

Executive Decision Report

Future of Leicester Stroke Club

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: Ehsan.Parvez@leicester.gov.uk 0116 454 2307
- Report version number: 1

1. Purpose

- 1.1 The purpose of this report is to set out the findings of the consultation exercise relating to the Leicester Stroke Club commissioned by Adult Social Care.
- 1.2 The report seeks agreement to cease the grant funding arrangement to the Leicester Stroke Club with effect from 31.12.2018.

2. Summary

- 2.1 Adult Social Care is carrying out a review of services commissioned from the voluntary and community sector, to meet a target to save £790k from a total of £1.9m spend on these services.
- 2.2 The purpose of this report is to feed back the findings of the consultation exercise and to recommend that grant funding to the Leicester Stroke Club ends on 31st December 2018.
- 2.3 If agreed, notice will need to be given by 30th September 2018. If this is not possible then the grant funding will be extended to ensure that the club receives the required 3 months' notice before the funding ends.
- 2.4 It is not a statutory service and the review found it did not prevent people from needing ASC support or provide value for money.
- 2.5 The Stroke Club may have to close if ASC funding is withdrawn. However, if this happens, ASC will encourage the club to seek support for other sources of funding. The 22 city residents who attend the club could be assessed to determine if they are eligible for ASC support, if this was the case there are day care services funded by the council who could provide the same type of service offered by the Stroke Club.

3. Recommendations

The Executive is recommended to:

- a) note the outcomes of the consultation set out at paragraph 4.7 and Appendix A;
- b) to note the outcomes of the equality impact assessment set out at paragraph 4.11 and Appendix B; and
- c) agree that grant funding to the Leicester Stroke Club is ended on 31st December 2018.

If agreed, 3 months' notice will be given by 30th September 2018. If this is not possible then the grant funding will be extended to ensure that the club receives the required 3 months' notice before the funding ends.

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.
- 4.2 Reviews of the VCS services funded by ASC have been carried out to determine whether they provide statutory support to those eligible for ASC, support or whether their contribution prevents or delays individuals from becoming eligible for a funded package of care.
- 4.3 The review includes The Leicester Stroke Club, which is currently grant funded at a cost of £7,158 a year.
- 4.4 The review found that the service does not provide statutory support and is underutilised. There are 33 people using the service, only 22 are city residents (the remainder are county residents). The majority have attended for 5 years or more, therefore the service does not reach many individuals over time.
- 4.5 Although the service is valued by those attending, there was no evidence that it prevents people from developing eligible social care needs.

- 4.6 On 17th May, the Executive agreed to a formal consultation exercise on this proposal. The consultation ran from 21st May to 3rd August 2018. The consultation report is at Appendix A.
- 4.7 15 people responded to the survey. The main points made in the consultation are shown below, together with responses:

Comment	Response
Provides a useful service – helps to stop people from becoming isolated	Service users could be signposted to other activities if the club is unable to continue without council funding.
Council should advertise it more	ASC can advertise it on My Choice.
Group will have to close if there is no more funding	ASC will notify the club about sources of support and advice on seeking funding.
People without a service will develop MH problems	Service users could be signposted to other activities if the club is unable to continue without council funding.
Some could not pay for themselves	ASC will notify the club about sources of support and advice on seeking funding. Advice on differential charging can be provided e.g. Reduce or no charge for those on means tested benefits.

- 4.8 Overall, the cost of running the club is around £14,000 a year. The income is the ASC grant of £7k, plus donations from service users and from a church committee. The ASC grant is therefore an important source of funding for the club, and there is a risk that it will not continue if ASC funding ends.
- 4.9 It is not known whether the 22 city-based service users are already receiving statutory care or whether they are likely to be eligible, as the Stroke Club has been reluctant to share data about service users. However, if the club does close, ASC will offer an assessment to the city service users, to determine if they are eligible for statutory support.
- 4.10 In addition, ASC will advise the club to liaise with VAL to offer support and advice on securing other funds in order to try to continue to operate.
- 4.11 An Equality Impact Assessment (EIA) of the proposal has been carried out, (Appendix B). The main findings of the EIA are:
- No monitoring data is available as it is a grant funded service. However, it is known that all service users have had a stroke therefore impact on disabled people. We also know that 45% of service users are female 55% male.
 - If Leicester Stroke Club are unable to fund this service from other sources, current service users may need to look for alternative provision.

