

Executive Decision Report

Future of Visual and Dual Sensory Impairment Service

Decision to be taken by: Assistant City Mayor Adult
Social Care and Wellbeing

Decision to be taken on: 28 September 2018

Lead Strategic Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Ehsan Parvez
- Author contact details: 01164542307
- Report version number:

1. Purpose

- 1.1 The purpose of this report is to set out the findings of the consultation exercise relating to the future of the Visual and Dual Sensory Impairment Service commissioned by Adult Social Care.
- 1.2 The report seeks agreement to procure a single Visual and Dual Sensory Impairment Service at a reduced contract value, with effect from 1.4.2019.

2. Summary

- 2.1 Adult Social Care is required to make savings of £790k against its Voluntary and Community Sector (VCS) spend of £1.9m for 2018/19.
- 2.2 On 15th March 2018, the Executive agreed for a 12 week consultation exercise to be undertaken. The consultation ran from 9th April to 29th June 2018.
- 2.3 The consultation exercise proposed to reduce the existing funding from £296,525 to £148,129 per annum. The model proposed provides the most cost-effective option. Details can be found at Appendix A.
- 2.4 However, following the consultation it is proposed to increase the funding cited in the consultation document from £148,129 to £188,129 to provide £35k funding for a specialist worker for deafblind reablement and an additional £5k for the provision of specialist equipment. Additional monies had been included in the ASC budget for 2018/19, following comments received from the existing provider at the initial engagement discussions.
- 2.5 The current contract is due to expire on 31.3.2019. Three months' notice will need to be given to the current provider - Vista by the end of December 2018.
- 2.6 The findings from the consultation exercise showed a high rate of return. Of the 244 respondents, 44% disagreed with the proposal, 26% agreed with the proposal, 24% and 6% said 'don't know / not sure' or did not answer. The

financial difficulties were acknowledged because of central government budget cuts, but the general view was that the service provided a valuable support service.

2.7 A summary of the consultation findings is detailed at para.4.8 and the consultation report is at Appendix B.

3. Recommendations

The Executive is recommended to:

- a) note the outcomes of the consultation set out at paragraph 4.8 and Appendix B;
- b) to note the outcomes of the equality impact assessment set out at paragraph 4.10 and Appendix D; and
- c) to agree to the procurement of a new dual sensory and visual impairment service at new contract value of £188,129 to commence on 1st April 2019:
and

If agreed, 3 months' notice will be given to the current provider by the end of December 2018.

4. Supporting information including options considered:

- 4.1 ASC is required to deliver savings of £790k against its Voluntary and Community Sector (VCS) budget of £1.9m for 2018/19.
- 4.2 A review of the VCS services funded by ASC has been completed to determine if they provide statutory support to those eligible for ASC support or if their contribution prevents or delays individuals from becoming eligible for a funded package of care.
- 4.3 The review included the visual and dual sensory impairment service, which is currently commissioned from Vista. The original contract value was £296,525 per annum. However, the contract value was reduced to £279,000 for 2017/18 with agreement with the provider, after they struggled to achieve the required contractual outputs due to lack of demand. The proposed new contract value discussed in the consultation was £148,129.
- 4.4 As part of the service review of Visual and Dual Sensory Impairment service, officers have consulted the current provider Vista and service users about the proposed model.

- 4.5 A key outcome of the consultation was that Vista highlighted the need for a specialist reablement worker for deafblind people. This is because reablement for people with sight loss is significantly different to reablement for people who are deafblind. It is therefore recommended to add £35k to the model that was put forward in the consultation to support this.
- 4.6 In addition, the consultation proposed to end £16k of funding for specialist equipment. However, it has been identified that there are limited alternative sources for this specialist equipment, therefore an additional £5k is recommended to support this.
- 4.7 The consultation findings are detailed at Appendix B.
- 4.8 Out of 244 respondents 44% of people disagreed with the proposal. 26% of people agreed with the proposal. 24% of people said 'don't know / not sure' and 6% did not answer.
- 4.9 The key points made in the consultation are set out below together with officers responses:

Comment	Officers Response
The service helps avoid isolation and enables individuals to live a healthy life, and promotes independence.	Agreed that this is one of the benefits of the service, and this benefit will continue under the new contract.
The proposal to replace 1-1 support for group work caused some concern for some service users who felt they would lose a personalised service.	The council has noted this point, however replacing some 1-1 support with group work is seen as one way of continuing to deliver appropriate support whilst using resources in a more efficient way.
Some feel the cuts to the service are too severe and will have an impact on the deafblind community.	It is now recommended that as a result of the consultation the model will now include this service.
Reducing the spend on the service will have an impact on waiting lists and referral times.	The proposed new model and funding levels have been calculated using demand information.
Users suggest continuing to fund Vista as they are the only Visual and Dual Sensory Impairment service specialist in Leicester.	The council has to open the service up to competitive procurement because of legal requirements. Although Vista is likely to be the only local provider, there are other national providers who may bid.

4.9 Prior to the consultation, as part of engagement with Vista in November 2017, Vista submitted a counter proposal with a cost of £194k. The proposal was a helpful outline of the each of the services and options for future provision. The submission is included at Appendix C.

4.10 An equality impact assessment (EIA) of the proposal has been carried out, and this is included at Appendix D. In summary, the main findings of the EIA are that a decision to cease funding for specialist reablement (deafblind) communication support during their community care assessments would have had a negative impact on deafblind people. Therefore, it is proposed to fund this element albeit at a lower level.

4.11 Overall, the reduction in funding may affect the following groups of people with protected characteristics:

- a) Older people - as sight loss is more prevalent in this age group
- b) Disability - all service users have sight loss or dual sensory impairment.

4.12 A soft market testing exercise was carried out in order to ascertain whether the level of likely interest in re- procurement of the service. Only Vista, the current provider, responded and indicated that they would be likely to bid. This demonstrates that the supply market for these services is very limited.

5. Details of Scrutiny

5.1 The ASC Scrutiny Commission was provided with a report on the VCS prevention services review on 29th June 2017. A verbal update was given on the 19th June 2018 and 28th August 2018.

5.2 A further report was presented to the ASC Scrutiny Commission meeting on 25th September 2018, where the proposals were supported.

6. Financial, legal and other implications

6.1 Financial implications

The overall VCS budget is £ 1.9m with a savings target of £790k wef 2018-19. The above includes an allocation of £296k, although reduced to £279k since 2017-18.

The proposal if agreed is to decommission the current service and re-procure the service from April 2019 with a reduced funding envelope of £148,129.

In addition to the above, £40k will be set aside for reablement of deaf/blind worker and equipment; yielding a savings of £108k.

Any TUPE implications will have to be met from Departmental resources

Yogesh Patel – Accountant (ext 4011)

6.2 Legal implications

It is noted that following the public consultation undertaken in this matter, the Council wish to re-procure this service at a reduced overall value and in accordance with option 2.

Decision makers should ensure that prior to making any decision the findings of the consultation are considered, and are taken into account prior to making decisions. It is noted that the Council has reflected on the consultation findings insofar as option 2 is now recommended, as opposed to option 1 which was the Council's pre-consultation preferred option.

Subject to the above, further and ongoing legal advice should be sought in relation to the Council's proposed procurement activity.

In accordance with the Best Value statutory guidance, the Council should ensure that the incumbent service provider is provided with at least three months written notice of termination of contract.

Nilesh Tanna, Solicitor, Commercial, Property and Planning, Extension 371434

Should the identity of the current service providers change the Transfer of Undertakings (Protection of Employment) Regulations ("TUPE") may apply. For those contracts where TUPE does apply, any organised grouping of employees delivering the service may transfer to any new provider on their existing terms and conditions and with continuity of service preserved.

