

Adult Social Care Scrutiny Commission Report

Proposal to withdraw funding for the
Acquired Brain Injury outreach service

Date: 4th December 2018

Lead Assistant Mayor: Cllr Vi Dempster

Lead Strategic Director: Steven Forbes

Useful information

- Ward(s) affected: All
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- Report version number: 1

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the outcome of the consultation exercise, which proposes to end funding to the Acquired Brain Injury Outreach service, operated by Headway. Headway is a national organisation.
- 1.2 The report seeks agreement to cease funding with effect from 31st March 2019, when the existing contract expires.

2. Summary

- 2.1 The Executive gave approval on the 26th July for a formal 12-week consultation exercise to be completed to understand the impact of ceasing the funding for this group. The consultation exercise has now been concluded and the findings are detailed at paragraph 4.8 and Appendix A.
- 2.2 Both the review and the consultation exercise demonstrated that the Acquired Brain Injury Outreach service, does not stop or prevent people from needing ASC statutory services.
- 2.3 Therefore, the Executive agreed to cease the Acquired Brain Injury Outreach service with effect from 31st March 2019.
- 2.4 If agreed, notice will need to be given by 31st December 2018 to the current provider that their contract will end on the 31st March 2019.
- 2.5 An Equality Impact Assessment has been completed and is detailed at paragraph 4.9, 4.10 and Appendix B.
- 2.6 ASC funds the Acquired Brain Injury Outreach service at a cost of £30,160 per annum.

3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:
 - a) note the outcome of consultation exercise as detailed at paragraph 4.8 and Appendix A and to provide feedback

4. Main Report

- 4.1 Adult Social Care (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 prevent or delays individuals from becoming eligible for a statutory funded package of care.
- 4.3 A review of the Acquired Brain Injury Outreach service, found that it provides social activities to individuals who do not have a statutory need for support. It also found that the number of direct hours spent with service users is under-utilised due to the lack of demand.
- 4.4 Headway receives £30,160 per annum for the Acquired Brain Injury Outreach service, which equates to 13.7% of their total income. The main funders are ASC (Headway currently provide a day care service for City Council residents, who have a statutory need), the County Councils and the three local Clinical Commissioning Groups covering Leicester, Leicestershire and Rutland. Their income for 2017/18 was £219,500.
- 4.5 If the Council ends funding for the Acquired Brain Injury Outreach service the current service users could:
- have an ASC assessment to determine whether they are eligible for statutory support;
 - If they are not eligible, but need assistance to access social activities they could be referred to the Enablement service;
 - contact their GP who can signpost to alternative services as all Acquired Brain Injury health needs are being met through the GP; or
 - access Headway's national website for information, advice and guidance
- 4.6 Although the service is valued by those attending, there was no evidence that it prevents or stops people from developing eligible social care needs.
- 4.7 On 26th July 2018, the Executive gave approval for a formal consultation exercise to commence on the proposal to end the service. The consultation ran from 13th August to 21st September 2018. The consultation report is detailed at Appendix A.
- 4.8 A total of 31 people responded to the consultation survey. The main points included:
- those consulted felt that the loss of funding would have a negative impact on the service and health of service users
 - the service helps avoid isolation
 - people use it as a stepping stone to Headway's Community Opportunities service if they have a statutory need. although, an analysis of the current community opportunities (day care) service shows that only one service user had previously used the outreach service

- the service helps with maintaining a healthy lifestyle and independence
- suggestion that the council support Headway with fundraising.

4.9 An Equality Impact Assessment (EIA) of the proposal has been carried out, and is attached at Appendix B. In summary, the main findings of the EIA are:

- The main impact would be on people who have a disability.
- Q1 2018/19 data identifies 12 service users have been supported in the latest monitoring, this suggests the impact will be on 12 service users.

4.10 The mitigating actions for the impacts on the services users would be:

- to ensure all users are signposted to relevant services once the service ends and they are informed via letters and the current provider;
- all current service users to be signposted to health services via the GP to manage their health condition;
- all service users can use Headway's national website to access information advice and guidance; and
- to ensure all users are signposted to alternative low-level services.

