mitigating action could be for attendees to be asked to pay what they can even if it is not the full cost of the meal. In addition, finding other sources of funding other than from the local community itself may be possible.
<p>7. Other sources of potential negative impacts</p> <p>Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p> <p>The wider reduction in funding available to VCS groups will mean that finding alternative funding for the groups will be more challenging.</p> <p>Some of the groups are also affected by: cuts to community groups by Neighbourhood Services; re-commissioning of Community Opportunities services; and the end of the 5 year BIG Lottery funded Leicester Ageing Together programme funding in 2019. https://www.leicesteraeingtogether.org.uk/</p> <p>Economic downturn – and the fact that many service users will be on low incomes will mean it is more difficult to charge the service users for the costs of the meal and more difficult to attract donations from the community or sponsorship from private sector organisations.</p>			
<p>8. Human Rights Implications</p> <p>Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:</p>			

None.			
<p>9. Monitoring Impact</p> <p>You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:</p> <ul style="list-style-type: none"> ▪ monitor impact (positive and negative, intended and unintended) for different groups ▪ monitor barriers for different groups ▪ enable open feedback and suggestions from different communities ▪ ensure that the EIA action plan (below) is delivered. 			
<p>ASC will maintain contact with the clubs on a regular basis during the phasing out of the funding to monitor their wellbeing and to provide support to help them find a sustainable way forward. Information on alternative activities in the local neighbourhood will be provided.</p>			
<p>10. EIA action plan</p> <p>Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.</p>			
Equality Outcome	Action	Officer Responsible	Completion date
Seek to enable lunch clubs to become sustainable without ASC funding	Phase out funding, rather than ending it all in one go, to help lunch clubs adjust and, if possible find other ways of continuing such as using donations, increasing use of volunteers, charging those who attend the full cost of the meal or asking them to pay what they can; and/or finding other sources		

	of funding. Support for groups to do this is available from Voluntary Action Leicester.		
Seek to enable lunch clubs to become sustainable without ASC funding	<p>Hold a workshop and provide written advice on sources of support: e.g</p> <ol style="list-style-type: none"> 1. VAL – group support 2. Leicestershire Cares – ProHelp 3. DMU Square Mile <p>Funding opportunities, e.g:</p> <ol style="list-style-type: none"> 1. Spacehive & CrowdFundLeicester 2. Ward funding 3. Sports funding 	Cathy Carter	July 2019
Monitor lunch clubs during phasing period	Quarterly reports by lunch clubs to ASC Contracts and Assurance Team. This will identify whether any groups are failing, and enable us to offer support.	Neil Lester	Quarterly until funding ends 31 st Dec 2021.
Signpost clubs/ service users to alternative activities. Include food banks	Information leaflets provided for service users	Cathy Carter	July 2019

Advise service users how to have an assessment for eligibility for ASC services	Information leaflets provided for service users	Cathy Carter	July 2019
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Human Rights Articles:

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
- 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
- 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

Part 2: First Protocol

Article 1: Protection of property/peaceful enjoyment

Article 2: Right to education

Article 3: Right to free elections

EIA Appendix 1 – Locations of lunch clubs

MAP AVAILABLE

EIA Appendix 2 – data on lunch club users

53

Lunch Club User Information Q1 - Q3 2017-2018					
No.	Lunch Club Providers	Quarter 1	Quarter 2	Quarter 3	Total Number
1	Provider A	94	95	93	282
2	Provider B	147	129	No Data	276
3	Provider C	65	95	No Data	160
4	Provider D	273	276	276	825
5	Provider E	28	13	11	52
6	Provider F	26	36	35	97
7	Provider G	269	227	225	721
8	Provider H	164	197	No Data	361
9	Provider I	22	31	35	88
10	Provider J	156	196	210	562
11	Provider K	636	641	595	1872
12	Provider L	70	70	70	210
13	Provider M	123	116	103	342
14	Provider N	37	44	37	118
Total		2110	2166	1690	5966

Lunch club Age Groups Q3 Period 2017-2018			
Group	Male	Female	Total
18-64	8	20	28
65-74	85	119	204
75-84	82	148	230
85+	39	19	58
Total	214	306	520

Lunch club Ethnicity Groups Q3 Period 2017-2018			
Group	Male	Female	Total
Bangladeshi	0	0	0
Indian	172	232	404
Pakistani	3	17	20
Other Asian Background	32	39	71
Caribbean	23	80	103
African	0	0	0
British	16	5	21
Europe	3	0	3
Total	249	373	622

Lunch club Disability Groups Q3 Period 2017-2018			
Group	Male	Female	Total
Dementia	1	18	19
Brain/Head Injury	0	1	1
Hearing Impairment	6	9	15
Learning Difficulty	143	124	267
Long Term Illness/Condition	9	13	22
Mental Health	13	12	25
Mobility	9	31	40
Physical Disability	14	66	80
Visual Impairment	1	1	2
Prefer Not to Say	0	2	2
Other (Specify below)	0	0	0
Total	196	277	473

Lunch club Religion Groups Q3 Period 2017-2018			
Group	Male	Female	Total
Bahai	0	0	0
Buddhist	0	0	0
Christian	13	24	37
Hindu	146	131	277
Jain	0	0	0
Jewish	0	0	0
Muslim	12	86	98
Sikh	41	62	103
Atheist	0	0	0
No Religion	0	0	0
Prefer Not Say	0	5	5
Other (Specify below)	0	0	0
Total	212	308	520

Title of spending review/service change/proposal	Visual & Dual Sensory Impairment support service
Name of division/service	ASC Strategic Commissioning
Name of lead officer completing this assessment	Ehsan Parvez
Date EIA assessment completed	19/06/2018
Decision maker	City Mayor
Date decision taken	

57

EIA sign off on completion:	Signature	Date
Lead officer	Ehsan Parvez	06/06/18
Equalities officer	Sukhi Biring	17/07/18
Divisional director		

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

The service will be available to blind and partially sighted people and those deemed as print impaired adults (requires large print with various font styles) * (18+) and young people in transitions (young people preparing for adult life) who are residents in the City of Leicester, who are assessed by the provider as being suitable for a reablement service.

The service will support people from diagnosis onwards, through the provision of information advice and guidance, equipment, reablement and associated support to ensure that people have access to the support they need at each part of their customer journey. The intention is for the service to maximise people's independence and promote social inclusion in order that people can self-manage their condition as far as possible. The service will also support those with a dual sensory impairment (sight and hearing loss) by way of reablement support.

The service will include:

- Information Advice and Guidance (IAG)
- Reablement for blind and visual impaired people
- Equipment for reablement

- Deafblind– specialist reablement for people with dual sensory impairment Guided Communicator
- Maintenance of the statutory register of blind and partially sighted people (Dual sensory).

The proposed changes to the service will continue to meet most of the needs of all users. Deafblind special reablement will continue, although the block element of support will stop and change to Direct Payment for ongoing support.

The provider will also be required to work with Adult Social Care officers as part of the assessment and review processes for Deafblind customers to ensure specialist expertise/communication is available where required.

In 2017 there are 2,233 people registered with a visual impairment in the city and 120 'deafblind' people. A demand analysis demonstrates that in all areas of provision, the current contract has underperformed against the required targets. Therefore, the current contract value of £295,525 was reduced to £279,000 in agreement with the provider in 2017. Ongoing monitoring shows that the provider is still underperforming, due to the lack of demand which provides the opportunity to reduce the budget further, whilst still meeting our statutory duty to those who require this type of support.

Stakeholder feedback recognises the financial position of the local authority and the provider was supportive of a reduction in the current contract value. However, they felt a reduction to £148,129 would result in difficulties delivering the contract and they have suggested a new contract value of £188,129. Whilst, they have requested a higher level of funding, they were not able to initially evidence the numbers or rationale behind the higher amount. Therefore, during the formal consultation the provider had further opportunity to substantiate their view that a higher level of funding is required. However, as the provider is the only organisation providing this service we are likely to get a large negative response from them and their service users regarding any reduction in the level of funding beyond the £188,129 they have requested.

The main change is the current contract value which is £ 296,258.82 per annum, whilst the Proposed contract value reduces to £148,129. The service users will experience a difference in the way the service is delivered as we will look to the successful organisation to provide more group sessions rather than 1-1 support.

Dual sensory impairment: Department of Health uses deaf blindness as a term to cover a number of different groups. For example, some people with dual sensory impairment feel they have a strong deaf identity, while others have a deaf-blind identity. It also emphasises that people who acquire dual sensory impairments in later life will have different communication skills and needs compared to those who are

born deaf and blind. The Deafblind Services Liaison Group estimated that 40 per 100,000 people of the UK population would have dual sensory disabilities; equivalent to 120 people in Leicester. Deafblindness represents a wide spectrum of dual sensory loss, ranging from the relatively few who have total loss of sight and hearing to the many who have varying degrees of combined sight and hearing loss.

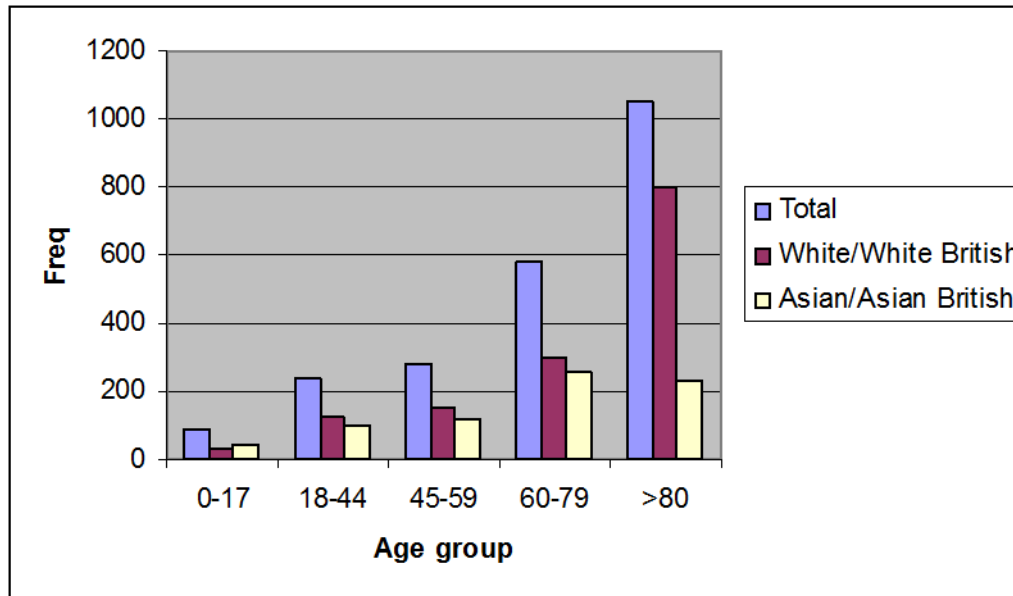
Service	Current funding	Proposed funding	Statutory	Proposal
IAG	£60,604	£38,129	statutory / non-statutory	Retain % of IAG in supporting the statutory element of the Care pathway. This includes identification certification (CVI) and registration and IAG prevention
Rehabilitation & Reablement for visual impaired	£125,442	£100,000	statutory	Funding reduced due to actual performance and reduction of hours delivered. Performance meets current demand more efficiently i.e. more people with less hours
Specialist reablement (deafblind)	£69,665	£35,000	statutory (commission via direct payments)	The specialist reablement will continue. The customers can have either a managed service or a direct payment to purchase the specialist service as required.
Register for blind and deaf blind	£23,814	£10,000	statutory	Now in line with the lower cost of the register commissioned by the County Council The register is currently a joint LLR register
Equipment	£16,000	£5,000	non-statutory	Not statutory requirement