- The risk of social isolation for service users (22 city residents) may increase if the club closes.
- People can be sign posted to other services across the city. In relation to their health conditions they will contact a GP for medical support.
- Voluntary Action Leicester can offer support and advice on securing other funds in order to continue to operate.
- All users can contact their GP for advice and/or support around stroke.

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.
- 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 report is seeking agreement to cease grant funding to Leicester Stroke Club, with effect 1st January 2019. This will generate savings of £1,790 in 2018-19 and full savings of £7,158 from April 2019 onwards. This will go towards the overall VCS savings target of £790k, which came into effect from April 2018.

Yogesh Patel – Accountant ext 4011

6.2 Legal implications

The report is seeking agreement to cease grant funding to Leicester Stroke Club, with effect 1st January 2019.

The report at para 4.7 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.

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

6.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications arising from this report.

Duncan Bell, Corporate Environmental Consultant. Ext. 37 2249

6.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

An equalities impact assessment (Appendix B) has been undertaken on the proposal to cease funding for Leicester Stroke Club.

Limited monitoring data has been available to support the Equality Impact Assessment, as it is a grant funded service. However, it is known that all service users have had a stroke therefore it is likely that a decision to cease funding would impact on people with the protected characteristic of disability. Age has also been identified as protected characteristic which will be impacted by the proposal. In order to address gaps in the information available to be able to assess the equalities impacts, equality monitoring was undertaken as part of the consultation.

Mitigating actions have been identified in the Equality Impact Assessment to address the potential disproportionate negative impacts, on people with the protected characteristics of age and disability, which have been identified. In the event that the proposal is agreed, the primary aim will be for the club to receive support from Voluntary Action Leicester to identify other potential funding sources, in order to continue to operate. However, mitigations have been identified to reduce the impact in the event that other sources of funding are not identified or secured. The key risks are that social isolation of existing services may increase if the club closes and alternative support is not identified or in the event that service users do not seek the appropriate support directly in relation to their health and social care needs.

Hannah Watkins, Equalities Manager ext. 375811

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 17th May 2018 VCS Review – *Leicester Stroke Club*

8. Summary of appendices:

A: Consultation Report

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 – Leicester Stroke Club

1. Purpose of the consultation

Adult Social Care carried out a consultation during 21st May 2018 to 3rd August 2018 on a proposal to end grant funding to Leicester Stroke Club.

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.

To assist service users to complete surveys, packs of printed surveys together with return freepost envelopes were given to the club manager for him to send to service users.

2.2 Consultation meetings

Officers met with the Leicester Stroke Club manager on 25.06.18. At the meeting, officers explained the consultation, and then talked through the survey document – copies of which were provided at the meetings. The manager was given opportunities for questions, comments and feedback.

Officers then met with service users at 2 of the club venues, on 11.07.18 and 13.07.18.

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 15 responses to the survey, either online or on paper.

The main demographic characteristics of respondents were:

Age 4 people were aged between 70-79, 3 preferred not to say, 3 were between 80-89, 2 aged 50-59, 1 40-49, 1 60-69 and 1 did not answer.

Gender 8 were female and 5 were male. The other 2 respondents preferred not to say and did not answer.

Ethnicity The largest ethnic group was White: British (13 people).

Religion The largest religious group was Christian (8 people). The rest either had no religion, did not answer, or were from another religious group – not listed.

Disability 9 respondents were disabled, 1 was not disabled. The others either preferred not to say or did not answer this question.

Sexual orientation 9 were heterosexual/straight, 3 did not answer and 2 said they preferred not to say.

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 8 respondents said they were completing the questionnaire as a service user.

Representatives of service users 2 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 3 respondents said they were completing the questionnaire as a current provider.

3.2 Survey findings

The survey outlined the following proposal:

ASC is proposing to end grant funding to the club when the current grant agreement ends on 31st December 2018. If the proposal goes ahead, the club would be given three months' notice of the end of funding.

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	2
I disagree with the proposal	13
Not sure / don't know	0

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

7 respondents completed this box. The comments have been categorised below. The full list of comments is available if required.