5. Details of Scrutiny

The ASC Scrutiny Commission are aware of the funding reductions for the VCS services.

6. Financial, legal and other implications

6.1 Financial implications

The report is seeking to cease the Acquired Brain Injury Outreach Service, provided by Headway from 1st April 201, which has a contract value of £30,160 per annum. The savings will go towards the VCS savings target of £790k, form 2019/20 as previously reported.

Yogesh Patel – Accountant ext 4011

6.2 Legal implications

The report is seeking agreement to cease grant funding to the Acquired Brain Injury (ABI) Outreach service, with effect from 1st April 2019

The report at para 4.8 indicates that the Council has considered the issues raised during the consultation and has reflected on these in arriving at the recommendations detailed within this report.

Subject to the recommendations being approved, the Council should ensure that incumbent provider is in receipt of at least three months' notice of grant funding cessation. This would be in accordance with the Best Value Statutory Guidance.

Mandeep Virdee, Solicitor (Commercial, Property and Planning) Extension 371422

6.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications arising from this report

Aidan Davis, Sustainability Officer, Ext 37 2284

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 unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected characteristics under the public-sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

Those affected by the proposal should it be agreed, would be current users of the services which are currently targeted at people with ABI. This means that there are likely to be particular impacts with regards to the protected characteristic of disability, however those who are currently using the services will be from a range of protected characteristic backgrounds and may have multiple protected characteristics and this should be taken into account.

An equality impact assessment of the proposal has been carried out. The main findings of which, are that a decision to end funding to the Acquired Brain Injury (ABI) Outreach service, could have a negative impact on the following groups of people with protected characteristics:

- People who have a disability
- People between the ages of 18 and 64
- The majority of service users are male

A commitment has been made to ensure all current service users are signposted to other relevant services once ABI service ends, and to offer support through an assessment to see if they have eligible needs.

Surinder Singh Equalities Officer Tel 37 4148

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:

None

8. Summary of appendices:

Appendix A: Consultation Report

Appendix B: 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

Consultation Report – Acquired Brain Injury Outreach

1. Purpose of the consultation

Adult Social Care carried out a consultation from 13th August 2018 to 21st September 2018 on a proposal to end the contract with funding to the Acquired Brain Injury Outreach service.

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.

2.2 Consultation meetings

Meetings were held as part of the consultation, and these are shown below:

Date of meeting	Meeting with
08/09/18	Meeting with Manager of Acquired Brain Injury Outreach Service.
08/09/18	Meetings with service users

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.

Detailed 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 31 responses to the survey, either online or on paper.

The main demographic characteristics of respondents were:

Age 13 of respondents were in the 51-79 age group. The next biggest age group was 25–50.

Gender 12 were female and 16 were male. The remaining of 3 respondents did not indicate their gender.

Ethnicity The largest ethnic group was White: British (23 people). The next biggest group was Asian or Asian British: Indian.

Religion The largest religious group was Christian (9 people). The rest either had no religion, did not answer, or were from another religious group – not listed.

Disability 15 respondents were disabled, 13 were not disabled. The others either preferred not to say or did not answer this question.

Sexual orientation 22 were heterosexual, 5 said they preferred not to say, and 1 said they were Bisexual. The others either preferred not to say or did not answer this 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 12 respondents said they were completing the questionnaire as a service user.

Representatives of service users 7 respondents said they were completing the survey on behalf of someone who was 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 8 respondents said they were completing the questionnaire as a current provider.

Other organisations 4 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 outlined the following proposal:

Adult Social Care currently has a contract with Headway to deliver low level outreach support to adults with an acquired brain injury. The contract ends on 31st March 2019.

The purpose of this consultation is to seek views on proposals to end this contract.