2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

	Is this a relevant consideration? What issues could arise?
<p>Eliminate unlawful discrimination, harassment and victimisation</p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>The service is specifically for adults and older people who are blind and partially sighted people and those deemed as print impaired adults* (18+) and young people in transitions (young people preparing for adult life) deaf, deafened and hard of hearing. It will ensure the service meets all the different services user additional needs due to their protected characteristics and this will be included in the service specification. For example, any additional communication needs during the assessment and installation process will be considered, such as a language needs. The initial proposal to cease funding for the specialist reablement (deafblind) communication support would have a negative impact. This would have affected the following groups of people with protected characteristics:</p> <p>Age – Users in the age group 80+ are more likely to be affected as this client group are harder to reach due to communication and life skills. The younger users are less likely to be affected as they use technology to enable them to communicate in various ways i.e. online communication apps.</p>

Total	£295,525	£188,129			
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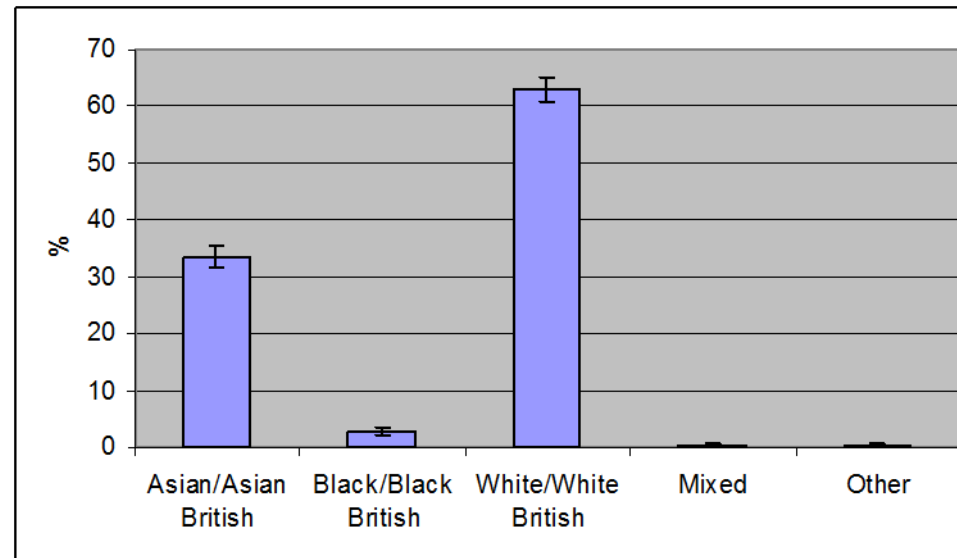


Race – numbers are low for the Black British ethnicity; the new provider will need to ensure they target BME communities to ensure the service reaches all community's.

Advance equality of opportunity between different groups

How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).

The service supports adults and older people the service is specifically for adults and older people who are blind and partially sighted people and who have a range of additional needs due to their protected characteristics, such as age and disability, race. The service contract monitoring of outputs and service user outcomes including the service user profile data would highlight any gaps in provision



Foster good relations between different groups

Does the service contribute to good relations or to broader community cohesion

Objective of the service is to help service users by reducing barriers to live a safe independent life. Which is not limited due to their disability and to empower them to integrate in the wider community.

objectives? How does it achieve this aim?	
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3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

Current service users should not be affected by the re procurement of the service as we are going to re commission the service that meets all the care act criteria with a reduced financial envelope of £148,129. However, the original proposal to cease funding for Specialist reablement (deafblind) communication support could have a negative impact, This will affect the following groups of people with protected characteristics: Age, Race, Disability.

The service contract is due to end on 31st March 2019 and procurement of a new service is required by September 2018. If there is a change of provider a mobilisation plan/ phase will ensure all the current service uses are not negatively impacted upon with smooth transition of the service provision. The Mobilisation plan will come into effect on 1st April 2019 this will ensure the current provider Manages any risks and this will be overseen by Contracts monitoring team. As the new service will still be providing the same service at a reduced budget this will have no impact on current or new users as they would continue to receive a service.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

The following data on the existing service users demonstrates that these services are targeted at adults who are deaf and deafened and hard of hearing who may also fall under another protected characteristic. The precise size of the D/deaf

64

community is unknown. Population projections for Leicester show that there are an estimated 23,709 people with moderate or severe hearing loss and this is set to rise to 25,271 with a substantial proportion of the hard of hearing community being over 65 years of age. A moderate degree of hearing loss, if untreated, can affect a person's daily life in a significant way. Someone with moderate hearing loss cannot hear sounds softer than 40–70 dB. This means that they may be unable to hear sounds like normal conversation or the ringing of a telephone.

It is not known if the D/deaf community, deafened or hard of hearing population is representative of Leicester's profile across the protected characteristics. There are slightly more women accessing the service at 52.8%. More white British / European accessing the service at 65.6%. As expected there is a higher proportion of older people accessing the service with 30.6% between 75-84 and 28.5% 85+

Performance and monitoring data in relation to:

Visual & Dual Sensory Impairment support service

Demographic Information

(for individuals receiving Information, Advice & Guidance by the provider)

- The largest ethnic group of individuals receiving Information, Advice & Guidance by the provider in Q4 17/18 were White British (58%), followed by Asian or Asian British Indian (33%). This is consistent with previous reporting in the 17/18 financial year.
- When asked about Sexual Orientation, 60% of individuals stated they 'preferred not to say', followed by 40% of individuals stating they were Heterosexual/straight.
- All individuals stated their primary disability was Visual Impairment
- 57% of individuals who used the Information, Advice & Guidance service in 2017/18 were Older Adults (65+), with the largest proportion in this age group being in the 85+ category. However, if individual age groups are examined, then the 41-64 age bracket had the highest proportion of individuals, with the largest amount recorded in Q1 2017/18.
- The Quarter 4 - January-March data has 2308 people on the register as detailed below.

Description of Target	Annual Target	Quarterly Target	Quarterly Actual
Number of People on the Register	No Target	No Target	2308

Demographic Information

(for individuals receiving Reablement & Rehabilitation Service by the provider)

- The largest ethnic group to receive a Reablement and Rehabilitation Service by the provider in 2017/18 was White (57%), followed by Asian or Asian British (31%).
- 59% of individuals were aged 65+ in 2017/18.
- 53% of individuals were female and 47% were males.
- All individuals stated their primary disability was Visual Impairment, as expected.
- 72% of individuals stated they were Heterosexual/straight and 28% preferred not to say.
- 37% of individuals identified themselves as Christian, followed by 15% Hindu and 12% Muslim. 30% however stated they preferred not to say.

Visual impairment in Leicester: Visual impairment may be applied to people with residual vision as well as those with no sight. Table 5 below shows that 141 people in Leicester are estimated to have a serious visual impairment; 0.07% of the working age population. This number is expected to remain stable, dropping to 140 people by 2020. This mirrors the national trend, but may not reflect the diversity of the Leicester population.

Table 5: Leicester Visual Impairment Population Estimates

Category	2014	2016	2018	2020
Leicester Working Age population (aged 18-64)	215,400	216,000	216,000	215,500
Total Leicester working age population (18-64) predicted to have a serious visual impairment	141	140	139	140
Percentage of Leicester total working age population (18-64) predicted to have a serious visual impairment	0.07%	0.06%	0.06%	0.06%

Outcomes

This is measured by the total number of people who score 5 or above out of 8 in each outcome area (this is an internal measure by the provider).

Outcome indicator	Target	Q1	Q2	Q3	Q4
Improved quality of life	95%	76%	42%	77%	86%
Increased choice and control		48%	70%	59%	96%
Improved health and wellbeing		59%	89%	54%	77%
Economic wellbeing		80%	48%	94%	96%
Making a positive contribution		79%	85%	84%	93%
Personal dignity		94%	97%	99%	95%

Table 8: Outcomes for Reablement & Rehabilitation Service- provider 17/18

- The outcomes ‘improved quality of life’, ‘improved health and wellbeing’ and ‘making a positive contribution’ did not hit the 95% target in 2017/18.
- ‘Increased choice and control’ and ‘economic wellbeing’ hit the target in Q4 17/18 only.
- ‘Personal dignity’ scored 95% and over in Q2, Q3 and Q4 17/18.

All the service users have a hearing impairment although they may not have identified themselves as primarily having a hearing impairment. Service users have recorded multiple disabilities

Majority group is hearing impairment 96%. The second largest category is long term illness/ condition 31.6% and mobility 22.8% and Mental Health 16.1%

Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders?
What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?
-

A broader VCS service review consultation exercise ended on 29th June 2018 the consultation was for 12 weeks to ensure we listened to all the service user’s opinions and views. This will include various ways for current service users and key stakeholders to be involved: consultation meetings, accessible questionnaire and online questionnaire for service users and current providers.

The proposal for this service is to offer a streamlined care pathway within a reduce funding envelope of £148,129. As a result of the consultation the specialist element has been recognised and as a consequence we have agreed an increased contract value of £188,129. The main elements of the service will remain aside from the block contract funding for the ongoing support for the

deafblind service users. These service users will be reviewed and if they have any additional eligible needs should be able to ask for either a managed service or use a direct payment to meet their needs. It will need to go out to procurement as the current contract terms terminates on 31st March 2019.

There were 244 surveys completed 98 people made comments and there were 146 blank entries

Category	12 weeks
Disadvantages the deaf blind community	21
Suggest the council use funds from other council budgets lack of resources	21
Negative impact on the service and health of service users	21
Continue to fund existing provider	17
Helps with healthy Life style and independence	16
The Cuts to the service are to severe	14
Helps avoid isolation	11
statutory obligations are not being met	6
Group work will not meet the needs	4
Suggest that Leicester city work jointly with Leicestershire county	1
Other comments	24
Blank entries	146

- After reviewing the consultation responses another view was that group work within the reablement service will not meet the needs. This is because they feel people with a visual impairment have different levels of sight and abilities and will require 1-1 support to receive a personalised service.
There were 242 responses to the survey, either online or on paper.