A reduction in contract value may impact upon the success of any procurement exercise. If TUPE does apply new successful providers will be unable to cherry pick the employees that they want to transfer. If current providers employ too many in the service then it will be up to the new provider to undertake a reorganisation/ redundancy process post transfer. The costs of the process will have to be met by the new provider on their reduced contract rate.

Legal advice on the TUPE implications should continue to be sought through the process.

Julie McNicholas - Employment and Education Solicitor

6.3 Climate Change and Carbon Reduction implications

The proposed service will improve the ability to manage the carbon dioxide impact. Alternatives to car use should be considered where appropriate.

- Mark Jeffcote, Environment Team

6.4 Equalities Implications

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

Decision makers need to be clear about any equalities implications of the proposed option. In doing so, the likely impact on those likely to be affected by the recommendation and their protected characteristics must be considered.

Protected groups under the Equality Act are age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation

The consideration of equalities implications must influence decision making from an early stage and throughout the process. An equality impact assessment has been carried out. As a result of the consultation findings the original proposal has been amended to include provision for a specialist re-ablement worker for deafblind people and a budget of £5,000 for specialist equipment.

Sukhi Biring, Equalities Officer

6.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

7. Background information and other papers:

City Mayor's Briefing 15th March 2018 *Consultation proposals for Adult Social Care Advocacy, Carers, and Visual & Dual Sensory Impairment support services*

8. Summary of appendices:

- A: Outline of proposed model
- B. Consultation Findings
- C: Vista counter proposal Nov 2017
- D: Equality Impact Assessment

9. 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

10. Is this a “key decision”?

No

Appendix A

Visual and dual sensory impairment current service and proposed future model

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	Remove the block contract in place. The specialist reablement and communication service remains but at a reduced level.
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, however some equipment will have to be sourced from the provider as there are very limited alternative sources.
Total	£295,525	£188,129		

Appendix B

Consultation Report – Visual and Dual Sensory Impairment service

1. Purpose of the consultation

Adult Social Care carried out a consultation from 09/04/2018 to 29/06/2018 on proposed changes to Visual and Dual Sensory Impairment service commissioned by Adult Social Care.

2. Consultation methods

2.1 Survey

The consultation was advertised using a poster distributed to all council facilities and GP surgeries in the city, and it was publicised via the weekly VAL E-Briefing

The survey was carried out online using the council's Consultation Hub. The questionnaire was also made available in printed form on request, including an Easy Read version. Formats for people with sight loss were also provided by Vista.

2.2 Consultation meetings

A number of meetings were held or attended as part of the consultation, and these are listed at the end of this report in Annex B.

Meetings with Vista were organised in advance.

At the meetings, officers explained the consultation, and then talked through the survey document – copies of which were provided at the meetings. Attendees asked questions and made comments during the presentation of the proposals, and then there were further opportunities for questions, comments and feedback.

Officers attended further meetings with providers where requested, and also asked providers to enable officers to meet with service users.

Notes were taken at each meeting, which were then sent to attendees asking if they would like to make any amendments.

3. Consultation findings

3.1 Profile of survey respondents

There were 244 responses to the survey, either online or on paper. The main demographic characteristics of respondents were

Age 40% of respondents were in the 20-79 age group. The next biggest age group was 80-99+ (23%) who disagreed with the proposal.

Gender 56% were female and 40% were male. The remainder of respondents did not indicate their gender. 3% Prefer not to Say and 1% did not answer.

Ethnicity The largest ethnic group was 'White British' (50%). The next biggest group was 'Indian' at 33%.

Religion 42% were Christian. The next biggest group were Hindu (21%) **Disability** 82% of respondents were disabled. 8% were not disabled. The remainder preferred not to say or did not answer the question. **Sexual orientation** 62% were heterosexual, 35% preferred not to say or did not answer the question. More detailed information about the characteristics of those completing the survey is available if required.

The survey also asked respondents to say in what role they were completing the questionnaire:

Service users 149 respondents said they were completing the questionnaire as a user of one of the services that were included in the survey.