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

The majority of people disagreed with the proposals:

I agree with the proposal	1
I disagree with the proposal	30
Not sure / don't know	0

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

26 respondents completed this box. The comments have been categorised below. The full list of comments is available if required. The total number of comments is not the same as

the total number of respondents because some respondents made more than one comment, and others left the box blank.

Type of comment in survey	Number of people who made comment
Negative impact on the service and health of service users	15
Continue to fund Headway, offers a specialised service for people with ABI.	13
Helps with healthy lifestyle and independence.	13
Disadvantages the Abi community.	11
Suggests the Council's Enablement Service will not meet the needs of the ABI community & have no specialist brain injury expertise.	9
Helps avoid isolation.	8
Cutting funding will cost ASC more money.	5
Suggests the council Increase funding.	4
Enables users to receive a service at home once discharged from hospital.	3
Service Users will have to wait longer to receive a service.	3
Suggests the council support headway with fundraising.	3
Suggest the council reduce the 1-1 hours of direct support.	1

4. Points made at meetings during the consultation

4.1 Meeting with Manager of Acquired Brain Injury Outreach Service 08/09/18

- Support workers are vital for confidence building and reducing isolation.
- Without workers these SU' would fall through the cracks as not deemed eligible for other services, which would lead to them going into crisis. At least 50% of SU's seen on this contract go on receive further services and so without the workers to identify needs those people wouldn't receive those services.
- Very important in helping SUs and their families recognise problems arising from brain injury. Very helpful with attending appointments and avoiding isolation by getting SUs out into community.
- Brain injury is not a choice, SU's deserve this support. Very upsetting that its removal is being considered.
- Much faster than authority at picking up referrals. Outreach worker will be with them within a week.
- Many SUs are not in a position to pay if costs transferred.
- Impact on outreach team would be significant, likely resulting in a restructure and total loss of City team. Lost specialism.
- Outreach gateway to further services as initially complexity of injury is not recognised and often deemed not eligible. Input often leads to statutory services input later down the line.
- Loss of service would increase pressure on front door as it averts crisis.
- Offer becomes reactive not proactive.
- Alerted range of health stakeholders who this will affect and families and carers.
- Consultation form not reflective of past SU's.

4.2 Meeting with service users 08/09/18

- It offers good value for money and actually needs more funding not less
- It will socially isolate a lot of vulnerable people.
- The service promotes independence.
- Helps with healthy lifestyle and independence.
- Continue to fund Headway, offers a specialised service for people with ABI.

Appendix B: Equality Impact Assessment (EIA): Service Reviews/Service Changes

Title of spending review/service change/proposal	Acquired Brain Injury
Name of division/service	Adult Social Care and Commissioning
Name of lead officer completing this assessment	Ehsan Parvez
Date EIA assessment completed	19/4/18
Decision maker	Assistant Mayor, Adult Social Care and Wellbeing
Date decision taken	30/10/18

EIA sign off on completion:	Signature	Date
Lead officer	Ehsan Parvez	23/4/18
Equalities officer	Surinder Singh	04/10/18
Divisional director	Tracie Rees	04/10/18

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?

Headway is registered with the Charity Commission for England and Wales. Headway is a local service affiliated to the national organisation. They work with people who have either an acquired brain injury (ABI) or traumatic brain injury.

The service includes outreach support on a one to one basis or support in a small group setting. The service provides advice and support aimed at helping customers to maintain their independence and promote integration into community activities. The group support provides a range of activities aimed at developing vocational and interpersonal skills.

The service is preventative in nature, free to the customer and is designed as a shorter term reablement intervention rather than as a service which eligible customer would purchase with their Personal Budget.

The preferred option is to decommission the ABI Outreach Service, it is unlikely there will be a negative impact as the current service users can access similar services. ASC funds the ABI Outreach service at a cost of £30,160 per annum to deliver low level support in service users home to enable them to manage daily living skills. The review found that the service does not provide statutory support, and is providing non-statutory service to individuals who do not have eligible needs. The ABI service is currently contracted to provide services to service users who are not eligible for statutory services requiring only low-level support at home. This includes confidence building, domestic life skills and support around employment. The service is supporting around 12 service users per annum. The proposal to decommission the service is based on benchmarking data that indicates all other local authorities have ended funding to the ABI outreach service as it's not a service ASC will continue to fund as its non-statutory.