Potential equality Impact

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age ¹	Age – Deafblind Users in the age group 60+ are more likely to be affected as this client group are harder to reach due to communication problems this group are deaf and blind so it's vital they have specialist support to meet statutory obligations. The younger users are less likely to be affected as they use technology to enable them to	Statutory obligations not being met	The new provider will ensure they can reach older people using audio information and brail as they lack IT skills and rely on traditional methods of communication i.e. Brail, Audio, Large font. Key internal stakeholders will be consulted on updating the service specification to ensure the service is

¹ Age

	<p>communicate in various ways i.e. online communication apps.</p> <p>Age 44% of respondents were in the 70-79+ age group. The next biggest age group was 70-79 (44%) who disagreed with the proposal.</p>		<p>accessible.</p> <p>The mobilisation plan if there is a change in provider should ensure a smooth transition for the current service users and they should experience no negative impact. Any service user feedback will be considered as part of the commissioning process.</p> <p>The tender questions will include questions which will explore the way the provider will ensure the service is accessible for all.</p>
Disability²	<p>Services support adults with a broad range of disability primarily mental health and Learning disability and these remain the target groups</p> <p>The decision to cease funding for Specialist reablement (deafblind) communication support during their community care assessments would have a negative impact, Disability 40% were disabled. 33% did not answer this question and 14% were not disabled. 11% did not Answered.</p>	<p>All the Dual sensory impairment service users will be supported to manage any negative impact</p>	<p>Key internal stakeholders will be consulted on updating the service specification to ensure the service is accessible.</p> <p>The mobilisation plan if there is a change in provider should ensure a smooth transition for the current service users and they experience no negative impact</p> <p>Any service user feedback will be considered as part of the commissioning process</p> <p>The tender questions will include questions which will explore the way</p>

² Disability
impairment

quality monitoring form - physical impairment, sensory

			the provider will ensure the service is accessible for all. There will continue to be an offer for specialist reablement (deafblind) services and communication through this contract.
Gender Reassignment³	n/a	n/a	
Marriage and Civil Partnership	n/a	n/a	
Pregnancy and Maternity	None	n/a	
Race⁴	<p>Service is inclusive to support all the service users. Majority of existing service users are White British the numbers are low for Black British users.</p> <p>Ethnicity The largest ethnic group was 'Asian or Asian British: Indian' at 84%. The next biggest group was 'White: British' at 2%.</p>		<p>Key internal stakeholders will be consulted on updating the service specification to ensure the service is accessible.</p> <p>The mobilisation plan if there is a change in provider should ensure a smooth transition for the current service users and they experience no negative impact.</p> <p>Any service users feedback will be considered as part of the commissioning process The tender questions will include questions which will explore the way the provider will ensure the service is accessible for all</p>

³ Gen

⁴ Rac
cens

classification for the proposal.

Religion or Belief⁵	Service is inclusive to all religions and belief.	No impact	As above
Sex⁶	Slightly more females 52.8% close to 50/50 split	No impact	As above
Sexual Orientation⁷	Majority of service users are heterosexual and services are inclusive irrespective of sexual orientation. Sexual orientation 35% did not answer the question about sexual orientation. 40% were heterosexual, 7% said they preferred not to say, and 0% said they were gay/lesbian.	No impact.	As above
<p>Summarise why the protected characteristics you have commented on, are relevant to the proposal? The data above identifies the demographics of the existing service users and the proposed changes are not intended to make any change to the recipients of support. The current service users would be entitled to the 1-year repair and maintenance service. There will also be new service users each quarter.</p> <p>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal? There is no evidence that those characteristics not commented on are in receipt of these services or would be affected by the proposals.</p>			

⁵ Reli
diver

⁶ Sex: Indicate whether this has potential impact on either males or females

⁷ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

Other groups	Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	n/a		
Other vulnerable groups	n/a		
Other (describe)	n/a		
<p>5. Other sources of potential negative impacts</p> <p>Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p>			
<p>The service will link to the wider VCS review. The consultation starts on 12 June 2018. Details of this review will be completed by different managers who are leading on the different service areas</p>			
<p>6. Human Rights Implications</p> <p>Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:</p>			

No known human rights implications at this point

7. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

Quarterly returns will be sent to the authority

Contract monitoring and visits to schemes will be completed as and when required based on risk.

8. **EIA action plan** Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Understanding the impact of reducing Visual & Dual	<ul style="list-style-type: none"> • Meaningful public consultation with proposal 	Ehsan Parvez	29 th June 2018

Sensory Impairment support service.			
Ensure effective referral pathways are put in place across relevant services.	<ul style="list-style-type: none"> The new provider will ensure they can reach older deafblind people using audio information and brail as they lack IT skills and rely on traditional methods of communication i.e. Brail, Audio, Large font. 	Kalpana Patel	Mobilisation of new contract approx. 1 st April 2019.
To commission a service which is accessible to all eligible service users	<ul style="list-style-type: none"> To request from the contracts team any service user outcome/ survey data collected and use that to inform the service specification 	Kalpana Patel	Mobilisation of new contract approx. 1st April 2019

<p>To test the providers experience, knowledge and skills in delivering an accessible service which has no negative impact or barriers for people who have protected characteristics</p>	<ul style="list-style-type: none"> • Draft questions and consult with the procurement panel/ project group to ensure these questions test and demonstrate their knowledge and skills • The group should include care management/ social worker staff who deal with vulnerable adults and need to ensure all their services are accessible. • Consult with specialist social worker who has insight with this particular disability and this diverse community having closely worked with them. • Consult with the equalities lead/team 	<p>Kalpana Patel</p>	<p>Approx. December 2018</p>
<p>Smooth transition with minimal negative impact</p>	<p>To ensure there is a good mobilisation plan to reduce the potential for any negative impact.</p> <p>Look at this during the tender process and use it as part of the mobilisation phase. A meeting will be held with the provider prior to the start of the contract to discuss their mobilisation plan and progress. The provider will have to demonstrate that the plan is being progressed and everything is on track. Further meetings to be scheduled if required.</p>	<p>Kalpana Patel Procurement panel/ Contracts</p>	<p>April 2019</p>

Human Rights Articles:

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
- 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
- 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

Part 2: First Protocol

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections

Adult Social Care Scrutiny Commission Report

VCS Review Phase 2: Advocacy, Stroke support and Disabled Peoples' Support Service

Lead Director: Steven Forbes
Date: 25th September 2018

Useful information

- Ward(s) affected: All
- Report author: Cathy Carter
- Author contact details: cathy.carter@leicester.gov.uk ext. 39 4137
- Report version number: 1

1 Purpose of report

- 1.1 The purpose of this report is to update the ASC Scrutiny Commission on the Voluntary and Community Sector (VCS) Review Phase 2 - Advocacy, Stroke support and Disabled Peoples' Support Service.

2 Summary

- 2.1 Adult Social Care (ASC) is carrying out a review of a range of services commissioned from the VCS. The review covers 7 services. In addition, a new service; Service User Participation, is currently being developed.
- 2.2 This report outlines the proposals for Phase 2 – advocacy; disabled persons support service; and stroke support.

3 Recommendations

- 3.1 The ASC Scrutiny Commission is recommended to note the report and provide comments.

4 Report

- 4.1 Adult Social Care (ASC) is required to make savings of £790k against its Voluntary and Community Sector (VCS) spend of £1.9m.

Advocacy

- 4.2 The Council pays £333,964 pa to deliver 7 contracts for statutory and non-statutory Advocacy support. 4 of these contracts have been subject to this review as they deliver a combination of statutory (as defined by the Care Act) advocacy and non-statutory advocacy.
- 4.3 The remaining contracts all provide statutory provision only and so no changes are proposed. These are:

- Independent Mental Health Advocacy (IMHA) statutory/current contract £57,710 – **no reduction**
 - Independent Mental Capacity Advocacy (IMCA) statutory/current contract £53,532 – **no reduction**
 - Independent Complaints (ICAS) service – statutory/current contract £25,000 – **no reduction**
- 4.4 It is proposed that those contracts as described at 4.2 providing both Care Act and non-Care Act advocacy are re-focused to provide statutory Care Act advocacy only, and the funding is reduced from £222,722 to £73,433. Therefore, the overall funding envelope is reduced from £333,964 to £209,675.
- 4.5 This will save £124,289 and is in line with changes already made in other councils, including Leicestershire. Demand analysis supports the proposal with the demand for Care Act advocacy being much lower than anticipated.
- 4.6 Existing contracts expire on 31st March 2019.
- 4.7 The proposal is to jointly procure all services with Leicestershire and Rutland County Councils. This will support a seamless service, value for money and a more consistent approach.
- 4.8 Three months formal consultation took place between 21st May to 3rd August 2018. This included meetings with providers and meetings with service users.
- 4.9 There were 52 responses to the consultation survey. 37 people (71%) did not agree with the proposal, 5 people agreed (10%) and 10 people were not sure or did not answer (19%).
- 4.10 Concerns were mainly focussed around the loss of non-care act Advocacy and not knowing where else they can go for this. In response to this ASC will work with Leicestershire and Rutland County Councils to map what is available and provide information online and via social workers.

Stroke support

- 4.11 Leicester Stroke Club currently receives a grant of £7,158 and operates a club at two sites (Narborough Road and Oadby). Their additional income of £7k, is raised from donations from the service users and from a church committee.
- 4.12 33 people use the service of whom 22 are City residents.
- 4.13 The proposal is to end funding when the current grant agreement ends on the 31st December 2018.

- 4.14 Three months formal consultation took place from 21st May to 3rd August 2018. 15 people responded to the survey of which 13 disagreed with the proposal.
- 4.15 The main concern raised through the consultation was that if the service was to stop is that people would become isolated and may experience mental health issues.
- 4.16 The Stroke Club indicated it may have to close if ASC funding is withdrawn.
- 4.17 If the proposal is approved ASC will encourage the club to seek support for other sources of funding via VAL.
- 4.18 The 22 city residents who attend the club could be assessed to determine if they are eligible for ASC support, if this was the case there are day care services funded by the council who could provide the same type of service offered by the Stroke Club.