Representatives of service users 103 respondents said they were completing the survey on behalf of a service user. The total number of service users and representatives of service users is higher than the total number of respondents. This is due to some respondents selecting both options. This may be where a service user and their representative completed the survey together.

Current providers 17 respondents said they were completing the questionnaire on behalf of Vista

Other organisations 3 respondents completed the questionnaire on behalf of an organisation that was not a current provider of one of the services included in the survey. A breakdown of this figure by organisation is available.

3.2 Survey findings

The survey (Annex A) outlined the proposal and respondents were then asked to select: 'agree', 'disagree' or 'not sure/don't know'

Respondents were then asked to select: 'agree', 'disagree' or 'not sure/don't know'

I agree with the proposal	63	26%
I disagree with the proposal	107	44%
Not sure / don't know	58	24%
Not Answered	16	6%

Respondents were then asked: *Please provide comments. If you disagree with the proposal, please suggest an alternative.*

72 respondents completed this box. Many respondents left the comments box blank. Of those that did complete it, the comments have been categorised as below. The full list of comments is available if required.

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 vista	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

4. Points made at meetings during the consultation

4.1 Meeting with current providers

The main points made at the meetings are set out below. The full notes of the meeting with Vista are available to decision makers if required.

Vista provider meeting 13th April 2018

Attendees: Vista

- Noted concern that services may not be able to be delivered within the financial envelope
- Noted the preliminary conversations with the County re joint working but that it is at an early stage
- Noted the request that services are offered via a direct award and not publicly procurement [legal advice was sought on this point after the meeting. The advice was that as there may be national providers who would bid there would have to be public procurement]

4.2 Meetings with service users

Vista service users 14/06/2018

Key points made:

- the service helps avoid isolation.
- the service helps with maintaining a healthy life style and independence.

- the new proposal for group work will not meet the needs.
- the cuts to the service are too severe.
- the council should use funds from other council projects as there is a lack of resources.
- the proposal disadvantages the deaf blind community.

Vista service users 19/06/2018

Key points made:

- The service helps with maintaining a healthy lifestyle and independence.
- statutory obligations are not being met for deafblind communication.
- Leicester city should work jointly with Leicestershire County.
- The council should continue to fund Vista as they provide an excellent quality service.
- New proposals will impact service users who require support with a walking cane. This is because they will need an assessment to establish their eligibility for training to use the cane. However, ASC assessment will take over 3 weeks to confirm eligibility for direct payment and the wait could impact on user's independence.

Appendix C

Vista counter proposal Nov 2017

Response to proposed changes to Services for People with Visual and Dual Sensory Impairment

Following our meeting and open dialogue in relation to the proposed changes for Services for People with Visual and Dual Sensory Impairment I am writing to you to confirm some of the concerns we have and how we can constructively inform and work with you to ensure the council meets its statutory obligations in relation to the Care Act but also to ensure the needs of individuals with a sensory loss are met.

I have itemised below as per the detail you have already provided each element, there is an acceptance that some elements of funding may be reduced, however there are some fundamental areas that still do require a resource allocated to them. This will ensure the needs are met but also reduce the risk of individuals accessing Adult Social Care in crisis which as we agree is a far more costly intervention for the Authority.

Information Advice and Guidance

We have discussed proposed funding for the IAG element of the contract, the proposed funding of £38,129 and at this time are looking at the elements this amount of funding would provide. As discussed we would like to maintain the Information Service at the hospitals which is a well-received service by individuals accessing it as well as being the first point of call for many individuals who need support with their sight loss and services available to help them. This services as we agreed offers many benefits toward early intervention and prevention and reduces the need for adults to come into adult social care at the point of crisis. This funding may also offer a contribution to the helpline function.

This reduction in funding would mean that the sound services element of the contract would not be funded, we would of course still offer the opportunity to spot purchase our transcription services as we do now. We would also look to still maintain a provision of providing publications in audio for example Newslines and Leicester Mercury as an added value services if we were successful in securing after procurement the other service elements.

Rehabilitation and Reablement

The proposed funding of £100,000 will have an effect on the amount of staff hours available to deliver this service, we again are currently looking at what the service would look like with this amount and how many hours could be provided. More recently we have been providing reablement to more individuals by looking at our offer and delivering group orientated methods.

Specialist Reablement Deafblind

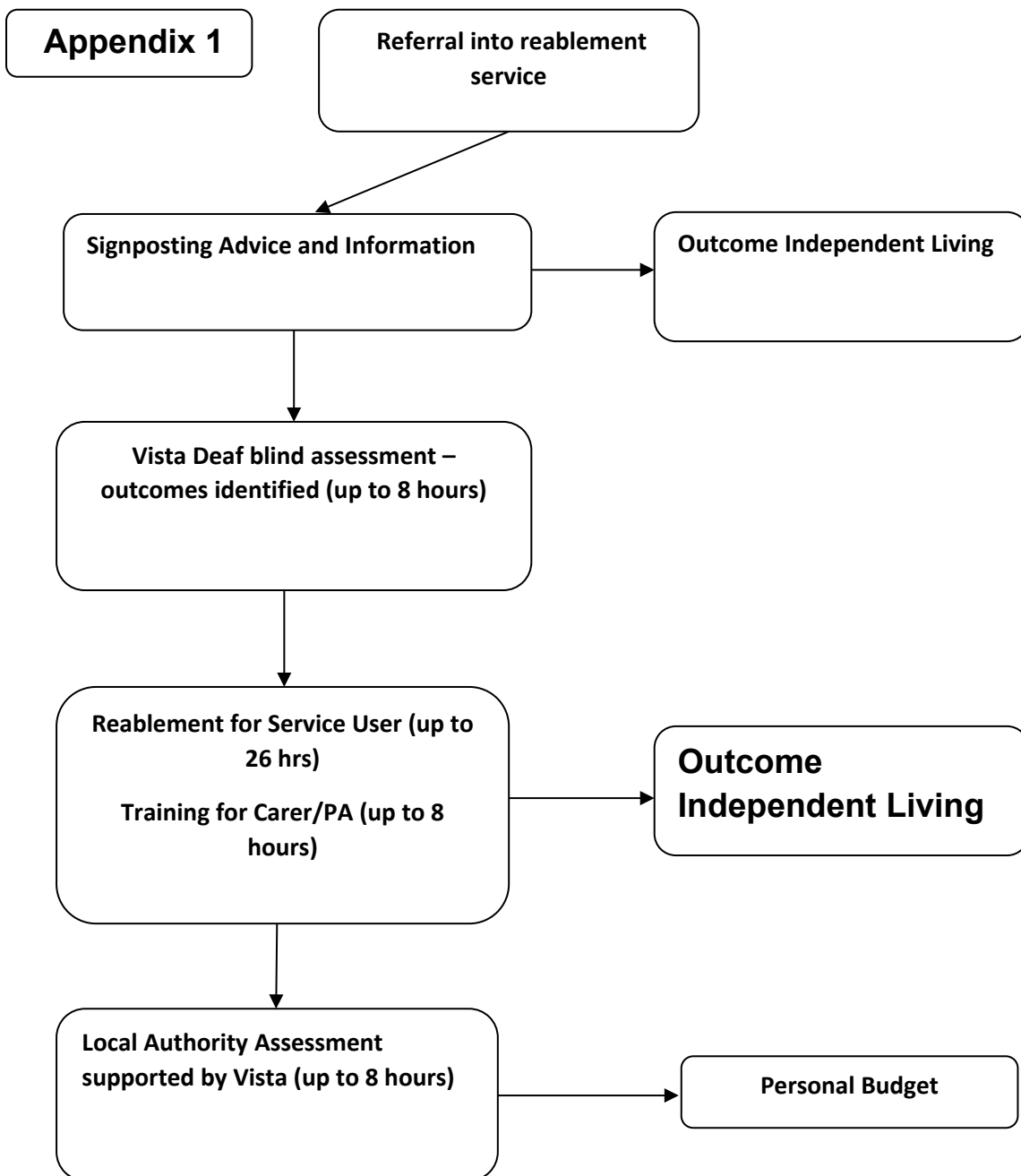
The proposed offer of zero funding in this area is of great concern to us, the care act identifies the need to assess and reable individuals who are deafblind in the same way as just those with a sight loss. This reablement is mainly around their communication needs which needs to be identified by a person qualified to make that assessment, this would be a level 4 diploma in supporting deafblind individuals.