Headway regional office confirmed that the ABI service is funded through the CCG or personal budgets in other local authorities.

Adult Social Care currently has a contract with Headway to deliver low level outreach support to adults with an acquired brain injury. The contract ends on 31st March 2019.

The current service users' needs will continue to be met with the following:

- have an Adult Social Care assessment to determine whether they are eligible for services; or
- contact their GP who can signpost service users to alternative services as all ABI health needs are being met through the GP; or
- access Headway's national website for information on IAG and support.
- Headway will be signposted to Voluntary Action LeicesterShire to explore alternative sources of funding.

2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely to 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>Services for people with an acquired brain injury, providing a range of activities and support to assist people with rehabilitation into their local communities and a return to work where possible. The Outreach service is reablement focused, offering one-to-one support and advice in the individual's own home, in hospital, or in the community, according to individual needs.</p> <p>When the service is decommissioned, the current users will be signposted to alternative sources of support or they can have a ASC assessment to identify support needs and eligibility.</p> <p>If any of the service users require support around their acquired brain injury condition they can also access support from a GP who can refer to</p>

	<p>health services for people with ABI as the ABI condition is more aligned to health outcomes. Headway have been advised to signpost all service users to visit their GPs which is currently in the process. All service users who access this service do not have eligible needs for long term support.</p> <p>Current users can access Headway’s national website for information on IAG and support.</p> <p>The impact will be minimal as the ABI health needs are more aligned to health services and GPs can manage the current health conditions for ABI.</p>
<p>Advance equality of opportunity between different groups</p> <p>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 decommission the service – the service users who access the ABI service are not eligible for statutory support.</p> <p>There should be minimal impact on service users as this is a low-level service which is delivered in their homes. Once the service is decommissioned they can access similar services within in the city. In relation to any health conditions they will be encouraged to contact a GP for medical support. If the Council ends funding for the acquired brain injury service, the current service users could:</p> <p>Have an ASC assessment to determine eligibility for Adult Social Care, they could be provided with appropriate services, for example Community Opportunities (day care).</p> <p>If service users are eligible they can get help at Headways location at 4 Hospital Cl, Leicester. All outreach users are able to travel independently without no support.</p>

	<ul style="list-style-type: none"> • If the acquired brain injury service ends ASC would: • help the service to direct service users to alternative sources of support; and • advise service users that they can have an ASC assessment of their care and support needs. • Current users can access Headway’s national website for information on IAG and support.
<p>Foster good relations between different groups</p> <p>Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>The intention is to decommission the service. Existing customers can access similar services across the city and supports all service users with protected characteristics .</p>

<p>3. Who is affected?</p> <p>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.</p>
<p>The ABI service target group are adults aged 18+ and young people. During 2017-18 there were around 12 service users each quarter. In quarter 1 2017-18, 9 were male, 3 female, 8 were White British and 4 from a BME group, 9 were Christian, 2 Hindu and 1 Muslim, and all 12 were heterosexual.</p> <p>There should be minimal impact to service users as this is a low-level service which is delivered in their homes. People will be signposted to other services across the city. In relation to their health conditions they will contact a GP for medical support so the GP can find alternative services that support individuals to have support in their own home. We have considered continuing to fund the acquired brain injury service, but are having to prioritise services for people with higher levels of need. In addition, we are unable to evidence that this service prevents people from needing longer term social care as the monitoring arrangements do not track individuals once they leave the service.</p>

Service users who experience ABI can still access Headway's national website for information on IAG and support, where they can be advised by Headway on how to manage ABI health condition.

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.

Data from a range of sources has been used to inform the review including quarterly monitoring, data from other local authorities such as Nottingham to see how similar services deliver ABI services.

Data from JSNA data source 2016 to gain information on the local picture and needs for service users with ABI in Leicester city.