Disabled Persons' Support Service

- 4.19 The existing service is provided by 1 organisation – Leicestershire Centre for Integrated Living (LCIL) and provides infrastructure support to disability groups. The total contract value is £46,200 and it is proposed to end the contract on the 31st March 2019.
- 4.20 The Care Act 2014 requires ASC to engage directly with service users and to involve them in the development of services.
- 4.21 The proposal is to end the Disabled Persons Support Service and to replace it with a Service User Participation Service. The rationale for the proposal is that the Service User Participation service will be a better model as it will enable disabled people to participate directly rather than through intermediaries. In addition, infrastructure support for disability groups is available from Voluntary Action Leicestershire; and Healthwatch also enables disabled people to have a voice in health and social care services.
- 4.22 Engagement on the proposed Service User Participation Service is currently in progress to develop the new service.
- 4.23 Three months formal consultation has taken place on the proposal to end the Disabled Persons Support Service – 21st May to 3rd August 2018. Only 7 people responded to the consultation with 2 agreeing and 5 disagreeing. Comments received in the survey during the consultation were limited to three respondents.

4.24 Concerns raised through the consultation were about the loss of service to individuals and the support that would be given by VAL.

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 From the overall savings target of £790k, this report (Phase 2) will save: £1.8k in 2018/19; £177.6k in 2019/20; £177.6k in 2020/21 and £177.6k in 2021/22 (these are cumulative figures).

5.1.2 For completeness, another report (Phase 1) done separately identifies' further savings.

Rohit Rughani, Principal Accountant, Ext 37 4003

5.2 Legal implications

5.2 The Council has followed the Best Value Consultation Guidance and undertaken appropriate consultations with the responses being conscientiously considered before a final decision is made.

Jenis Taylor, Principal Solicitor (Commercial), Ext 37 1405

5.3 Climate Change and Carbon Reduction implications

5.3

5.4 Equalities Implications

5.4

6. Background information and other papers:

7. Summary of appendices:

Appendix A: Advocacy EIA

Appendix B: Stroke support EIA

Appendix C: Disabled Peoples' Support Service EIA

8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

9. Is this a “key decision”?

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	VCS Advocacy services
Name of division/service	Adult Social Care
Name of lead officer completing this assessment	Kalpana Patel
Date EIA assessment completed	28.08.2018
Decision maker	City Mayor
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer		
Equalities officer	Sukhi Biring	04/09/2018
Divisional director		

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

The proposal is to re model the adult social care advocacy services moving from five separate service contracts which currently deliver both Care Act and non-Care Act Advocacy to specific client groups for example people with mental health, older people and people with disabilities. Moving to one generic Care Act only advocacy service delivered by either one provider or consortium, including the prison advocacy service. The proposal includes a separately commissioned Independent Complaint Advocacy services ICAS (NHS Complaints) with an overall reduced budget from £222,000 to £98,433 with a savings target of £124,000.

The proposal includes jointly commissioning the advocacy services with the County Council and Rutland District Council.

In addition the City Council already jointly commission the Independent Mental Health Advocacy services - IMHA and Independent Mental Capacity Advocacy services - IMCA which we are proposing to continue at the same budget value of £111,242 per year.

The advocacy services are short term so the service users are transient and should not be impacted by the change because the cases would be closed by the time the new service is commissioned in April 2019.

Advocacy is:

taking action to help people to understand and say what they want, secure their rights, represent their views, wishes, and interests and access services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.

Care Act Advocacy:

There is a statutory requirement to provide independent advocacy services to people who would experience substantial difficulty* in being fully involved in their assessment, in the preparation of their care and support plan, in the review of their care plan, or where there is no one appropriate available to support and represent the person's wishes as per the section 67 and 68 of the Care Act 2014, as cited below:

The authority must, if the condition in subsection (4) is met, arrange for a person who is independent of the authority (an "independent advocate") to be available to represent and support the individual for the purpose of facilitating the individual's involvement; but see subsection (5).

(3)The relevant provisions are—

(a)section 9(5)(a) and (b) (carrying out needs assessment); (b)section 10(7)(a) (carrying out carer's assessment); (c)section 25(3)(a) and (b) (preparing care and support plan); (d)section 25(4)(a) and (b) (preparing support plan); (e)section 27(2)(b)(i) and (ii) (revising care and support plan); (f)section 27(3)(b)(i) and (ii) (revising support plan);

(g)section 59(2)(a) and (b) (carrying out child's needs assessment); (h)section 61(3)(a) (carrying out child's carer's assessment); (i)section 64(3)(a) and (b) (carrying out young carer's assessment). *(4)The condition is that the local authority considers that, were an independent advocate not to be available, the individual would experience substantial difficulty in doing one or more of the following—

- (a) understanding relevant information;
- (b) retaining that information;
- (c) using or weighing that information as part of the process of being involved;
- (d) communicating the individual's views, wishes or feelings (whether by talking, using sign language or any other means).

<http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/independent-advocacy-support/enacted>

Non Care Act Advocacy

Advocacy provides independent representation to act on behalf of people with issues which impact on someone's health and wellbeing, who are unable to express their own views, wishes or needs. Non- Care Act Advocacy services is a preventative service providing low level intervention and can be accessed by people who do not meet the statutory adult social care eligibility criteria.

Current service provision includes:

- Advocacy services for people with Learning Disabilities which also include support for the Learning Disabilities Partnership Board.
- Advocacy services for people with mental health issues.
- HMP Advocacy prison service.
- Advocacy services for Carers
- Advocacy services for older people; disabled people and other vulnerable adults.

- NHS Complaints Advocacy services.

The proposal is to jointly commission

- Care Act Advocacy (only) service for all client groups, including prison advocacy.
- Independent Complaints Advocacy services (NHS Complaints – ICAS).
- Independent Mental Health Advocacy services (IMHA) (already jointly commissioned no change)
- Independent Mental Capacity Advocacy services (IMCA) (already jointly commissioned no change)

Quarter 4 January to March 2018 shows there were in total 238 service users accessing the service which is the total for both Care Act and non-Care Act advocacy. The majority of service users are accessing non- Care Act advocacy services for each of the service contracts except for the Learning disabilities.

For 2017/18, 663 people required the advocacy services*. Out of the 663, 60% accessed non Care Act and 40% accessed Care Act advocacy.

*Two providers have not submitted their full years monitoring information. This means there could be more people who have accessed the service between April to 2017 and March 2018.

Last full year 2016/17 there were 714 people who accessed the advocacy services. 44% requiring Care Act and 55% non-Care Act Advocacy services.

Adult Social care user data

Count of Person ID			
Age	Ethnicity	Total	
18-64	Any other ethnic group	15	0.7%
	Arab	1	0.0%
	Asian & White	12	0.6%
	Asian or Asian British - Bangladeshi	11	0.5%
	Asian or Asian British - Indian	557	26.7%
	Asian or Asian British - other Asian origin	73	3.5%
	Asian or Asian British - Pakistani	37	1.8%
	Black African & White	2	0.1%
	Black Caribbean & White	22	1.1%
	Black or Black British - African	52	2.5%
	Black or Black British - Caribbean	76	3.6%
	Black or Black British - other black origin	14	0.7%
	Black or Black British - Somali	13	0.6%
	Chinese	5	0.2%
	Information not yet obtained	21	1.0%
	Other dual heritage	21	1.0%
	White - European	12	0.6%
	White British	1087	52.1%
	White Irish	18	0.9%
	White -other	37	1.8%
18-64 Total		2086	100.0%
>65	Any other ethnic group	14	0.5%
	Asian & White	3	0.1%

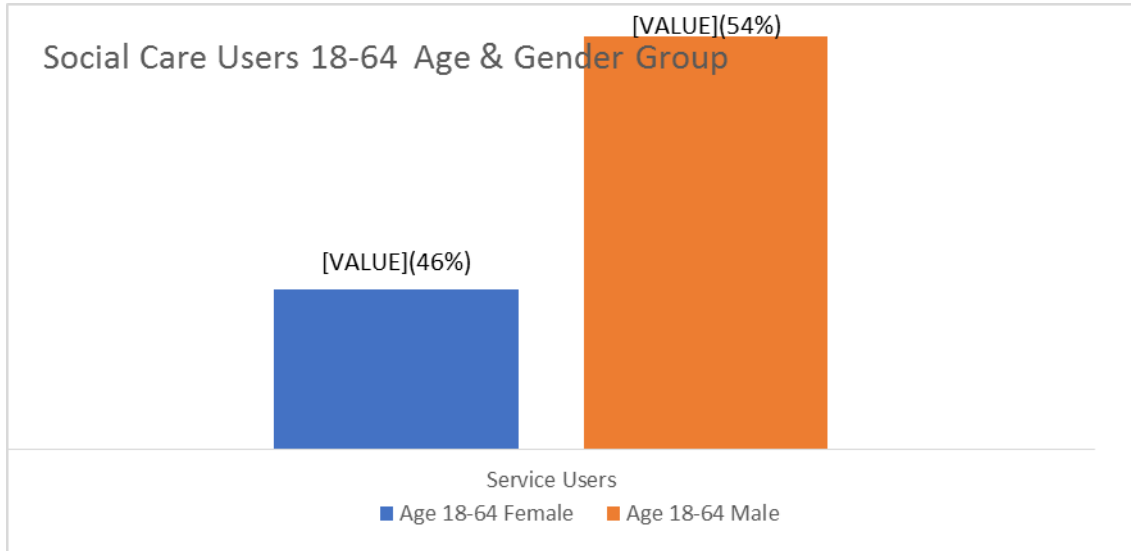
	Asian or Asian British - Bangladeshi	11	0.4%
	Asian or Asian British - Indian	929	30.1%
	Asian or Asian British - other Asian origin	71	2.3%
	Asian or Asian British - Pakistani	39	1.3%
	Black African & White	1	0.0%
	Black Caribbean & White	3	0.1%
	Black or Black British - African	22	0.7%
	Black or Black British - Caribbean	98	3.2%
	Black or Black British - other black origin	4	0.1%
	Black or Black British - Somali	15	0.5%
	Chinese	3	0.1%
	Information not yet obtained	48	1.6%
	Other dual heritage	4	0.1%
	Refused / Declined	1	0.0%
	White - European	29	0.9%
	White British	1691	54.8%
	White Irish	44	1.4%
	White -other	58	1.9%
	>65 Total	3088	100.0%
	Grand Total	5174	

Currently adult social care have 5,175 eligible service users who could potentially require Care Act advocacy services if they were deemed to have substantial difficulty and did not have someone to advocate on their behalf. The majority of people have family or friends who can advocate on their behalf.

The majority of adult social care users are older people 65+ at 59%.