We have a model of reablement that would see individuals receive up to 50 hours (including assessment and review meetings) of reablement and also support for their families so they are able to ensure the persons needs are met post reablement.

Below is the model for a proposed reablement service, these figures are not agreed but the cost of this service would be approx. £40,000 per year. There would be an implementation / phasing need for those currently on the block contract.

The model we use has proved successful with Leicestershire County Council resulting in individuals who were once on a block contract going through a programme of focussed reablement resulting in independent living or moving on to a personalised budget where they purchased services of the Life Choices Framework.

Deaf Blind Reablement Model



Register for Blind and Deaf Blind

As discussed this is also a statutory obligation and is detailed in the care act, the proposed funding for this is in parity with other local authority funders, so we would look to accept the level of funding.

Equipment

This is another proposed full reduction in funding, currently this element is made up of 0.4% of FTE staff member and £6500 of equipment. We discussed the methodology of the equipment going into a central store and sent out to us on request, this was also the model Leicestershire County Tried, however because of the nature of the products and the need to get them quickly and the small volumes of ordering it was agreed that we continued to provide the equipment.

This is particularly pertinent when an individual requires a long cane for mobility training, we have the stock and are therefore able to continue with their reablement without gaps waiting for stock to arrive, other smaller items such as liquid level indicators, lighting, clocks and watches can be demonstrated through other methods of delivery.

Our proposal here is that £6500 of funding is made available for us to manage the equipment purchasing and distribution.

Summary

Overall taking into consideration the Deafblind and Equipment elements we envisage a proposed cost of £194,296.00 to provide core services that ensure the needs of people with a dual sensory loss residing in the City are met.

There would need to be a phasing in timeline, the authority has the option to extend our current contract for a further 12 months, therefore its proposed that this could be a time period for phasing but would need further discussion.

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

Appendix D

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	

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

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.

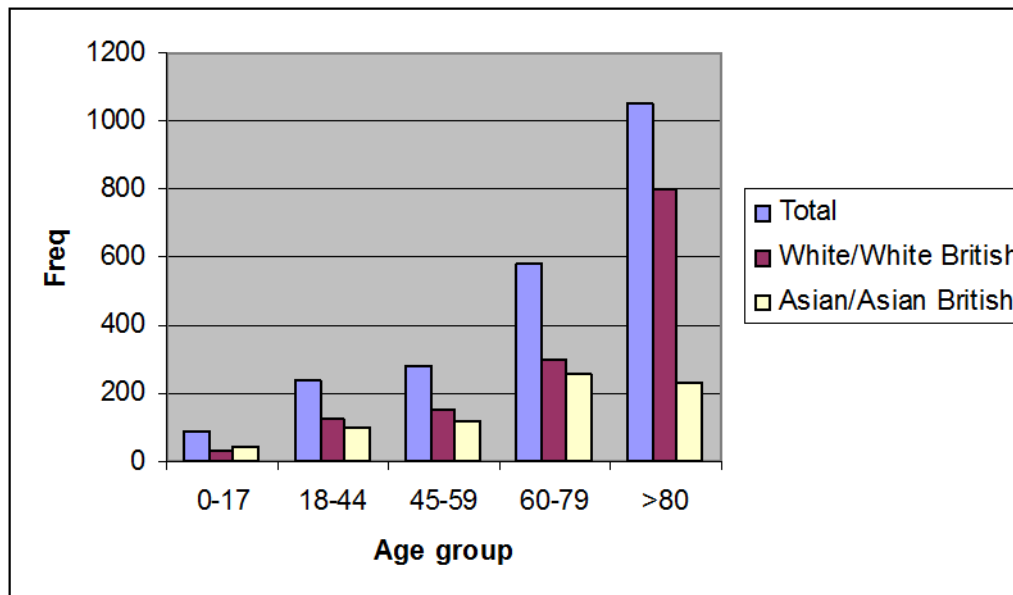
Dual sensory impairment: Department of Health uses deaf blindness as a term to cover a number of different groups. For example, some people with dual sensory impairment feel they have a strong deaf identity, while others have a deaf-blind identity. It also emphasises that people who acquire dual sensory 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
Total	£295,525	£188,129		