- FOIA request completed all the 7 local authorities only have a day service for customers with ABI who have a statutory need funded via Direct payments & CCG.
- Headway regional office confirmed that the ABI service elsewhere across the country is funded through either CCG funding or personal budgets from other local authorities.
- The benchmarking data showed that other local authorities do not pay for travel or admin time.
- The Monitoring data identified that for all 4 quarters for 16/17 did not reach their annual and quarterly targets for Number of hours spent in direct contact with individuals.
- Services users informed Commissioning managers on 16/02/2018 and said they get support from the GP for advice around their ABI condition and only used the service for practical hands on support.
- Services users don't receive a support plan
- Financial impact on community opportunities day service is a day centre for individuals who have been assessed to have eligible needs. If the service was decommissioned the impact on the organisation overall will be minimal as they could effectively lose 1 member of staff from Headway and the

rest of the business would be relatively unaffected. A part of my review was to see if there was a connection between the Community opportunities day care service and the ABI outreach service.

- Officers have reviewed Headway's financial position at March 2018. This highlighted that the organisation's overall financial position has improved over the last 2 years. Based on the latest available financial information (annual accounts as at 31 March 2018) these figures suggest that the ending of the outreach contract would be unlikely to have a significant impact on their financial viability as an organisation and operations in the short to medium term. Headway will however, need to manage its operations accordingly based on the reliability of known funding streams

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 a
- Any potential barriers they may face in accessing services/other opportunities that meet their needs?

Consultation ran from 13th August 2018 - 21st September 2018

A meeting was held with the provider to gain a picture on the current outreach service, they have informed me that service users are not eligible for ASC support. This service is targeted at service users who have low level support needs, again who are not eligible for ASC statutory support.

Officers engaged with 6 service users who have used the ABI service and all 6 felt that they could manage their needs independently. In addition, they get specialist support from the GP for their ABI condition. Headway regional office confirmed that the ABI service is funded through the CCG or personal budgets in other local authorities.

The main points from the consultation are as:

- GPs will need to manage ABI health conditions & signpost to NHS services
- the risk of social isolation for service users could increase, although on average they only receive 1.5 hours of support per week, but they could choose to pay for this service directly from Headway.
- there is the risk of negative publicity from Headway and/or current service users who value the support which the service provides.

The survey outlined the following proposal:

Adult Social Care currently has a contract with Headway to deliver low level outreach support to adults with an acquired brain injury. The contract ends on 31st March 2019.

The purpose of this consultation is to seek views on proposals to end this contract.

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

The majority of people disagreed with the proposals:

I agree with the proposal	1
I disagree with the proposal	30
Not sure / don't know	0

The main demographic characteristics of respondents were:

Age - 13 of respondents were in the 51-79 age group. The next biggest age group was 25–50.

Gender - 12 were female and 16 were male. The remaining of 3 respondents did not indicate their gender.

Ethnicity - The largest ethnic group was White: British (23 people). The next biggest group was Asian or Asian British: Indian.

Religion - The largest religious group was Christian (9 people). The rest either had no religion, did not answer, or were from another religious group – not listed.

Disability - 15 respondents were disabled, 13 were not disabled. The others either preferred not to say or did not answer this question.

Sexual orientation - 22 were heterosexual, 5 said they preferred not to say, and 1 said they were Bisexual. The others either preferred not to say or did not answer this question.

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

Service users 12 respondents said they were completing the questionnaire as a service user.

- Representatives of service users 7 respondents said they were completing the survey on behalf of someone who was 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 8 respondents said they were completing the questionnaire as a current provider.
- Other organisations 4 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.