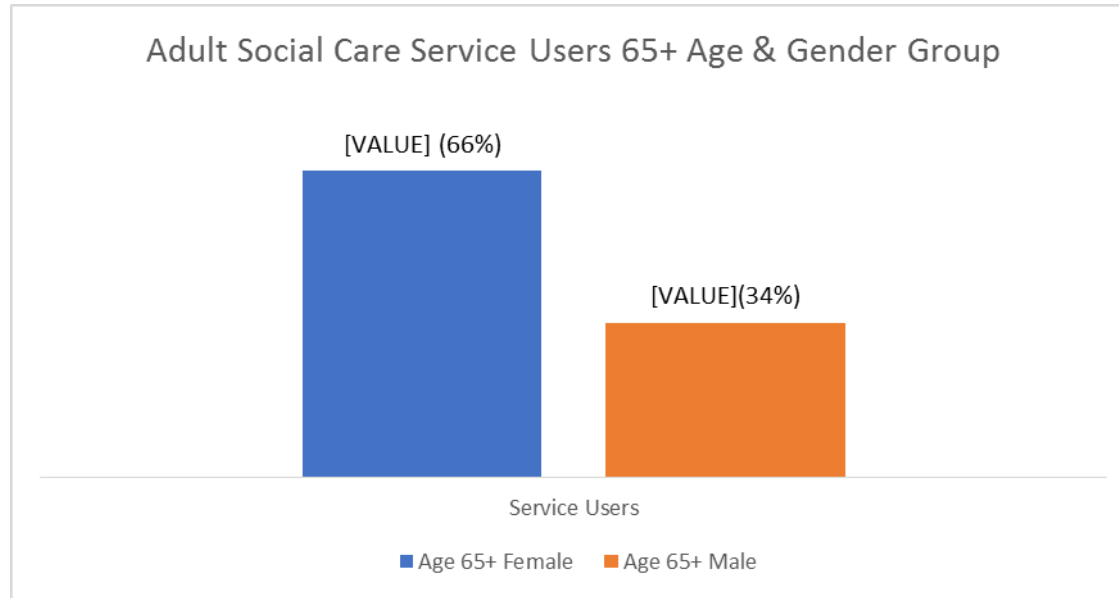
White service users represent the largest ethnicity group at 53% for both age groups.

Adult social care gender and age profile 18- 64 age group



More males than females in the 18- 64 age range

Adult social care gender and age profile 65 plus age group



More females than males in the older people age range

All the advocacy providers who provide Care Act and non-Care Act advocacy services have more referral for non- Care Act advocacy except for the Learning Disabilities services where there are more Care Act referrals

90% of Carers are referred for non-Care Act Advocacy.

The current proposal will meet statutory Care Act advocacy needs.

2. Equality implications/obligations	
Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.	
	Is this a relevant consideration? What issues could arise?
<p>Eliminate unlawful discrimination, harassment and victimisation</p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>The service will deliver Care Act advocacy for the ASC cohort of service user vulnerable adults and older people who require Care Act advocacy services.</p> <p>The procurement and tender process and the methods statement questions will cover how the service will eliminate unlawful discrimination, harassment and victimisation.</p> <p>The provider will have to demonstrate they can provide an accessible service to all the different client groups.</p> <p>Through the contract quarterly monitoring and service users profile information.</p> <p>List the Policy and procedures and training available to staff.</p> <p>Promote the services to underrepresented groups.</p> <p>Have a representative workforce.</p>

Advance equality of opportunity between different groups

How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).

The service will deliver Care Act advocacy for the ASC cohort of service user vulnerable adults and older people who require Care Act advocacy services. The service contract monitoring of outputs and service user outcomes including the service user profile data would highlight any gaps in provision.

Collect the service contract monitoring information on a quarterly basis with targets and outputs. Outcomes would highlight any gaps or issues which would need to be addressed. The service users should be representative of the ASC cohort groups.

The tender and mobilisation plan to cover the equality of opportunity for users and the successful provider needs to demonstrate how they will make service accessible to the asc cohort during tender process.

Make sure any co production is representative.

Have a representative workforce.

Gender; ethnicity; disability; age; sexuality ; religion/belief
primary client group LD; Mental Health;

How hours allocated /target hours to certain groups with protected characteristics.

Accessibility to Leicester's specific demographics

Foster good relations between different groups
Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?

The service will be required to demonstrate and promote its social value work effectively with other voluntary sector organisations and the community.

This will be evaluated through the tender process and the implementation phase

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

Care Act Advocacy Services

People who in the future who could need Adult Social Care services. Service user older people 65+ or other vulnerable adults, Carers who require Care Act advocacy services. They would still have this service available to them

Non- Care Act Advocacy Services

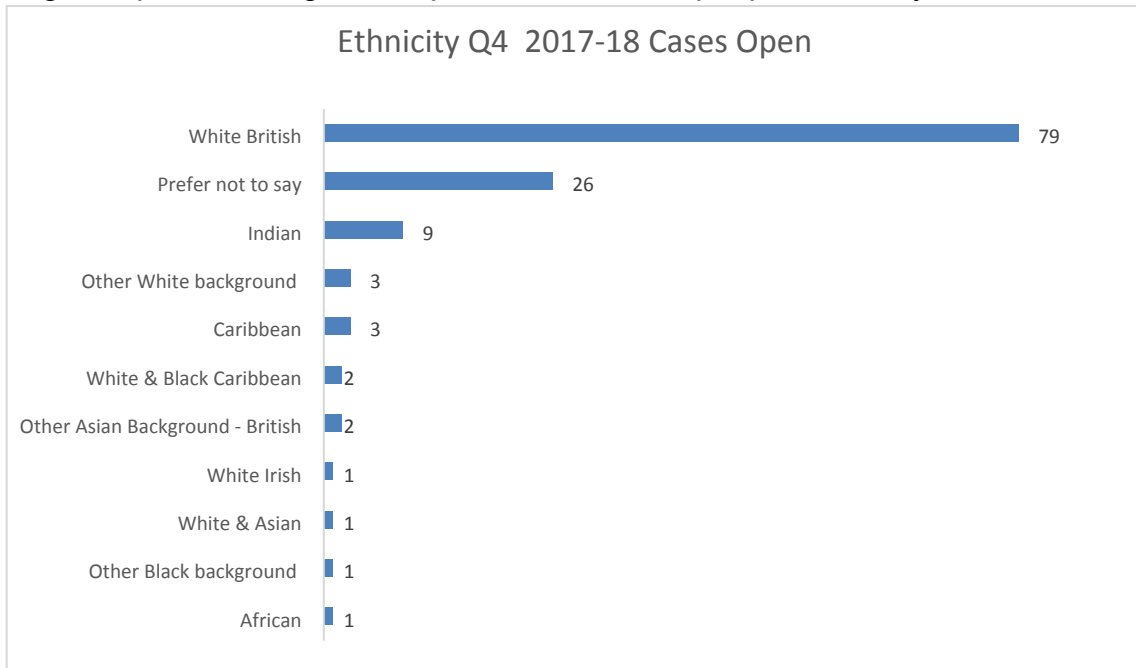
People who in the future could need advocacy services. Service user older people 65+ or other vulnerable adults, Carers who require non- Care Act advocacy services. They would no longer have access to this service via Adult Social Care commissioned advocacy services. These service users could be signposted to specialist services who provide them with advice and support.

Benefit to the potential new service users who currently do not have a specific targeted service. Opening up the service.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

The performance profile data is for all the service users not just the people receiving non Care Act advocacy services. The negative potential negative impact will be on the people who may wish to access non Care Act Advocacy in the future.



Ethnicity

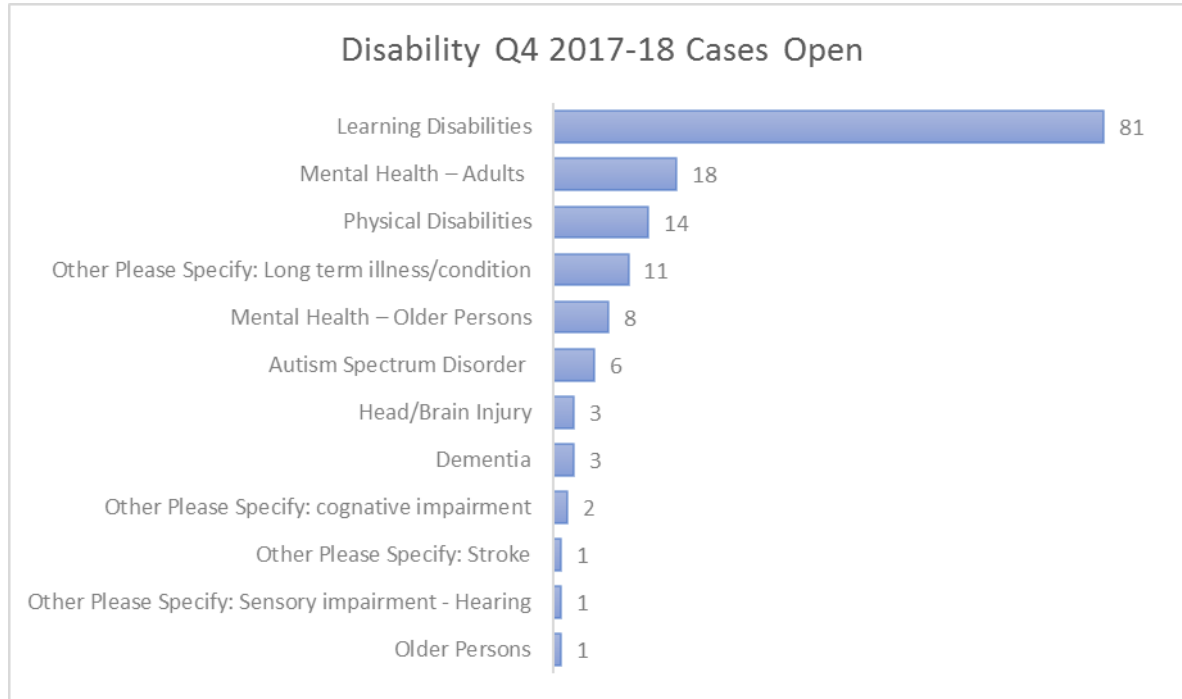
Snap shot for the quarter 4 January to March 2018 performance monitoring data shows the majority of the current service users are white British at 62% and 38% for BME. This ethnicity profile for advocacy services is similar to the adult social care service user profile which has approximately 53% White services users.

Annual data.