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 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>

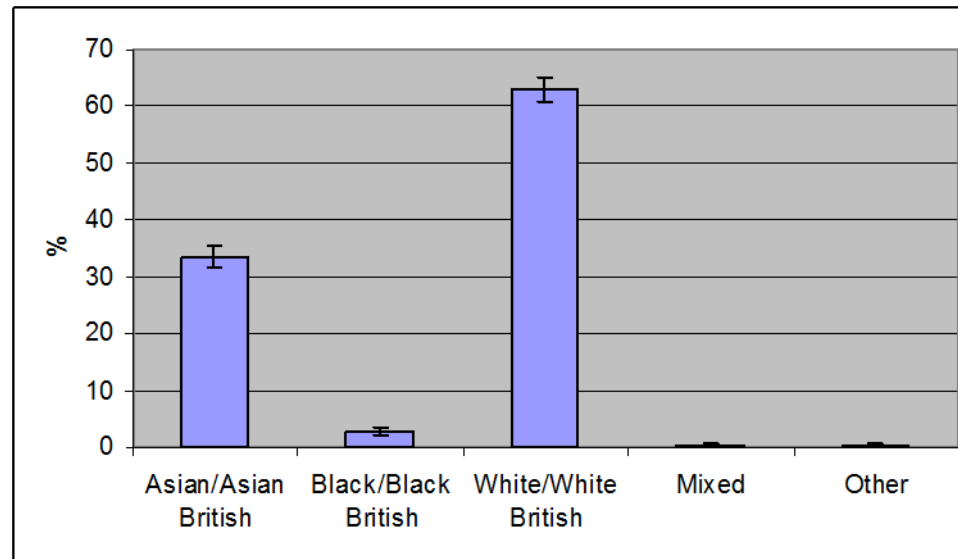


Race – numbers are low for the Black British ethnicity; the new provider will need to ensure they target BME communities to ensure the service reaches all community's.

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 objectives? How does it achieve this aim?

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.

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 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	141	140	139	140

impairment

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 week
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	s
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).

<p>Protected characteristics</p>	<p>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?</p>	<p>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?</p>	<p>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.</p>
<p>Age¹</p>	<p>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 communicate in various ways i.e. online communication apps.</p>	<p>Statutory obligations not being met</p>	<p>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 accessible.</p>

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>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>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>
<p>Disability²</p>	<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 the provider will ensure the service is accessible for all. There will continue</p>

² Disability
impairment

Equality Monitoring Form - physical impairment, sensory

			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>
Religion or Belief⁵	Service is inclusive to all religions and belief.	No impact	As above

³ Gen
⁴ Rac
censi
classi
⁵ Reli

diversity of the city there is always scope to include any group that is not listed.

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>			

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		
5. 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>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>			
6. Human Rights Implications			
<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 Sensory Impairment support service.	<ul style="list-style-type: none">• Meaningful public consultation with proposal	Ehsan Parvez	29 th June 2018

<p>Ensure effective referral pathways are put in place across relevant services.</p>	<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. 	<p>Kalpana Patel</p>	<p>Mobilisation of new contract approx. 1st April 2019.</p>
<p>To commission a service which is accessible to all eligible service users</p>	<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 	<p>Kalpana Patel</p>	<p>Mobilisation of new contract approx. 1st April 2019</p>
<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>
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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