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:	Risk of negative impact:	Mitigating actions:
Age ¹	adults aged 18+ and young people in transitions (preparing for adult life)	There will be minimal negative impacts felt as once the service is decommissioned individuals will be able	<ul style="list-style-type: none"> to ensure all users are signposted to relevant services

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

		to access other similar services across the city. In relation to their health conditions they will contact a GP for medical support by a support worker in their own home.	<ul style="list-style-type: none"> • Voluntary Action Leicester • GP's • ASC for an assessment of needs. • access Headway's national website for information on IAG and support • once ABI service ends they are informed via letters from ASC commissioning and the current provider Headway. All correspondence and letter will be sent in plain English. • to offer support assessment to see if they have eligible needs currently been overseen by Headway.
Disability²	<ul style="list-style-type: none"> • the main impact would be on people who have brain injury and acquired brain injuries arising from meningitis, encephalitis, sub arachnoid haemorrhage or hypoxia. The 	<ul style="list-style-type: none"> • the impact on people with an acquired brain injury will be minimal as these individuals currently manage all their health needs through the GP. 	<ul style="list-style-type: none"> • the impact will be minimal as once the service is decommissioned individuals will

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.

	<p>outreach service is for users who have low level needs and are not eligible for statutory services. All the current health needs are being met through the GP.</p> <ul style="list-style-type: none"> The service does not provide statutory support, and is providing non-statutory service to individuals who do not have eligible needs as its low level. 		<p>be able to access other similar services across the city.</p> <ul style="list-style-type: none"> Voluntary Action Leicester In relation to their health conditions they will contact a GP for medical support. Ensure the current provider works with current users to contact their GP, for support around ABI resources. This will be monitored by Headway once the service is closer to being decommissioned.
Gender Reassignment 3	Not Applicable	Not Applicable	Not Applicable
Marriage and Civil Partnership	Not Applicable	Not Applicable	Not Applicable
Pregnancy and Maternity	Not Applicable	Not Applicable	Not Applicable

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

Race⁴	There will be minimal impact, data from quarter 1 2017/18 shows that were 4 from a BME group.	There will minimal impacts felt as once the service is decommissioned individuals will be able to access other similar services across the city.	Headway are in the process of signposting all the current Abi service users to other services and GP's. If Headway encounters any difficulties they will contact the commissioning manager for advice and guidance.
Religion or Belief⁵	Not Applicable	Not Applicable	Not Applicable
Sex⁶	The service is used by both men and women. At quarter 1 of 2017-18 9 were male and 3 were female.	There will be minimal impacts felt as once the service is decommissioned individuals will be able to access other similar services across the city.	<ul style="list-style-type: none"> • All users will be signposted to relevant services and offered support an assessment to see if they have eligible needs • In relation to their health conditions they will contact a GP for medical support by a support worker in their own home.
Sexual Orientation⁷	Not Applicable	Not Applicable	Not Applicable
Summarise why the protected characteristics you have commented on, are relevant to the proposal?			

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.

Once the service has ended service users from across all protected characteristic can access alternative support provision from their GP's or request an ASC assessment to determine support needs and eligibility. This is currently being implemented by Headway while service users receive face to face support.

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	Not applicable	Not applicable	Not applicable
Other vulnerable groups	Not applicable	Not applicable	Not applicable
Other (describe)	Not applicable	Not applicable	Not applicable

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.

The negative impacts are minimal to service users as the following mitigating actions are meeting all the needs:

- have an Adult Social Care assessment to determine whether they are eligible for services; or
- contact their GP who can signpost service users to alternative services as all ABI health needs are being met through the GP; or
- access Headway's national website for information on IAG and support.
- Signposted to Voluntary Action Leicester to explore alternative low-level support in Leicester.

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:

There are no human rights implication that will impact on the service or service users.

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.

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
Accessibility - Ensuring that existing service users and services that signpost individuals with brain injury are informed of the change and where support can be obtained from after the decommissioning of the ABI service.	Communication pathway for existing service users with ABI – Ensure all users are signposted to relevant services once ABI service ends and they are informed via letters and the current provider	Ehsan Parvez ASC Leadership Team Decision Report	1/6/18
As Above	Users can be supported via an adult social care assessment to determine support needs and eligibility for alternative provision.	Ehsan Parvez ASC Leadership Team	1/6/18

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