RELIGION		
Buddhism	13	1%
Christianity	119	14%
Hinduism	92	11%
Islam (Muslim)	54	6%
Judaism	2	0%
Sikhism	7	1%
No Religion	50	6%
Other Please Specify:	9	1%
Prefer not to say	521	60%
TOTAL	867	

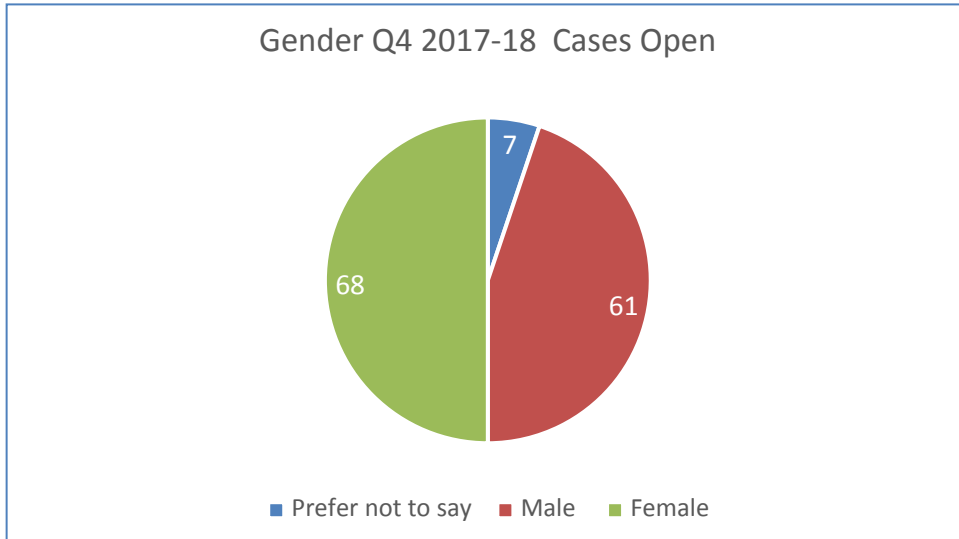
The majority prefer not to say at 60%. The next single largest group is Christianity. The other minority religious groups if added together would give you the largest percentage as a total.

Disability



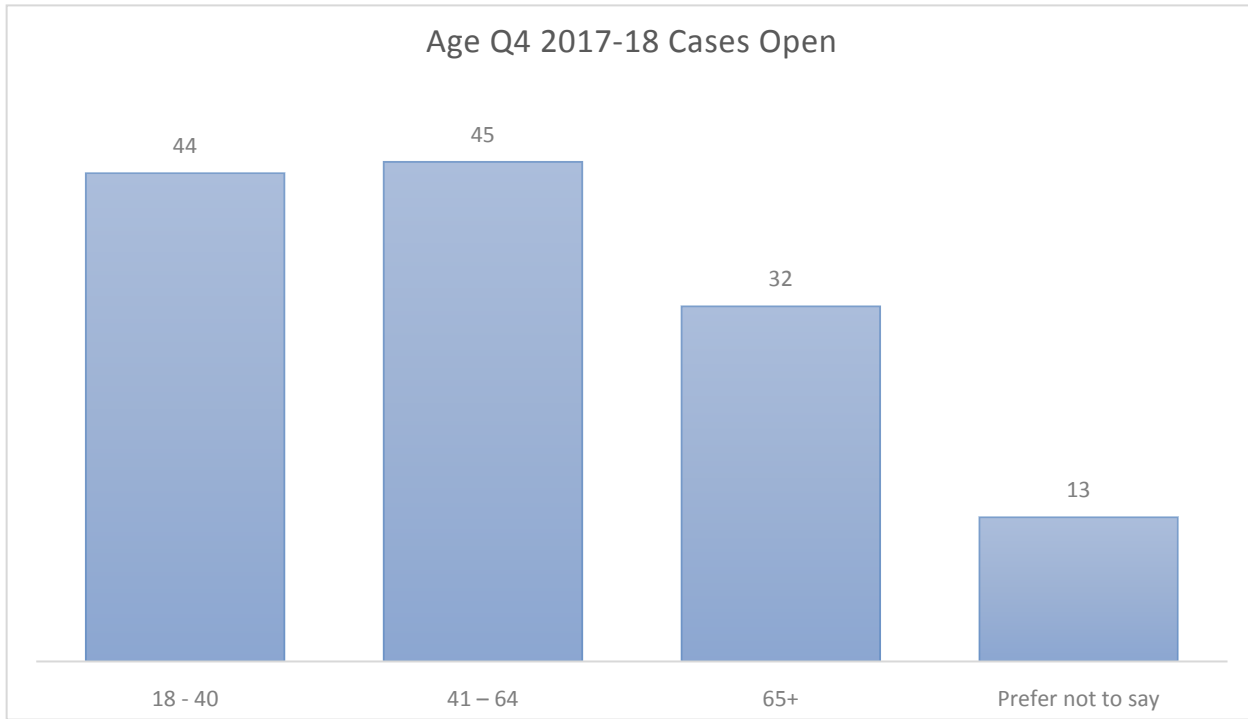
Majority of people will have some sort of disability or older person who access this service. The largest single group of people accessing the advocacy services are people with Learning disabilities at 59%.

Gender



It seems like a fairly even split service with 50% women accessing the service with 44% of men with 5% prefer not to say.

Age



Age

The majority of people would be in the 41-64 age range.

PANSI POPULATION FIGURES: Population by age For Leicester, Leicestershire & England

Region (Area)	category	2017	2020	2025	2030	2035
Leicester	Total population aged 18-64	224,800	227,500	231,200	237,700	243,100
Leicester	Total population aged 18-64 predicted to have a learning disability	5,555	5,623	5,719	5,897	6,042
Leicester	Total females aged 18-64	111,600	112,300	113,300	116,000	117,800
Leicester	Total males aged 18-64	113,100	115,000	117,800	121,600	125,100
Region (Area)	category	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group
Leicester	Total population aged 18-64	108,273	5,638	82,478	12,355	5,992
Leicester	Total population aged 18-64	50.42%	2.63%	38.41%	5.75%	2.79%

POPPI POPULATION FIGURES: Population by age For Leicester, Leicestershire & England

Region (Area)	category	2017	2020	2025	2030	2035
Leicester	Total population 65 and over	41,700	44,700	50,300	56,700	62,100
Leicester	Population aged 65 and over as a proportion of the total population	11.93%	12.48%	13.55%	14.73%	15.64%
Leicester	Total males 65 and over	18,900	20,300	23,200	26,300	28,700
Leicester	Total females 65 and over	22,900	24,200	27,200	30,400	33,400
Leicester	Total females 65 and over	54.92%	54.14%	54.08%	53.62%	53.78%
Region (Area)	category	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group
Leicester	Total population aged 65 and over	26,035	224	9,557	1,115	285
Leicester	Total population aged 65 and over	69.96%	0.60%	25.68%	3.00%	0.77%

From the adult social care snap shot data from the 6th August,

- 0.92% (2086) of the total 18- 64 year olds Leicester population receive adult social care support.
- 7% (3088) of the total 65 + Leicester population receive an adult social care support.
- more older people receive adult social care support.
- This is the target cohort who could be referred for an advocacy services

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders?
What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

A broader VCS service review consultation exercise was carried out over a 12 week period starting on the 21st May and ended on 3rd August 2018 to ensure we listened to all the service user's opinions and views. This will include various ways for current service users and key stakeholders to be involved: consultation meetings, accessible questionnaire and online questionnaire for service users and current providers.

The proposal will change and re model the advocacy service.

We are proposing that from 1st April 2019, all the city council's advocacy services will be joint services with Leicestershire County Council and Rutland. This will consist of :

- a) Care Act 2014 advocacy only for all client groups, including advocacy in prisons.
- b) Independent Complaints Advocacy Service (NHS Complaints – ICAS).
- c) Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) services.

In addition, ASC will develop a proposal for a new service that will help service users to be involved in the development of adult social care services. The new Service User Participation approach will be developed in consultation with service users and relevant organisations. The new service would include support for people with a learning disability to be involved in the Learning Disabilities Partnership Board.

It would be specified that the Service User Participation provider should work closely with other advocacy providers to ensure consistency of support to relevant service users. We envisage that this support would be part of an alternative model to enable direct service user participation in the development of adult social care services. We will discuss and develop this approach in a separate consultation with service users and relevant organisations.

Within the proposed new approach, the priorities would be to provide:

- Care Act 2014 Advocacy for all service users who require it
- Independent Complaints Advocacy Services (NHS Complaints - ICAS)
- HMP Advocacy services
- The Independent Mental Health Act (IMHA) LLR advocacy services and the Independent Mental Capacity Advocacy (IMCA) service
- Learning Disabilities Partnership Support to be commissioned separately as part of a separate proposed new Service User participation Service, to be consulted on separately.

Consultation feedback

There were 52 completed surveys with the table below illustrating the feedback on the proposal

I agree with the proposal	5	10%
I disagree with the proposal	37	71%
Not sure / don't know	7	13%
Not answered	3	6%

From the above the feedback the majority disagree the proposal 71% with 13% not sure / don't know. 10% agree with the proposal.

Summary comments feedback

Type of comment in survey	Number of people who made comment
Non-Care Act advocacy has helped me in the past.	8
People would have no-where to go for/ wouldn't know where to go for non-Care Act advocacy.	5
Anxious about change.	4
Putting all advocacy together has a number of benefits: Seamless service, easier to manage, more efficient, support a more consistent approach, easier to refer to one organisation.	3
Carers should have separate advocacy from other types of advocacy.	2
IMHA and IMCA should not be part of one contract. They need to be separate – different providers/specialisms. However, IMCA could usefully be combined with Care Act advocacy – which could help some service users experience seamless transfer between the two services.	1
IMHA/IMCA needs to be separate from ICAS.	1
People may end up having to pay for non-Care Act advocacy.	1

Would like more detailed information about the proposal.	1	
Why are the County not consulting?	1	
Social workers need to have a better understanding of when Care Act advocacy applies	1	

6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Protected characteristics			

	the potential impact of the proposal?		
Age¹	The majority of people accessing are between the 40 plus age group. Majority of ASC users are older people who are 65 plus	Likely. No one will lose a service once they access it. In the future non Care Act advocacy will not be available directly	To have an implementation plan to help with transition Signposting to other services such as the Councils Information and advice guidance service. Housing Department: Housing benefits, Welfare benefits, Health services Councils generic advice service. Carers services. During the notice phase to start to phase out non- Care Act advocacy services. Monitoring information to identify gaps and address them
Disability²	All will be vulnerable adults with a disabilities or older people	Likely. No one will lose a service once they access it. In the future non Care Act advocacy will not be available directly from the council	To have an implementation plan to help with transient. Signposting to other services During the notice phase to start to phase out non- Care Act advocacy services. Monitoring information to identify gaps and address them
Gender Reassignment³	Unknown	Unknown. The cohort is mainly older people	

¹ Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

² Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

³ Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

Marriage and Civil Partnership	Unknown	unknown.	
Pregnancy and Maternity	Unknown	Unknown. The target cohort is mainly older people, so this group is unlikely to be impacted	
Race⁴	The Majority of service users are white. To ensure equal access to all service users. Have a question in the method statement questions to ensure accessible service. Monitoring service user profile information to ensure no obvious gaps in services	Likely. No one will lose a service once they access it. In the future non- Care Act advocacy will not be available directly	Monitor update and have regular feedback to providers to address any gaps. Include question in method statement questions
Religion or Belief⁵	The Majority of service users are white with the main recorded religion and belief as prefer not to say at 60%. The next single largest group is Christianity. If all the other minority groups are added together they would form the largest percentage. To ensure equal access of services	Likely. No one will lose a service once they access it. In the future non -Care Act advocacy will not be available directly	Monitor update and have regular feedback to providers to address any gaps. Include question in method statement questions