Type of comment in survey	Number of people who made comment
Provides a useful service	3
Council should advertise it more	2
Group will have to close if there is no more funding	2
People without a service will develop MH problems	1
Some could not pay for themselves	1

4. Key points made at meetings during the consultation

4.1 Meeting with Manager of Leicester Stroke Club 25.06.18

- Understands climate and financial difficulties
- Transport is a barrier for take up of the service
- The stroke club has prevented service user's health deteriorating and therefore keeps costs down
- The club provides some respite for carers of service users – the proposal will impact on these carers.

4.2 Meetings with service users 11.07.18 and 13.07.18

Key points:

- It will cost ASC more in the long run as people will end up costing more.
- It offers good value for money and actually needs more funding not less
- It will socially isolate a lot of vulnerable people.
- £7k is far too low and is not enough to cover the cost of 2 groups.
- The club offers informal networks for social activities such as going on the yearly holiday.
- Users get to do creative arts and use the products to sell and reinvest into the stroke club
- Prevents loneliness, and social isolation.
- Brings people together.
- Prevents mental health relapse, and manages depression and anxieties.
- Being a part of the stroke club gives users a feeling of being appreciated and improves confidence.

- Attending the club is good for morale.
- Users feel attending the stroke cub is there best day of the week and look forward to attending.
- People in the public don't value users so being a part of the club helps people feel valued and respected.
- The club promotes independence.

Appendix B

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

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

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

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

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

End the grant funding

- The service may close, resulting in the risk of social isolation for attendees
- If the service was not available, the Council could spend more on Direct Payments or other support, if any of those attending the service are assessed as eligible for Adult Social Care statutory support
- As this service is a grant agreement we don't hold any information on service users, attempts have been made to gain consent from users but they have declined. The only Information we hold is that they are at an Older age and have a stroke condition.

- It's been difficult to identify the impact on those likely to be affected by the recommendation and their protected characteristics as we don't have information or/and consent on the users.

2. Equality implications/obligations

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

	Is this a relevant consideration? What issues could arise?
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>The service is provided for minimum of five hours a day, three days per week (not including transport journey time) not less than once a week normally 48 weeks per year excluding bank holidays unless otherwise specified, it includes appropriate transport, where this has been assessed as in need, and a programme of activities designed to stimulate and enhance the well-being of its service users in order to promote to a maximum the level of independence by enhancing abilities and skills. Most of the referrals are from self-referrals or health.</p> <p>If the service is decommissioned, the current users will be able to explore other provision (Direct Payment) in the City. If any of the service users require support around their stroke condition they can access support from a GP. The proposal could have a negative impact on the following characteristic</p>

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

3. Who is affected?

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

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

4. Information used to inform the equality impact assessment

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

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

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

The service review concluded that:

- The total annual running cost of the Service is £14,000 per annum. ASC funds the service at a cost of £7,158 per annum via a grant agreement. The remainder of their funding for the service comes from donations received from a church.

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

5. Consultation

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

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

- The commissioner has met the provider to gain a picture on the current service. The provider considers that service users appear to have eligible needs for ASC support, but we cannot confirm this unless they give consent to have an assessment.
- 11 service users were met with, all 11 felt that they could not manage their needs independently without support from the service. In addition, they get specialist support from the GP for their stroke condition.
- Meetings have taken place with the provider to talk about a contingency plan to explore other funding streams such as Direct payment, other charitable contributions, service user contributions, reducing costs, increasing use of volunteers.

6. Potential equality Impact

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

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

	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected.	Risk of negative impact: How likely it that people with this protected characteristic is will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact?
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Protected characteristics	Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	How great will that impact be on their well-being? What will determine who will be negatively affected?	These should be included in the action plan at the end of this EIA.
Age¹	18 +Older Frail & Disabled people suffering from a stroke. Most of the users have been accessing the service for over 5 years and will require support to find alternative provision; The users will require support to access services for older people. But will continue to get support from the GP for their stroke condition	<ul style="list-style-type: none"> • If the provider is unable to fund this service from other sources, current service users may need to look for alternative provision. • The risk of social isolation for service users will increase, • There is the risk of negative publicity from the Provider and/or current service users who value the support which the service provides. • High number of older Service users 	<p>The provider is currently working with existing users to gain consent so they can receive a ASC assessment & explore other provisions.</p> <ul style="list-style-type: none"> • We ensure that as part of the consultation we provide adequate signposting to other services i.e. Age UK & Direct payments. • can use their direct payment to fund other provision
Disability²	Stroke classifies as a disability, A stroke is a serious life-threatening		Ensure the current provider works with current users to make contact