⁴ Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

⁵ Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

	have inclusive accessible for all eligible services users include in the service specification and method statement questions		
Sex⁶	Currently an equal split is even 50%	Not likely	Will monitor this for any changes
Sexual Orientation⁷	Unknown section not completed	Not likely	
<p>Summarise why the protected characteristics you have commented on, are relevant to the proposal? The target group are mainly cohort of people who may need adult social care services who are mainly older people and disabled people and other vulnerable adults.</p> <p>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal? Not target group and mostly the cohort are older people vulnerable adults</p>			

	<p>Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect</p>	<p>Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?</p>	<p>Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.</p>
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⁶ Sex: Indicate whether this has potential impact on either males or females

⁷ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

Other groups	their take up of services/other opportunities that meet their needs/address inequalities they face?		
Children in poverty	Not the target group	Not likely	
Other vulnerable groups Carers	The majority of Carers have been referred for non- Care Act advocacy so this proposal of not having non- Care Act advocacy will impact on them.	Likely	Carers can be sign posted to other local and national organisation services as listed above in the EIA.
Other (describe)	Not known	Not likely	
7. Other sources of potential negative impacts			
Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.			
Other services including the Voluntary Communities services being reviewed and with some services being de commissioned.			
8. Human Rights Implications			
Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:			
n/a			
9. Monitoring Impact			

111

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

Please complete this section

The monitoring information will be collected on a quarterly basis and there will be six monthly and annual performance reports and the outstanding relevant action can be included as part of the implementation phase and quarterly monitoring.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Reduce the negative impact of no longer offering non -Care Act advocacy directly	Discuss having effective signposting as part of the service specification/contract to other services including other voluntary sector. organisations and local authority/ health services.	Bev White / Kalpana Patel / Katie Joodan (County Council)	15 th August to 10 th September

<p>To reduce the negative impact on people who no longer will be able to access non- care act advocacy services and those who may have a change of provider due to the re tender and new model of delivery</p>	<p>Implementation plan and phase ensure a smooth transition for a number of service users who no longer will be able to access non- Care Act advocacy</p>	<p>Phil Aitkens lead Kalpana Patel/ County Council contracts team</p>	<p>January to March 2019</p>
<p>Ensure equal access to all service users</p>	<p>To have it included in the service specification and method statement questions</p> <p>Cover in the implementation plan phase.</p> <p>Monitoring information</p>	<p>Bev White/ Kalpana Patel Katie Joondan</p>	<p>15th August to 10th September</p>

Human Rights Articles:

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
- 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
- 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

Part 2: First Protocol

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	Stroke services Adult Social Care and Commissioning
Name of division/service	Adult Social Care and Commissioning
Name of lead officer completing this assessment	Ehsan Parvez
Date EIA assessment completed	28.02.2018
Decision maker	City Mayor
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer	Ehsan Parvez	09/05/18
Equalities officer	Sukhi Biring	23/05/18
Divisional director		

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

The stroke service is for older frail and disabled people suffering from stroke to provide for minimum of five hours a day, three days per week (not including transport journey time), maximises independence through practical support and access to advice, information and services. Service users' needs and wishes will be respected and responded to on an individual basis, and a programme of activities designed to stimulate and enhance the well-being of its service users are offered in order to promote to a maximum the level of independence by enhancing abilities and skills. The service is set up as a grant agreement so there is no legal obligation for monitoring.

Community participation - isolation will be reduced, service users will feel integrated and valued members of the community they live in, by being able to take part in a range of meaningful culturally appropriate activities and opportunities.

End the grant funding

- The service may close, resulting in the risk of social isolation for attendees
- If the service was not available, the Council could spend more on Direct Payments or other support, if any of those attending the service are assessed as eligible for Adult Social Care statutory support

- As this service is a grant agreement we don't hold any information on service users, attempts have been made to gain consent from users but they have declined. The only Information we hold is that they are at an Older age and have a stroke condition.
- It's been difficult to identify the impact on those likely to be affected by the recommendation and their protected characteristics as we don't have information or/and consent on the users.

2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

	Is this a relevant consideration? What issues could arise?
<p>Eliminate unlawful discrimination, harassment and victimisation</p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>The service is provided for minimum of five hours a day, three days per week (not including transport journey time) not less than once a week normally 48 weeks per year excluding bank holidays unless otherwise specified, it includes appropriate transport, where this has been assessed as in need, and a programme of activities designed to stimulate and enhance the well-being of its service users in order to promote to a maximum the level of independence by enhancing abilities and skills. Most of the referrals are from self-referrals or health.</p>

117

	<p>If the service is decommissioned, the current users will be able to explore other provision (Direct Payment) in the City. If any of the service users require support around their stroke condition they can access support from a GP. The proposal could have a negative impact on the following characteristic Age & Disability as the users are frail and have been accessing the service for years.</p> <p>The current benchmarking exercise identified that other local authorities use a direct payment or use CCG funding.</p>
<p>Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p>	<p>The proposal is to de commission the service – if the users who access the service are eligible for services then a package of care, following assessment, would be organised.</p> <p>There could be some impact to service users as this is the only stroke specific service provision Leicester city has. Once the service is decommissioned they can access an ASC assessment and use a direct payment to find similar services. In relation to their health conditions they will contact a GP for medical support. The current service is more aligned with health outcomes so the GP will be able to signpost or managed any stroke medical conditions.</p>
<p>Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>The intention of the service is to be decommissioned. Existing customers can receive an ASC assessment and use a DP to access similar services across the city.</p> <p>The service may continue to operate without ASC funding if</p>

	the provider sources other funding streams, charitable donations, or service users make a contribution.
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3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

- The service target group are adults aged 18+ and frail user. The proposal is to de commission the service – the service users who access the service may have eligible needs but this would have to be established through an ASC assessment; if so a package of care would be commissioned. All the current users have declined an assessment.
- People can be sign posted to other services across the city. In relation to their health conditions they will contact a GP for medical support.
- The service may close, resulting in the risk of social isolation for attendees.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

The Data for the service is limited due to being set up as a grant agreement and we do not require monitoring for a grant

agreement.

Data request sent to Contracts and Assurance (CAAS) – No data received or collected via quarterly Monitoring

The service review concluded that:

- The total annual running cost of the Service is £14,000 per annum. ASC funds the service at a cost of £7,158 per annum via a grant agreement. The remainder of their funding for the service comes from donations received from a church.
- Referrals to the service are mainly self-referrals.
- The service uses volunteers to deliver the support.
- The service is required to stimulate and enhance the well-being of those attending and activities are intended to promote independence by enhancing abilities and skills. This service is more akin to a social club, which is not a service ASC would fund.
- Whilst, the service is valued by those attending, there is no evidence that it prevents people from needing long term ASC services.
- Of the 22 city service users, most have been using the service for several years:
 - 1 service users – 1 year
 - 10 service users – 5 years
 - 11 service users – 6-10 years
- Other local authorities have used direct payments to fund the service but they joined a lunch and stroke service together to save on funding.

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders?
What did they say about:

- What is important to them regarding the current service?
 - How does (or could) the service meet their needs?
 - How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
 - Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?
- The commissioner has met the provider to gain a picture on the current service. The provider considers that service users appear to have eligible needs for ASC support, but we cannot confirm this unless they give consent to have an assessment.
 - 11 service users were met with, all 11 felt that they could not manage their needs independently without support from the service. In addition, they get specialist support from the GP for their stroke condition.
 - Meetings have taken place with the provider to talk about a contingency plan to explore other funding streams such as Direct payment, other charitable contributions, service user contributions, reducing costs, increasing use of volunteers.

6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	Risk of negative impact: How likely it that people with this protected characteristic is will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age¹	18 +Older Frail & Disabled people suffering from a stroke. Most of the users have been accessing the service for over 5	<ul style="list-style-type: none"> If the provider is unable to fund this service from other sources, current service users may need to look for alternative 	The provider is currently working with existing users to gain consent so they can receive a ASC assessment & explore other provisions.

¹ Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

	years and will require support to find alternative provision; The users will require support to access services for older people. But will continue to get support from the GP for their stroke condition	provision. <ul style="list-style-type: none"> • The risk of social isolation for service users will increase, • There is the risk of negative publicity from the Provider and/or current service users who value the support which the service provides. • High number of older Service users 	<ul style="list-style-type: none"> • We ensure that as part of the consultation we provide adequate signposting to other services i.e. Age UK & Direct payments. • can use their direct payment to fund other provision
Disability²	Stroke classifies as a disability, A stroke is a serious life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. Service users will continue to get support from their GP around their stroke condition	Users will need to inform GP's of closure of service so they can ensure they have sufficient time to explore other provisions. GP,s to refer current users who are currently declining ASC support	Ensure the current provider works with current users to make contact with GP,s for support around stroke condition
Gender Reassignment³	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Marriage and	Don't know as unsure how this is	Not Applicable	Not Applicable

² Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

³ Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

Civil Partnership	recorded on Liquid Logic or the Monitoring data		
Pregnancy and Maternity	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Race⁴	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Religion or Belief⁵	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Sex⁶	The gender split is 45% male and 55% female.	Not Applicable	Not Applicable
Sexual Orientation⁷	Don't know as unsure how this is recorded on LL or the Monitoring data	Not Applicable	Not Applicable
Summarise why the protected characteristics you have commented on, are relevant to the proposal?			
The service is a grant agreement which support users who have a stroke condition, the decommissioning of the service will have			

⁴ Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

⁵ Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

⁶ Sex: Indicate whether this has potential impact on either males or females

⁷ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

a negative impact on current users if alternative provisions are not found. The current provider is exploring alternative provision such as a direct payment. The key protected characteristics which would be affected by decommissioning this service are based on the intelligence that has been gathered through the process of completing an in-depth service review for this service. This has been done simultaneously with this EIA. The characteristics most at risk of being negatively affected are: age and disability. We know from intelligence and research that there are groups such as AGE UK who can support individuals to find alternative support or/and signpost them to other services.

Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?

No direct impact identified in relation to the protected characteristic of marriage or civil partnership, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Sexual Orientation.

As the service is set up as a grant agreement we don't hold information on all the characteristics from our monitoring data and annual report. The current users have no given consent to collect any further information. However the service is currently supporting individuals to find alternative support or gain consent for an ASC assessment to check eligibility then users can be signposted. Other protected characteristics would not be adversely impacted by the decommissioning of this service either because they are not relevant to the proposal.