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

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

	medical condition that occurs when the blood supply to part of the brain is cut off. Service users will continue to get support from their GP around their stroke condition	Users will need to inform GP's of closure of service so they can ensure they have sufficient time to explore other provisions. GP,s to refer current users who are currently declining ASC support	with GP,s for support around stroke condition
Gender Reassignment³	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Marriage and Civil Partnership	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Pregnancy and Maternity	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Race⁴	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Religion or Belief⁵	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable

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

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

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

Sex⁶	The gender split is 45% male and 55% female.	Not Applicable	Not Applicable
Sexual Orientation⁷	Don't know as unsure how this is recorded on LL or the Monitoring data	Not Applicable	Not Applicable
Summarise why the protected characteristics you have commented on, are relevant to the proposal?			
<p>The service is a grant agreement which support users who have a stroke condition, the decommissioning of the service will have a negative impact on current users if alternative provisions are not found. The current provider is exploring alternative provision such as a direct payment. The key protected characteristics which would be affected by decommissioning this service are based on the intelligence that has been gathered through the process of completing an in-depth service review for this service. This has been done simultaneously with this EIA. The characteristics most at risk of being negatively affected are: age and disability. We know from intelligence and research that there are groups such as AGE UK who can support individuals to find alternative support or/and signpost them to other services.</p>			
Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?			
<p>No direct impact identified in relation to the protected characteristic of marriage or civil partnership, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Sexual Orientation.</p> <p>As the service is set up as a grant agreement we don't hold information on all the characteristics from our monitoring data and annual report. The current users have no given consent to collect any further information. However the service is currently supporting individuals to find alternative support or gain consent for an ASC assessment to check eligibility then users can be signposted. Other protected characteristics would not be adversely impacted by the decommissioning of this service either because they are not relevant to the proposal.</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	<p>Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?</p>	<p>Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?</p>	<p>Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.</p>
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
<p>7. Other sources of potential negative impacts</p> <p>Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p> <ul style="list-style-type: none"> • If the provider is unable to fund this service from other sources, current service users may need to look for alternative provision. • The risk of social isolation for service users will increase, if the service closes. • There is the risk of negative publicity from the Provider and/or current service users who value the support which the service provides. 			
<p>8. Human Rights Implications</p>			

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.

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

10. EIA action plan

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

Equality Outcome	Action	Officer Responsible	Completion date
Frail older users are supported to access	Provide information, advice and guidance to enable the provider to develop alternative sources of funding	Ehsan Parvez ASC Leadership Team Decision Report	October 2018

appropriate help and support	users and the service provider are aware of the alternative support available for those who need stroke support services		
Frail older users are supported to access appropriate help and support	Meet with provider / service users to explore options of alternative services such as Age UK in order to ensure all users are signposted to relevant services once the service ends. Require clear communication from provider to support this.	Ehsan Parvez ASC Leadership Team Decision Report	Once notice is given
Frail older users are supported to access appropriate help and support	Decommissioning plan with provider to require provider to ensure that all users to contact their GP for advice and/or support around Stroke Health condition.	Ehsan Parvez ASC Leadership Team Decision Report	Once notice is given

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

Article 2: Right to Life

Article 3: Right not to be tortured or treated in an inhuman or degrading way

Article 4: Right not to be subjected to slavery/forced labour

Article 5: Right to liberty and security

Article 6: Right to a fair trial

Article 7: No punishment without law

Article 8: Right to respect for private and family life

Article 9: Right to freedom of thought, conscience and religion

Article 10: Right to freedom of expression

Article 11: Right to freedom of assembly and association

Article 12: Right to marry

Article 14: Right not to be discriminated against

Part 2: First Protocol

Article 1: Protection of property/peaceful enjoyment

Article 2: Right to education

Article 3: Right to free elections