Other groups	Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in	Not applicable	Not applicable	Not applicable

poverty			
Other vulnerable groups	Not applicable	Not applicable	Not applicable
Other (describe)	Not applicable	Not applicable	Not applicable
<p>7. Other sources of potential negative impacts</p> <p>Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p> <ul style="list-style-type: none"> • If the provider is unable to fund this service from other sources, current service users may need to look for alternative provision. • The risk of social isolation for service users will increase, if the service closes. • There is the risk of negative publicity from the Provider and/or current service users who value the support which the service provides. 			
<p>8. Human Rights Implications</p> <p>Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:</p> <p>There are no human rights implication that will impact on the service or service users.</p>			
<p>9. Monitoring Impact</p> <p>You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:</p> <ul style="list-style-type: none"> ▪ monitor impact (positive and negative, intended and unintended) for different groups ▪ monitor barriers for different groups ▪ enable open feedback and suggestions from different communities 			

- ensure that the EIA action plan (below) is delivered.

The current arrangement is a grant agreement so the current monitoring is poor and does not gather information on users protected characteristics except they are older frail users who have a stroke condition, as we are looking to decommission the service there will be an action plan that the provider will follow to ensure all users are supported through the decommissioning of the service.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Frail older users are supported to access appropriate help and support	Provide information, advice and guidance to enable the provider to develop alternative sources of funding users and the service provider are aware of the alternative support available for those who need stroke support services	Ehsan Parvez ASC Leadership Team Decision Report	October 2018
Frail older users are supported to access appropriate help and support	Meet with provider / service users to explore options of alternative services such as Age UK in order to ensure all users are signposted to relevant services once the service ends. Require clear communication	Ehsan Parvez ASC Leadership Team Decision Report	Once notice is given

	from provider to support this.		
Frail older users are supported to access appropriate help and support	Decommissioning plan with provider to require provider to ensure that all users to contact their GP for advice and/or support around Stroke Health condition.	Ehsan Parvez ASC Leadership Team Decision Report	Once notice is given

Human Rights Articles:

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
- 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
- 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

Part 2: First Protocol

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

131

Title of spending review/service change/proposal	Disabled Persons' Support Service
Name of division/service	Adult Social Care Services & Commissioning
Name of lead officer completing this assessment	Cathy Carter
Date EIA assessment completed	08.08.18
Decision maker	Assistant Mayor Cllr Vi Dempster
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer - Cathy Carter	Cathy Carter	08.08.18
Equalities officer – Sukhi Biring	Sukhi Biring	08.08.18
Divisional director - Tracie Rees		

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

Please note: This EIA is focussed on the proposal to end the Disabled Person's Support service. This proposal is, in part, being made in the context of a proposed new Service User Participation SUP service. The SUP service is still being developed in consultation with stakeholders at the time of writing this EIA. A separate EIA will be developed to inform final decision making on the proposal to implement the Service User Participation (SUP) service. There will be more detailed information about the SUP service in the EIA for that service when it is developed. However, the key feature of the proposed new SUP service will be to enable individuals, including disabled people, to participate directly in the development and review of Adult Social Care policies and service, rather than through specific infrastructure groups.

Adult Social Care currently commissions a 'Disabled Persons' Support Service' at a cost of £46,200 a year. Despite the name of the service, the contract is actually intended to provide infrastructure support to disability groups, and to enable the views of disability groups and disabled people to be communicated to the City Council to support the delivery of appropriately designed and targeted services and better outcomes to disabled people by the Council and other statutory agencies such as the Clinical Commissioning Group, Leicester Partnership Trust and UHL Leicester .

Adult Social Care has carried out a review of the service, and as a result of the review, carried out a public consultation exercise for 12 weeks between 21.5.18 to 03.08.18 on a proposal to decommission the service when the contract ends on 31st March

2019.

There are 3 main reasons for this proposal:

- The current contract does not provide care or support services directly to vulnerable and disabled people who are at risk of developing social care needs. ASC is having to prioritise services for disabled people who have these care and support needs;
- The current service supports disability organisations in the city, rather than individuals. It does not enable direct service user involvement in the development of adult social care services. We would like to develop an alternative approach, which would do this. This will help us to fulfil a requirement under the Care Act 2014 that there is effective service user engagement in adult social care planning. The Council wants to improve its approach to service user participation in response to this requirement; and
- The Council currently contracts with Voluntary Action LeicesterShire (VAL), to provide support to VCS groups in the city, including disability groups.

ASC is currently developing an alternative model, a Service User Participation service, to support all service users, including disabled people, to be involved in the development of adult social care services. The new approach is now being developed in discussion with service users and relevant organisations, including the current provider of the 'disabled persons' support service'.

As part of the service review, officers analysed the risk of whether the provider would be unable to operate without Adult Social Care funding. If this was the case, disability groups who are currently supported by the service could seek support from other organisations, such as Voluntary Action LeicesterShire (VAL), who are contracted by the Council to provide support for voluntary sector groups in the city. In addition, disabled people will have the opportunity to be engaged with ASC through the proposed new Service User Participation service.

2. Equality implications/obligations	
Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.	
	Is this a relevant consideration? What issues could arise?
<p>Eliminate unlawful discrimination, harassment and victimisation How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>The Service User Participation service will support disabled people to engage with ASC.</p> <p>Disability groups will be provided with infrastructure support by Voluntary Action Leicestershire , who are contracted corporately by the council to provide this function.</p>
<p>Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p>	<p>Disabled people face many barriers to engaging with organisations such as Adult Social Care and being involved in service planning and review. This can often be because the organisation does not make effective adjustments to enable effective engagement to take place.</p> <p>The Service User Participation service will support disabled people to engage directly with ASC rather than through a separate organisation. This will be combined with adjustments to working practices in adult social care to support direct participation</p>
<p>Foster good relations between different groups Does the service contribute to good relations or to broader</p>	<p>By enabling disabled people to become more directly involved in service planning and review the Service User Participation</p>

community cohesion objectives? How does it achieve this aim?	model will support better integration of disabled people into commissioning work, which will help to develop good relations between professionals and disabled service users.
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3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

Current users:

Who: Disabled people and disability groups that are supported by the service.

How: May see no change if the provider continues to provide support to groups without ASC funding. However, the Service User Participation service will seek to enable individuals to have direct involvement with ASC if they wish to, which is intended to be a positive change, giving them a direct voice into the work of the department.

Those who could benefit:

Who: disability groups and disabled people who are not supported by the service.

How: Opportunity to have direct involvement with ASC if they wish to.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

The proposal to develop a new Service User Voice service is based largely on research into policy and good practice around user engagement in ASC rather than data on individuals. More detail about these will be provided in the EIA for the SUP service, however key sources are:

- Think Local Act Personal – Making it Real
- NICE Guidance user engagement
- Care Act 2014 – specifically on the concept of the ‘shared endeavour’ .

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

Consultation on the proposal to end the ‘Disabled Persons’ Support Service was carried out between 21.05.18 and 03.08.18.

Officer met with the provider, who agreed that the infrastructure support aspect of their role should be provided by Voluntary Action LeicesterShire, but that the council would need to ensure that this was effective. However the provider was more concerned about the risk to activities which they deliver to people, such as events which are not the purpose of the contract. Users in the consultation survey reflected this point as well.

6. Potential equality Impact			
<p>Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal <u>because of their protected characteristic(s)</u>. Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.</p> <p>Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially <u>vulnerable groups</u>, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).</p>			
Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age¹	Older people are more likely to be affected by disability. Disabled people will have the opportunity	Unlikely to have significant negative effects as aim of service is infrastructure support and	Disabled people will have the opportunity for participation in ASC service planning and review

¹ Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

	for participation in ASC service planning and review through the Service Participation Service	engagement with the council rather than care and support for individuals	through the Service Participation Service
Disability²	As above, particularly relevant to people with physical impairment, sensory impairment and/or Long term health condition.	As above	As above
Gender Reassignment³	Not known	Not known	Not known
Marriage and Civil Partnership	Not known	Not known	Not known
Pregnancy and Maternity	Not known	Not known	Not known
Race⁴	Not known	Not known	Not known
Religion or Belief⁵	Not known	Not known	Not known

² Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

³ Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

⁴ Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

⁵ Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

Sex⁶	Not known	Not known	Not known
Sexual Orientation⁷	Not known	Not known	Not known
<p>Summarise why the protected characteristics you have commented on, are relevant to the proposal? The provider is an organisation for disabled people and disability groups. Older people are more likely to have disabilities so this group may also be more likely to be affected than people from other age groups</p> <p>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal? There is no evidence as to whether people with other protected characteristics are more or less likely to have disabilities than groups without protected characteristics.</p>			

Other groups	<p>Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they</p>	<p>Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?</p>	<p>Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.</p>
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⁶ Sex: Indicate whether this has potential impact on either males or females

⁷ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

	face?		
Children in poverty	Unlikely to impact		
Other vulnerable groups	Unlikely to impact		
Other (describe)			
<p>7. Other sources of potential negative impacts Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p> <p>Disability groups report that new benefit arrangements and economic downturn are disproportionately affecting people with disabilities. Needs for adult social care are also rising – and disabled people are the main service users for care and support. It is therefore all the more important that ASC strengthens service user participation in the design and delivery of services to ensure that they are co-produced with disabled people, to make them fit for purpose and to enhance choice and control. This is the aim of the proposed new Service User Participation service.</p>			
<p>8. Human Rights Implications Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:</p> <p>None</p>			
<p>9. Monitoring Impact You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:</p> <ul style="list-style-type: none"> ▪ monitor impact (positive and negative, intended and unintended) for different groups 			

- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

1. Monitoring the level and effectiveness of involvement of disabled people under the SUP service

Contracted service is for infrastructure support rather than support for individuals. The key impact for disabled people themselves therefore lies in the extent to which disabled people's involvement in ASC planning will increase/improve as a result of the setting up of the Service User Participation Service. As part of the development of this service, measures will be set up to monitor the extent and effectiveness of involvement. It is intended that disabled people themselves will co-produce the service and participate in the design of the performance measures and the approach to monitoring.

2. Monitoring infrastructure work carried out by VAL for disability groups.

The council has a contract with VAL to provide infrastructure support and the effectiveness of this will continue to be monitored in the City Mayor's Office.

3. Monitoring the effectiveness of Healthwatch acting as the voice of health and social care services.

Healthwatch is contracted by Adult Social Care to act as the voice of users of local health and social care services, and this service is monitored regularly.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Effective involvement of disabled people in designing and reviewing ASC service	Development of Service User Participation service	Mark Aspey	Contract start date 1.4.19
Effective infrastructure support for disability VCS groups.	Monitoring of VAL contract	City Mayor's Office	Quarterly
Effective voice/ local watchdog for local health and social care services.	Monitoring of Healthwatch contract	Caroline Ryan	Quarterly

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

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Part 2: First Protocol

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections

