

CABINET MEMBER FOR ADULT SOCIAL CARE

Venue: Town Hall,
Moorgate Street,
Rotherham S60 2RB

Date: Monday, 10th October, 2011

Time: *9.00 a.m.

* please note the change of start time for this meeting

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency
3. Minutes of last meeting (Pages 1 - 4)
4. Integrated Community Equipment Service (Pages 5 - 34)
5. Adult Services Revenue Budget Monitoring Report to 31st August 2011 (Pages 35 - 42)

CABINET MEMBER FOR ADULT SOCIAL CARE
Monday, 26th September, 2011

Present:- Councillor (in the Chair); Councillors Doyle, Gosling, Jack, P. A. Russell and Walker.

H23. ADULT SERVICES REVENUE BUDGET REPORT - JULY 2011

Consideration was given to a report, presented by the Finance Manager (Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2012 based on actual income and expenditure to the end of July, 2011.

It was reported that the forecast for the financial year 2011/12 was a balanced budget against an approved net revenue budget of £77.6M.

It was explained that there were a number of underlying budget pressures which were at present being offset by a number of forecast underspends:-

The underlying budget pressures included:

- an overall forecast overspend within Older Peoples' Home Care Service mainly due to increased demand for maintenance care within the independent sector
- pressure on independent home care within Physical and Sensory Disability Services due to continued increase in demand
- shortfall in respect of income from charges within in-house residential care
- additional employee costs to cover vacancies and sickness within older people inhouse residential care
- an overall forecast overspend on Direct Payments mainly within Mental Health and Physical and Sensory Disability Services
- recurrent budget pressure on Learning Disabilities Day Care transport including income from charges

These pressures had been offset by the following forecast underspends:-

- Forecast net underspend on Older People independent sector residential and nursing care due to an increase in the average client contribution and additional income from property charges
- Underspend on employee costs within Transport Unit plus income from increased activity
- Forecast underspend within Learning Disabilities residential and nursing care due to slippage on transitions from Children's Services and additional income from health
- Slippage on developing on Supported Living Schemes within Physical and Sensory Disabilities
- Review of care packages within Learning Disabilities Supported Living resulting in efficiency savings with external providers and additional funding from health
- One off slippage on vacant posts as part of restructure/reviews and

voluntary early retirements

- Forecast underspend within Mental Health in respect of slippage in a number of Service Level Agreements with external providers as client moved to Direct Payments therefore reducing the overall pressure on Direct Payments budgets
- Underspend on Rothercare Direct due to slippage on vacant posts and a reduction in expenditure on equipment including leasing costs

Total expenditure on Agency staff for Adult Services so far was £152,117 compared with an actual cost of £144,080 for the same period last year. The main costs were in respect of residential care and assessment and care management staff to cover vacancies and sickness. There had been no expenditure on consultancy to date.

Careful scrutiny of expenditure and income together with close budget monitoring remained essential to ensure equity of service provision for adults across the Borough within existing budgets. Any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care.

Discussion ensued on the report with the following issues raised:-

- Were community groups receiving the correct support?
- Overspend on Older People's Home Care Service - continual pressure
- Increase in the number of older people going into residential care
- More people aged over 85 years presented at hospital with high level support needs

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of July, 2011 for Adult Services be noted.

(2) That the Director of Health and Wellbeing raise with the Director for Commissioning, Policy and Partnerships the issue of support being given to community groups to enable them to coincide with Council priorities and maximise their influence.

H24. EXTRA CARE HOUSING CARE AND SUPPORT

The Director of Health and Wellbeing reported on the outcome of a fundamental review of the Extra Care Housing Care and Support that had been undertaken to evaluate the effectiveness of service provided at each scheme which indicated that there was a need to reconfigure the way in which support was provided to the tenants residing in the schemes.

A petition had been received and reported to the Cabinet Member for Adult Social Care and Health on 27th April, 2009 (Minute No. 141 refers) from service users at Potteries Court and Oak Trees Extra Care Housing Schemes objecting to the proposed changes in relation to "care and support at home". Their main objection had been with regard to the proposed removal of the 24 hour on-site presence. The Tenancy Agreement for the schemes did not specify that this was a requirement and, as such, could be legitimately removed. This would be subject to a review of the individual care needs of

tenants on site and appropriate support arrangements put into place.

There were currently 3 schemes in operation in Rotherham – Oak Trees, Potteries Court and Bakersfield Court. The separation of the Care and Housing Support was initiated in April, 2009, whereby the care enablers based at Potteries Court and Oak Trees were transferred to the Council's registered Domiciliary Care Service. The Housing Support Team was dedicated to providing services to customer across the 3 schemes to ensure that their Housing Support related needs were met.

Since March, 2009, the Housing Support Team had concentrated on making customers at Bakersfield Court feel welcome and settling them into their new home. The completion of support plans with each customer had been well received by customers in Bakersfield Court. The Housing Support Team had also successfully introduced Housing Support Plans to Service Users at Potteries and Oak Trees.

The care delivered within Bakersfield Court was provided by a variety of providers including the mainstream community team overseen by Enabling Care Services. A proportion of service users received care from an outside agency through Direct Payments. The care was delivered in line with the care plan and Domiciliary Care provided their service from 7.00 a.m.-10.00 p.m., on and off-site dependent on the number of visits to each service user. There was not a dedicated night team based on site.

At Potteries Court and Oak Trees there was a team of Care Enablers based on site covering 24 hours, 7 days a week. There was also a dedicated team of night staff although no service users were in receipt of planned care or support through the night. Customers at the 2 schemes were given an assurance when moving into their properties that there would be a 24-7 presence. Whilst the staff currently did not provide any planned care throughout the night, there were occasions when they may be called upon to an emergency such as a fall. From analysis undertaken as part of the review, the frequency of the emergency duties was not consistent and the number of calls were limited throughout the night. Any removal of the provision would be subject to a review of the individual care needs of tenants on site and appropriate support arrangements being put into place and risk managed appropriately according to individual presenting needs.

It was proposed that a consultation/communication plan was devised taking into account:-

- Reviewing the needs of those customers whose needs were FACS eligible to establish formally that they had no need of a night care presence
- Based on the outcome of the reviews, individual support plans be agreed with each customer with a view to the service being undertaken by the independent sector
- Day service hours would, therefore, not be required on site and as a result the current staff group would be surplus to requirements, deemed at risk, and would be managed through the HR redeployment process

- Look at options to absorb night staff into the current Rothercare Direct Structure to become a dedicated night team and utilise Potteries and Oak Trees as potential satellite bases. This would allow staff to remain on night shifts and give customers a compromise in relation to staff utilising the Extra Care Sites as mobile satellite bases
- Review night staff requirements in line with day staff proposals if the integration of staff into Rothercare Direct was not feasible

There may also be potential for the 2 schemes to access the Digital Region project, "e@syconnects", on a similar basis as to that of Bakersfield Court. This would offer free internet access to customers and provide greater opportunity to contact relatives and order prescriptions and shopping online.

Resolved:- (1) That a consultation exercise commence with tenants and staff on the proposals contained within the report submitted.

(2) That the outcomes of the work now being undertaken by the Housing Support Team and the progress achieved at Bakersfield Court be noted.

(3) That a further report detailing the outcome of the consultation be submitted seeking the Cabinet Member's endorsement for implementation of the proposals.

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1. Meeting:	Cabinet Member for Adult Social Care
2. Date:	10th October 2011
3. Title:	Integrated Community Equipment Service Review – Equality Impact Assessment (EIA)
4. Programme Area:	Commissioning, Policy and Performance – Joint Commissioning

5. Summary

This paper meets the requirement of Cabinet for Adult Social Care Minute H17 (2) of July 11th: That the review recommendations with regard to Service delivery be deferred pending the submission of the outcome of the Equalities Impact Assessment

This report confirms the completion of the Equality Impact Assessment carried out in support of the Integrated Community Equipment Service review recommendation to rationalise the standard stock item of equipment.

6. Recommendations

That Cabinet Member

- Note the completion of the Equality Impact Assessment pertinent to the rationalisation of the Integrated Community Equipment Service standard stock of equipment

7. Proposals and Details

- 7.1 The findings of the review of the Joint Integrated Community Equipment service was presented at the July 30th Adult Social Care Cabinet member meeting. Recommendation to support the modernisation and reconfiguration of the service to meet the prevention and personalisation agenda, achieve efficiencies and deliver a value for money service was approved.
- 7.2 The recommendation as regards to 'service delivery' which relates to the rationalisation of the standard stock items was deferred pending the completion of the Equality Impact Assessment (EIA). This assessment has now been completed (*see Appendix 1*).
- 7.3 The rationalisation of the standard stock means that the Integrated Community Equipment Service (ICES) service will supply items of equipment based on assessed needs and that practitioners making recommendations will be required to indicate clear outcomes that are expected to be achieved by the customer/carer before issuing equipment. All equipment will be based on assessed Needs.

Summary of the EIA

- That all items of equipment required for customers with high level of needs who are at most risk, forms the majority of the standard stock items of equipment.
- That the current standard stock list include items of equipment which are of low impact to customers and also widely accessible through the retail market and various agencies such as Red Cross, Age UK and Home Improvement Agency (HIA). Customers currently identified through the Assessment Direct service triage system, as requiring low level items of equipment are signposted and provided with support / information on access to low level equipment. That customers are also referred to others services such as the Home Improvement Agency.
- That this approach will empower customers with low level needs to confidently access low level items of equipment independently and much faster. That a key benefit emerging from such an approach is that complex cases are being referred for a Community Occupational Therapist assessment much more rapidly.
- That Community, Clinical Practitioners and the Physical Disability & Sensory Impairment team; who have the responsibility to identify and agree standard stock items at the beginning of each year, have reviewed the standard stock items and produced a rationalised list which is needs driven (*see Appendix 2*).
- That the key overriding principles in developing the rationalised list is based on the following conditions:

- a. that all customers assessed as being at risk will be supplied with the recommended item of equipment on a loan basis
- b. that items not listed as part of the standard stock but which form part of a package of equipment will be supplied based on needs on a loan basis
- c. that all customers/ carers identified as not able to self fund low level equipment will be supported to access equipment by the service on a loan basis

7.4 Adhering to the above conditions will ensure that all customers with an assessed need will be fully supported by the service. This also means that efficiencies can be achieved by the service through a reduction in cost related to the storage / delivery and collection of low cost and low impact items of equipment.

7.5 Service users / carers as well as various practitioners consulted as part of this assessment process are fully supportive of the way the standard stock items of equipment has been rationalised. A rigorous EIA action plan has been developed to be implemented alongside the service review action plan. This will ensure that barriers identified within the EIA are resolved and all customers who are assessed as being at risk are supported. The Joint Commissioning team will work in collaboration with the RMBC performance team and the Provider to monitor implementation with a view to ensure that corrective action are applied pro-actively to safeguard vulnerable customers at all times.

8 Finance

8.1 The service budget is recurrently overspent each year by an average of 6.7% and in the current service configuration this overspend is expected to continue. This overspend has been met each year by Health with no contribution from RMBC required.

8.2 The contract value for 2011-12 has been reduced by 10% (RMBC contribution) and 4 % (NHSR – contribution)

8.3 As at July of this year the service spend on standard equipment budget is reported to be at 52.5%. Rationalisation of the standard stock list will enable the service to focus on meeting the needs of high risk customers within the existing budget. This will contribute significantly towards reducing the risk of potential increase in waiting time for equipment during the later part of this financial year.

8.4 Access to low level, low impact but preventative items of equipment deemed appropriate to be supplied through Assistive Technology funding in a planned way will enable the service to focus on high risk and assessed based needs.

9 Risks and Uncertainties

- 9.1 A reduction in the range of items of equipment which practitioners routinely prescribe through the ICES could discourage customers taking pro-active actions early. This could lead to an increase exposure of customers to low level of risks within their home environment. To reduce such risk practitioners and Assessment Direct service will be expected to signpost customers to alternative services or self purchase via commercial providers of equipment.
- 9.2 Items of equipment which no longer form part of the rationalised standard stock list could be required as part of a package of equipment which could compromise customers support package. This risk to the customer will be mitigated as all items of equipment issued are subject to an assessment and must be in accordance with the assessing practitioners' recommendation. As such, the service will be under contractual obligation to supply all items of equipment as recommended by the practitioner.
- 9.3 Inability to meet demand for specialist equipment should service experience a surge in the request for rationalised standard stock items. It is expected that full implementation of the review recommendations and the EIA action plan will enable the service to become more flexible in its approach and therefore pro-actively plan for any increases in demand. It is also expected that practitioners will work with Commissioners in ensuring that specialist equipment does not remain a burden for the equipment service alone but to also explore options as regards to wider and appropriate use of Assistive Technology resources.

10 Policy and Performance Agenda Implications

- 10.1 Performance on delivery of equipment within 7 days (PAF D54) is 93% for Social Care and 96% for Health Equipment, which is above the top quartile of 85% for England.
- 10.2 Department of Health guidance "Guide to Integrating Community Equipment Service" (2001) identifies that community equipment services plays a vital role in helping disabled people of all ages to develop their full potential and to maintain their health and independence. The NHSR strategic plan "Better Health, Better Lives" (2008-2010) highlights the need for the development of better services for people with long-term conditions and end-of-life care, both of which are enabled through the ICES service. Delivering an ICES that is "fit-for-purpose" and reflects emerging needs of the population will contribute significantly towards meeting both partner organisation's objectives.
- 10.3 A key priority of the Rotherham's "Joint Commissioning Strategy for Adult Services" (2008-11) is to review the local ICES to ensure that it is effective in sustaining and maximising people's independence in their home and reduces unnecessary admissions to residential and hospital care in a planned way.

10.4 Guidance from Care Service Efficiency Delivery's (CSED) "Transforming Community Equipment Services" (2006) presents a service delivery model which is in-line with the prevention and personalisation agenda. It provides guidance on developing equipment services that empowers the customers, their families or carers to pro-actively plan and choose the best way to meet their needs with support and advice from appropriate professionals, thus avoiding crisis intervention.

10.5 Key Performance Indicators:

D54	Equipment delivered within 7 working days
NI 124	People with a long-term condition supported to be independent
NI 125	Achieving independence through rehabilitation/intermediate care
NI 127	Self-reported experience of adult social care users
NI 129	End-of-Life access to palliative care enabling people to choose to die at home
NI 130	People receiving self-directed supported (direct payments/individual budgets)
NI 131	Number of delayed transfers of care from hospital
NI 136	People supported to live independently through social services
NI 139	Older people receiving the support they need to live independently

Vital Signs

VSC 03	Proportion of adults assisted to live independently
VSC 04	Proportion of people achieving independence 3 months after rehabilitation
VSC 10	Number of delayed transfers of care from hospital
VSC 11	Proportion of people with long term conditions supported to be independent
VSC 17	Adults and older people receiving direct payments and/or individual budgets

11. Background Papers and Consultation

11.1 The Joint Commissioning team has carried out a comprehensive programme of service user and stakeholder engagement as part of the strategic review. This included:

- Service provider team
- RFT – Occupational Therapists and Physiotherapists
- Green Lane Resource Centre
- Continuing Care/End of Life team
- Adaptation Service – RMBC
- Sensory Service – RMBC
- Community OTs – RCHS

There were also a series of face to face and telephone interviews with customers.

11.2 An Equalities Impact Assessment (EIA) has been completed and resulting action plan will be implemented alongside the review action plan.

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Commissioning, Policy & Performance

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<u>Possible REWS Standard Stock RMBC Items</u>	<u>Finance Code Code</u>	<u>Item Retained</u>	<u>Item Deleted</u>	<u>Item retained new criteria for issue</u>	<u>Note</u>	<u>Unit Price</u>
BATH						
Bathboard Slatted 26"	D045 650501		Yes			8.57
Bathboard Slatted 27"	D045 650501		Yes			8.57
Bathboard Slatted 28"	D045 650501		Yes			8.57
Bathlift Mangar	D045 650501			Yes		476.00
Bathlift Neptune/Aquajoy	D045 650501			Yes		255.00
BathSeat Derby 6"	D045 650501		Yes			26.95
BathSeat Derby 8"	D045 650501		Yes			29.45
BathSeat Farnham	D045 650501		Yes			25.45
BathSeat Medeci 12"	D045 650501		Yes			11.25
BathSeat Medeci 6"	D045 650501		Yes			12.09
BathSeat Medeci 8"	D045 650501		Yes			10.65
BathStep Modular	D045 650501		Yes			39.88
BathStep Raisers	D045 650501		Yes			6.13
Hair Shampoo Basin Inflatable	D045 650501		Yes			10.00
Hair Washing Tray	D045 650501		Yes			18.37
Porta Screens	D045 650501	Yes			Special Stock item	183.07
Shower Chair Cefendy H/D	D045 650501		Yes			80.00
Shower Chair Harrogate	D045 650501		Yes			19.35
Shower Chair Royston	D045 650501		Yes			32.86
Shower Seat Tooting	D045 650501		Yes			75.84
Shower Stool Atlanta H/D	D045 650501		Yes			25.00
Shower Stool Corner	D045 650501		Yes			16.35
Showerboard Slatted 26"	D045 650501		Yes			16.26
Showerboard Slatted 28"	D045 650501		Yes			16.26
Showerboard Slatted 27"	D045 650501		Yes			16.26
Swivel Bather Corner	D045 650501		Yes			167.00
Swivel Bather H/D	D045 650501		Yes			80.00
Swivel Bather Raiser	D045 650501		Yes			25.00
Alton Shower Board	D045 650501			Yes		20.66
Swivel Bather Wall Bracket	D045 650501		Yes			25.00
BEDS						
Bed Leaver Standard	D045 650501		Yes			29.99
Bed Raiser Exmouth Divan	D045 650501	Minor Fixing				34.03
Bed Raiser Langham	D045 650501	Minor Fixing				28.40

Bed Stick Width Adjustable	D045 650501		Yes			22.45
EasyLeaver Bed Rail Divan`	D045 650501		Yes			29.99
EasyLeaver HD (Divan)	D045 650501			Yes		35.99
Easyrail Bedrail Slatted	D045 650501			Yes		127.00
Handybar Bed Aid	D045 650501	Yes				34.50
Leg Lifter	D045 650501	Yes				4.46
Mattress Variator + Knee Break	D045 650501	Yes				345.00
Mattress Variator Adjustable	D045 650501	Yes				265.00
Overbed Table (Castors)	D045 650501	Yes				32.86
Overbed Table (No Castors)	D045 650501	Yes				20.40
Pillow Lifter	D045 650501			Yes		295.00
DRESS						
Stocking Aid	D045 650501		Yes			-
HOME						
Easyreach	D045 650501			Yes		3.50
Easyreach Long	D045 650501		Yes			4.00
Foot/Leg Rest	D045 650501		Yes			29.72
Foot/Leg Rest + Castors	D045 650501		Yes			29.72
Grabrail Ashby 450	D045 650501	Minor Fixing				12.50
Grabrail Ashby 600	D045 650501	Minor Fixing		Yes		17.60
Grabrail Newell Left	D045 650501		Yes			5.50
Grabrail Newell Right	D045 650501		Yes			5.50
Grabrail Offset 28"	D045 650501		Yes			2.60
Grabrail Straight 24"	D045 650501		Yes			1.70
Grabrail straight 18"	D045 650501	Minor Fixing			Essential access only	
High Seat Chair	D045 650501	Yes			)Strict 3 month loan	72.51
High Seat Chair H/D	D045 650501	Yes			)with strict recall	105.60
Key Safe	D045 650501	Minor Fixing			Criteria needs to be	36.88
Raisers Langham Armchair 4"	D045 650501		Yes			18.02
Raisers Langham Armchair 5"	D045 650501		Yes			18.02
Raisers Langham Fireside	D045 650501		Yes			12.70
Raisers Langham Grip K100	D045 650501		Yes			9.95
Raisers Langham Grip K200	D045 650501		Yes			12.80
Raisers Langham Grip K300	D045 650501		Yes			14.35
Raisers Langham Multi	D045 650501	Minor Fixing			Need to check will	-
Raisers Morris Chair	D045 650501		Yes		raise all chairs	45.50
Raisers Smitcare 4"	D045 650501		Yes			9.35
Raisers Smitcare Dome Glider	D045 650501		Yes			4.00
Raisers Smitcare Leg Fixing Triangle	D045 650501		Yes			7.35

Ramp Portable	D045 650501	r Fixing/adaptation				-
KIT						
Caring Cutlery	D045 650501		Yes			10.40
Dyna fork left hand	D045 650501		Yes			8.92
Dyna fork right hand	D045 650501		Yes			8.92
Easygrip Cutlery	D045 650501		Yes			9.53
Easygrip Handles Large	D045 650501		Yes			3.95
Easygrip Handles Small	D045 650501		Yes			3.95
Kitchen Trolley	D045 650501			Yes		21.40
Perching Stool	D045 650501	Yes				25.00
Perching Stool B & A	D045 650501	Yes				19.03
Perching Stool Ex Wide HD	D045 650501	Yes				61.16
Perching Stool HD B & A	D045 650501	Yes				79.06
TOIL						
Bottom Wiper	D045 650501		Yes			5.53
Devon Rail Folding Leg	D045 650501	Minor Fixing				77.30
Devon Rail Mounted	D045 650501	Minor Fixing				97.89
Floor Fixings Stirling	D045 650501	Yes				15.91
RTS Savannah 2"	D045 650501	Yes				5.58
RTS Savannah 4"	D045 650501	Yes				6.34
RTS Savannah 6"	D045 650501	Yes				27.95
RTS Taunton 6"	D045 650501	Yes				33.95
Toilet Frame Flanged	D045 650501	Yes				6.80
Toilet Frame Stirling W/A	D045 650501	Yes				22.80
Toilet Frame W/A	D045 650501	Yes				51.00
BASH						
Armrests Half Wide	D045 650501			Yes	)	42.50
Armrests Straight	D045 650501			Yes	)	42.50
Backrest Push Handle-19"	D045 650501			Yes	)	70.00
Backrest Push Handle-17"	D045 650501			Yes	)	40.00
Backrest Vertical-17"	D045 650501			Yes	)	40.00
Backrest Vertical-19"	D045 650501			Yes	)	70.00
Seat Aperture (L)-17"	D045 650501			Yes	) If all to go through	95.50
Seat Aperture (L)-19"	D045 650501			Yes	)	95.50
Seat Aperture (M)-17"	D045 650501			Yes	) Specials	95.50
Seat Aperture (M)-19"	D045 650501			Yes	)	95.50
Seat Aperture (S)-17"	D045 650501			Yes	) Increase in budget	95.50
Seat Aperture (S)-19"	D045 650501			Yes	)	95.50
Seat Full-17"	D045 650501			Yes	) needed for Specials	100.00

Seat Full-19"	D045 650501		Yes	)	100.00
Seat Horseshoe (L)-17"	D045 650501		Yes	) from general REW	95.50
Seat Horseshoe (L)-19"	D045 650501		Yes	)	95.50
Seat Horseshoe (M)-17"	D045 650501		Yes	) equipment budget	95.50
Seat Horseshoe (M)-19"	D045 650501		Yes	)	95.50
Seat Horseshoe (S)-17"	D045 650501		Yes	)	95.50
Seat Horseshoe (S)-19"	D045 650501		Yes	) Cheaper to keep in	95.50
Shower Chair Footrest	D045 650501		Yes	) stock than order	60.00
Shower Chair Pan	D045 650501		Yes	) each one	25.00
Shower Chair T40 17"	D045 650501		Yes	) individually	91.00
Shower Chair T40 19"	D045 650501		Yes	)	92.00
Shower Chair T60 17"	D045 650501		Yes	)	95.00
Shower Chair T60 19"	D045 650501		Yes	)	96.00
Waist Strap-17"	D045 650501		Yes	)	12.50
Visual					
Articles for Blind Labels	D045 650501		Yes		4.82
Badges for Partially Blind	D045 650501		Yes		1.00
Bump Ons(Orange)	D045 650501		Yes		3.00
Cane(Symbol 70cms)	D045 650501		Yes		4.50
Cane(Symbol 85cms)	D045 650501		Yes		4.50
White Walking Stick	D045 650501		Yes	?Health funding	7.88
Coin Holder £1	D045 650501		Yes		1.10
Coin Holder 10p	D045 650501		Yes		1.10
Coin Holder 50p	D045 650501		Yes		1.10
Coin Holder 20p	D045 650501		Yes		1.10
Dycem yellow	D045 650501	Yes			£7.50
Dycem blue	D045 650501	Yes			£7.50
Dycem red	D045 650501	Yes			£7.50
Microwave Kettle	D045 650501		Yes		£9.95
Envelope Guide	D045 650501		Yes		0.75
Tacti Marks	D045 650501	Yes			3.00
Liquid Level Indicators	D045 650501	Yes			7.04
Milk Saver	D045 650501		Yes		1.50
Needle Threader infila	D045 650501		Yes		0.75
Needle Pack (darning)	D045 650501		Yes		1.25
Roller tips	D045 650501	Yes			22.03
Signature Guide	D045 650501		Yes		0.30
Guide canes	D045 650501	Yes			7.50
Ambutech graphite folding cane roller tip	D045 650501	Yes			30.49 each

Ambutech alu folding cane with roller tip	D045 650501	Yes	Yes		24.62 each
TV Magnifier	D045 650501		Yes		40.00
Talking Cube Clocks	D045 650501		Yes		16.99
Writing Frame(A4)	D045 650501		Yes		11.99
Writing Frame(A5)	D045 650501		Yes		1.25
Bathroom Scales	D045 650501		Yes		0.85
Talking Kitchen Scales	D045 650501		Yes		34.95
Kitchen Timers(Large Black & White)	D045 650501		Yes		39.95
UV Spectacles Various Colours	D045 650501	Yes			13.50
UV Shields	D045 650501	Yes			5.50
Talking Watches	D045 650501		Yes		15.99
Coil Spectacle Binic Distance	D045 650501		Yes		5.95
White Fisher Sticks RH	D045 650501	Yes			22.99
White Fisher Sticks LH	D045 650501	Yes			9.99
Dycem Blue/yellowRed Mats	D045 650501		Yes		9.99
Pension Book Guide	D045 650501		Yes		4.25
Talking Alarm Clock	D045 650501		Yes		0.53
Lival Lamps	D045 650501		Yes		32.95
Red Reflector Tape (9m)	D045 650501	Yes			4.15
Task Lights	D045 650501		Yes		3.56
Talking Calendar Clocks	D045 650501		Yes		34.50
Talking Clock - Pyramid	D045 650501		Yes		5.60
Easy Threading Needles	D045 650501		Yes		4.00
Needle Threaders	D045 650501		Yes		3.00
Big Button Phone	D045 650501		Yes		3.00
Eye Droppers	D045 650501		Yes		3.00
Tape Measures	D045 650501		Yes		8.00
Coin Holders £2	D045 650501		Yes		6.00
Talking cube clock - Urdu	D045 650501	Yes			37.60
Guide Canes 85 cm	VISU0020	Yes			
Guide Canes 90 cm	VISU0021	Yes			
Guide Canes 100 cm	VISU0022	Yes			
Guide Canes 105 cm	VISU0023	Yes			
Guide Canes 110 cm	VISU0024	Yes			
Guide Canes 115 cm	VISU0025	Yes			
Long Cane Revolution 95 cm	VISU0026	Yes			
Long Cane Revolution 110 cm	VISU0027	Yes			
Long Cane Revolution 112 cm	VISU0028	Yes			
Long Cane Revolution 120 cm	VISU0029	Yes			

Long Cane Revolution 125 cm	VISU0030	Yes			
Long Cane Revolution 130 cm	VISU0031	Yes			
Long Cane Revolution 135 cm	VISU0032	Yes			
Long Cane Revolution 140 cm	VISU0033	Yes			
Long Cane Revolution 145 cm	VISU0034	Yes			
Long Cane Ambutech 107 cm	VISU0035	Yes			
Long Cane Ambutech 112 cm	VISU0036	Yes			
Long Cane Ambutech 130 cm	VISU0037	Yes			
Long Cane Ambutech 132 cm	VISU0038	Yes			
Long Cane Ambutech 135 cm	VISU0039	Yes			
Long Cane Ambutech 140 cm	VISU0040	Yes			
Long Cane Ambutech 147 cm	VISU0041	Yes			
Long Cane Ambutech 150 cm	VISU0042	Yes			
Deaf					
Baby Alarms (Gima)	DO45 650501		Yes		168.84
Bonalert (MP20)	DO45 650501		Yes		69.80
Bonalert Extensions	DO45 650501		Yes		28.10
Loop Pads	DO45 650501	Yes			15.00
Clock Vibrators (Pads) Sarabec	DO45 650501		Yes		14.25
TV Loop (Sarabec)	DO45 650501		Yes		51.87
Portabell Lamp Nu Tec	DO45 650501		Yes		71.91
Genesis Doorbells Lifestyle	DO45 650501		Yes		27.50
TV Loops HPI (Echo)	DO45 650501	Yes			69.60
Libra Bell Pushes	DO45 650501		Yes		36.00
Battery Roorbell	DO45 650501		Yes		35.50
Rechargable Doorbell	DO45 650501		Yes		29.77
Sarabec Clock Battery	DO45 650501		Yes		14.95
Clock Wake & Shake Geemarc	DO45 650501	Yes			22.05
Sarabec Clock Mains	DO45 650501		Yes		55.00
Echo Door chimes	DO45 650501		Yes		19.95
Evo 200 D/Bells	D045 650501	Yes			24.19
Personal listener	D045 650501	Yes			44.00
Phone alerts CL1	D045 650501	Yes			18.00
HPI Mega loop	D045 650501	Yes			70
Echo Link (wireless)		Yes			
VC10 Battery Alarm Clock		Yes			
Byron Mains Doorbell		Yes			

REWS Standard Stock Equipment - Health

BEDS			all deemed essential for
Back Rest	D047 650501	17.62	charge purpose
Bed Bariatric Profile	D047 650501	2500.00	
Bed Bradshaw	D047 650501	809.00	
Bed Community Care	D047 650501	168.00	
Bed Cradle	D047 650501	18.95	
Bed Electric Profiling	D047 650501	1185.50	
Bed Hi-Low Hydraulic	D047 650501	794.00	
Drip Stand	D047 650501	47.50	
Lifting Pole (Free Standing)	D047 650501	47.30	
Lifting Pole (Integral)	D047 650501	31.50	
Safety Rails Divan Bed	D047 650501	70.53	
Safety Rails High Sided Divan Bed	D047 650501	172.13	
Safety Rails Hospital Bed	D047 650501	61.18	
Safety Rails Padded Buffer	D047 650501	68.24	
Safety Rails Padded Buffer High	D047 650501	70.00	
MOVE			all deemed essential for
Hoist Manual Midi	D047 650501	598.40	charge purpose
Hoist Manual Mini	D047 650501	492.00	
Hoist Oxford Bariatric	D047 650501	1437.50	
Hoist Oxford Major	D047 650501	598.40	
Hoist Portable Gantry	D047 650501	2124.40	
Hoist Powered Major	D047 650501	943.20	
Hoist Powered Midi	D047 650501	842.35	
Hoist Powered Mini	D047 650501	692.75	
Patient Turner	D047 650501	323.12	
Patient Turner Solo	D047 650501	323.12	
Slide Sheet Mini	D047 650501	16.55	
Slide Sheet Standard	D047 650501	17.95	
Sling Access Large	D047 650501	100.00	
Sling Access Med	D047 650501	100.00	
Sling Access Small	D047 650501	100.00	
Sling Standaid Dual Access	D047 650501	100.00	
Sling Standaid Posterior	D047 650501	100.00	
Sling Supreme Delux Large	D047 650501	100.00	
Sling Supreme Delux Med	D047 650501	100.00	
Sling Supreme Delux Small	D047 650501	100.00	

Sling with Head Support L	D047 650501	148.35	
Sling with Head Support M	D047 650501	136.95	
Sling with Head Support S	D047 650501	136.85	
Standaid Freeway	D047 650501	1500.00	
Transfer Board	D047 650501	21.09	
Transfer Board Curved	D047 650501	29.32	
TOIL			all deemed essential for
Commode Detachable Arms	D047 650501	27.16	charge purpose
Commode Heavy Duty X/Wide	D047 650501	54.13	
Commode Mobile	D047 650501	69.42	
Commode Mobile H/D X/Wide	D047 650501	97.09	
Commode Pan Round Standard	D047 650501	-	
Commode Pan Square Mobile	D047 650501	3.30	
Commode Standard H/Adj	D047 650501	27.16	
Pan (bed)	D047 650501	14.24	
Pan (slipper)	D047 650501	14.24	
Urinal Female	D047 650501	6.80	
Urinal Male	D047 650501	2.60	
WALK			all deemed essential for
Elbow Crutches Gutter	D047 650501	32.00	charge purpose
Elbow Crutches Heavy Duty	D047 650501	82.20	
Elbow Crutches Standard	D047 650501	13.00	
Elbow Crutches Tall	D047 650501	18.23	
Rollator Narrow	D047 650501	21.71	
Rollator Ultra Narrow	D047 650501	19.43	
Stick Bariatric Adjustable	D047 650501	27.46	
Stick Fischer LH	D047 650501	6.00	
Stick Fischer RH	D047 650501	6.00	
Stick Standard Walking	D047 650501	3.83	
Stick X Long Walking	D047 650501	9.95	
Walker Fore-arm	D047 650501	159.85	
Walker Tri-wheel	D047 650501	53.13	
Walking Aid Quadruped	D047 650501	11.50	
Walking Aid Tripod	D047 650501	13.70	
Walking Frame Bariatric Max Frame	D047 650501	141.43	
Walking Frame Bariatric Standard Frame	D047 650501	101.49	
Walking Frame Narrow	D047 650501	16.91	
Walking Frame Ultra Narrow	D047 650501	17.27	

TV Equipment		all deemed essential for
Overlay Mattresses Double	D053 650501	discharge purpose
Overlay Mattresses Single	D053 650501	purchased via TV Budget
Overlay Mattresses Tempermed	D053 650501	
Cushion FloTech Solution	D053 650501	
Foam Cushion Standard 4"	D053 650501	
Mattress Softform Premier	D053 650501	
Lowzone Mattress 6"	D053 650501	
Double Softform Premier	D053 650501	
Cushion FloTech Image	D053 650501	
Cushion FloTech Contour	D053 650501	
Heellift Suspension Boot	D053 650501	
Elbow Suspension Pad	D053 650501	
VE Pressure Cushion	D053 650501	
Mattress Airwave	D053 650501	
Mattress Excel	D053 650501	
Mattress Bariwave	D053 650501	
Mattress Bi wave	D053 650501	
Mattress Cairwave	D053 650501	
Mattress Cavelier Dynamic	D053 650501	
Mattress Dynamic Active	D053 650501	
Mattress Galaxy 2000	D053 650501	
Mattress Harvest Dynamic Overlay	D053 650501	
Mattress Primo	D053 650501	
Mattress Rotational	D053 650501	
Mattress Trinova	D053 650501	
Mattress Transair	D053 650501	
Mattress Violclin	D053 650501	
Mattress Response	D053 650501	
Mattress Response Overlay	D053 650501	

Equality Impact Assessments

Step 1 – Responsibility and involvement

This is a new and important process that will require different perspectives to be considered and, in some (hopefully a very few) cases, difficult decisions may need to be made about policy and service delivery.

Whilst it is necessary to identify a lead officer, it is advised that they do not undertake the impact assessment on their own, but set up a group comprising a diverse range of staff responsible for delivering the service.

Policy/procedure or proposal: To rationalise the Integrated Community Equipment standard stock items REWS (Rotherham Equipment & Wheel chair service).

Name of Lead Officer (service/business manager) completing the assessment:

Shiv Bhurtun

Job Title and Ext. No: Joint Commissioning Manager, 01709-302619

Service area: ...Commissioning and partnership **Date:** 1st November 2010

Directorate: Neighborhood and Adult Social services

List others involved in the assessment: REWS, COT, Adaptations & Housing Assessment team, Sensory Impairment team, Hospital OT's.

Step 2 – Identify aims/objectives of policy/procedure or proposal

No.	Question
1	<p>What are the aims/objectives of the policy/procedure or proposal and the intended outcomes?</p> <p>The primary aims of the proposal is to rationalise the ICES, standard stock items to enable the following :</p> <ul style="list-style-type: none"> • increase focus on securing more complex equipments and support for customers to consider alternatives for low impact /low level items of equipment. • Support, encourage and build confidence amongst customers who are assessed as being at low risk, to access low cost, single issue type of equipment independently of the Integrated Community Equipment Service. • To ensure that for every package of equipment provided either for a short term basis (i.e. to facilitate a hospital discharge) or a long term basis (i.e to support a carer), clear evidence of achieved outcomes can be recorded and measured in support plans. <p>The primary intended outcomes are as follows:</p> <ul style="list-style-type: none"> • An increase in the number of customers accessing complex equipment in a timely way • An increase in the number of children and young people accessing equipments through transition • A reduction in the response time; when processing requests & delivering equipments, in cases of emergencies and crisis. • An increase in the rate of recycling of items of equipment thus increasing efficiency level of the service • An increase in the number of customers becoming confident and choosing to consider alternative options to proactively manage their circumstances with support /advice and guidance.
3	<p>Are any other organisations involved in the delivery of the service or project?</p> <ul style="list-style-type: none"> • Rotherham 2010 Ltd • Assessment Direct • Rotherham Foundation Trust • Aids & Adaptations service (currently funding 'Minor fixings' installed by the Rotherham 2010 Ltd). • Children service (currently accessing some standard stock items for children)

No.	Question
4	<p>How and where will information about the service, policy/procedure or proposal be publicised? Is this information available in other languages and formats if requested?</p> <p>Publicity of this change is only pertinent to practitioners such as Community Occupational Therapists, District Nurses, Hospital OT's and Tissue Viability nurses. This is because access to daily living equipment issued through the community equipment service is subject to an assessment and therefore the impact of this proposal is limited to Practitioners in the first instances. The current practice is that practitioners' recommend and advise on equipments to be issued.</p> <p>Changes to the standard stock list will be publicised at the start of the financial year to all practitioners.</p> <p>Assessment Direct currently triage customers and the majority of request for low level equipments are directed to the Home Improvement Agency where customers are provided with a wider range of options which includes the ICES equipment service as well as the Aids and Adaptation service and the Home Improvement Agency.</p> <p>Assessment Direct service will also be provided with revised standard stock list on a yearly basis to ensure customers with low level needs are supported accordingly.</p>
5	<p>List the main people, or groups of people, that this policy/procedure or proposal was designed to reach or benefit, and any other stakeholders.</p> <p>The rationalisation of the standard stock list will benefit :</p> <ul style="list-style-type: none"> • Customers at high risk of entering into care home or hospital to remain at home for longer with support. • Cares requiring specialist equipment to continue to provide support. • Customers at low risk who often experience lengthy waiting time for assessments and for the issue of a low level item of equipment. (Customers in this category will be offered alternatives and lead to an increase in capacity for service to carry out assessments for complex & high risk cases.) • Customers waiting for discharge from the hospital will be supported more rapidly. • Customers within intermediate care settings would be supported to return home more rapidly. • Young people and children with a disability going through transition.

Step 3 – Consultation and Step 4 - Monitoring and Research

If you do not have any detailed research findings, monitoring information or outcomes of consultation to assist you in answering questions 6a and 7a then do not proceed with Step 5 – Impact assessment. Stop at this point and complete the Equality Action Plan at Step 6.

Your immediate action needs to be to identify ways of obtaining research, monitoring and consultation data, and your answers to questions 6b and 7b should be used to develop the initial Equality Action Plan. Once the necessary information has been obtained and analysed the rest of the equality impact assessment may then be completed. The guidance notes on pages 7 and 8 will help to identify useful sources of information.

Step 3 – Consultation

For this step it is important to refer to any consultation exercises which have been undertaken and/or any complaints received.

No.	Question
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6a

What have service users/non-users or other stakeholders (including employees) already told you about the policy or proposal and any negative impacts? Who has been consulted and what methods were used?

Service users:

Customer Experience Survey – Customers who have received an item of equipment are surveyed by both the REWS service and also RMBC. Survey undertaken by RMBC suggests that 93% of customers who had experience the ICES service were satisfied with the service and accessed to the range of items of equipment. Majority of users surveyed said that they are satisfied with the access to equipment where this directly benefited their assessed needs.

Focus Groups (service users /carers) – Focus groups were held with the ‘users and carers’ group and ROPES. 87% of people surveyed were satisfied with the ICES service. All users surveyed agreed that more could be achieved through recycling and that many low level items of equipment could be accessed through mainstream retailers. Some users expressed concern of the potential impacts on users who did not have support in accessing such equipment. It was felt that there are many users who live alone and do not always have access to information /advice. Some service users expressed the view that, if alternative options to access low level equipment were not available, this could lead to customers being exposed to higher risk. Users and carers also expressed the view that information and advice on where and how to access equipment should be a made priority for such a change in the standard stock item to be beneficial.

Stakeholders:

Health and Social Care Practitioners – This group included Hospital and Community Occupational Therapists, Community Nurses, Continuing Care, Adaptations and the PDSI Team. The priorities identified by this group of staff were the need for a flexible and responsive delivery service with less reliance on practitioners collecting and delivering equipment as well as effective communication. All service areas expressed the view that rationalisation of the standard stock must not mean a reduction of equipment items irrespective of needs. Whilst practitioners were supportive of this change concerns were raised that customers’ motivation to secure their own low level equipment could easily be influenced by affordability. This could in turn delay customers dealing with emerging difficulties from an earlier stage.

REWS (Provider) Staff Team – The provider fully support this change as it will improve the service’s ability to schedule collection and delivery of equipments. Furthermore, delivery function could be co-ordinated with the COT assessments, thus eliminating the need for COT’s to undertake collection and delivery function. Pressure on the need for better delivery vehicles however will increase.

Sensory Impairment service –A significant number of low level equipment issued to this client group will not form part of the standard stock list. It has been agreed that all items of equipment issued as part of support plan that meets the requirement for Assistive Technology funding will be provided. It is widely accepted that the vast majority of equipment for this client group could be accessed through AT funding from both Health and Social care.

6b	<p>If you have not carried out any consultation, or if you need to carry out further consultation, who will you be consulting with and by what methods?</p> <p>There is a limited number of equipment that is accessed by young people going through the transition period. Whilst this is not significant at this time further consultation will be undertaken in particular when access to standard stock items increases. This area is being monitored through the project and performance group and forms part of the ICES Review implementation action plan.</p>
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Step 4 – Monitoring and Research

For this step it is important to refer to any monitoring information which is already held. As stated in the guidance notes arrangements need to be set up for effective monitoring if this is not already taking place.

No.	Question
7a	<p>How do we know whether our service or project is accessible to all groups?</p> <p>The Integrated Community Equipment service (ICES) is the only free service in Rotherham through which customers with an assessed need for Daily Living Aid, can access an item of equipment on a loan basis. This service is an integral part of all assessments undertaken in response to health and social care including housing needs. As such, customers are provided information on this service from various points of access irrespective of the FACs eligibility criteria.</p> <p>Some customers are also assessed by the Home Improvement Agency service but only for low level equipment such as bathing needs and minor fixings. In all such cases, customers are also provided with information of the ICES service.</p> <p>As access to item of equipment is subject to an Assessment of Needs by practitioners, all customers requesting an assessment are also provided with information at the Council’s single point of contact by Assessment Direct service.</p> <p>The COT service; an integral part of the ICES service, which is contractually bound to actively ensure information and advice is provided to all customers on the most suitable options available to customers as regards to Daily living Aids.</p>
7b	<p>If there is a lack of information, what research will be carried out, and for which groups?</p> <p>There is limited and inaccurate information on actual demand which is based on an assessed need for items of equipments suitable for customers with a sensory impairment. The demand level is currently being monitored and will be evaluated by the Joint Commissioning</p>

No.	Question
	<p>project and performance steering group. The project and performance steering group is working with the RMBC sensory service to ensure that customers are not being overlooked by this proposed change. Sensory Impairment service have contributed to the revision the standard stock list alongside Community practitioners and hospital staffs, to ensure that this client group is supported where there is an assessed need.</p>
7c	<p>If this is a new policy, or one that is not currently monitored, what are the arrangements to begin monitoring the actual impacts of the policy? (To go in action plan)</p> <p>To monitor progress and impact of this change a project and performance group has been set consisting of commissioners, providers and practitioners. This area is being monitored on a monthly basis with a view to ensure that any negative impact resulting from this change process can be addressed before any detrimental effect on customers or particular client group is noted. This is part of the Service Review Implementation action plan and is therefore monitored through the service provider's improvement plan which includes tracking demand and access to low level equipment.</p>

Step 5 – Impact assessment

Although this form is set out under the broad equality strands consider any impacts/barriers that might cross over between different groups e.g. race/gender, disability/gender, etc. Use the boxes on the next few pages to indicate where the policy could have a positive or a negative impact for different groups with your reasons. You will need to transfer this information to the action plan later.

Key questions to consider are:

Is there equal access to services for all groups?

Is there equal quality of service or employment experience for all groups?

Are there any significant differences in outcomes between groups?

Is there over- or under-representation of some groups for certain services or in facing enforcement?

You should bear in mind the following when completing this form.

Race: When looking at race consider different ethnic groups within the five broad census headings, and groups not listed as separate census categories, for example Middle Eastern, North African, European, Gypsies and Travellers, Asylum Seekers, Refugees and migrant workers.

Gender: Remember that women and men may have different priorities in relation to what services they want and different needs for how these are provided. Men-only or women-only delivery for some services could be an option.

Disability or long-term limiting illness/condition:

All service providers have a duty to make reasonable adjustments for disabled people, including physical features of premises, so it is advisable to anticipate any adjustments that may be required. Consider the barriers faced by different groups of disabled people as listed below. Note also that changes to legislation mean that conditions such as MS, HIV and cancer are now covered from the time of diagnosis.

- Physical impairment - such as people who have difficulty in using their arms or who have mobility issues which mean using a wheelchair or crutches
- Sensory impairment - such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment or a speech impairment
- Mental health condition - such as depression or schizophrenia
- Learning disability/difficulty - such as Down's syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

Trans people: Within RMBC's Gender Equality Scheme *transsexual* is the term used to describe a person who intends to undergo, is undergoing or has undergone gender reassignment (which may or may not involve hormone therapy or surgery). Gender reassignment is covered by the gender reassignment provisions in the Sex Discrimination Act (SDA).

Transgender is a wider umbrella term used to include people whose gender identity and/or gender expression differs from their birth sex. The term may include, but is not limited to, transsexual people and others who define as gender-variant.

Considering the different needs of people from trans communities can be complex. Key areas of concern include 'hate crime' and a lack of social facilities.

**Lesbian / Gay
Bisexual people:** Key areas of concern include 'hate crime' and a lack of social facilities. Remember that this type of information is very personal and although people may be willing to declare their sexual orientation on surveys to aid improvement of services they may prefer it to not otherwise be known.

Older people: Older people have different needs so we need to ensure the views of older people are heard and increased participation is encouraged. Communication, mobility and transport are areas we need to consider to aid this involvement, also access to learning opportunities to develop new skills.

Young people: Younger people have different needs and we need to ensure their views are heard and increased participation is encouraged along with opportunities to help develop services.

Religion/Belief: Also includes people who do not follow religion or have any particular belief system. Because 'hate crime' is a concern for many people from different faith communities this may be a factor in low responses to surveys, so imaginative ways of gathering this information could be considered and good practice established to highlight the benefits of accurate data. Consider issues around times/dates of visits and service provision being flexible to work around religious celebrations, events and regular worship.

Carers: A carer is someone who looks after a partner, relative or friend who has a disability, is an older person, or has a long term condition. Carers may be paid or unpaid, can often be isolated and are of every age group and ethnic origin. We may therefore need to use more diverse approaches to delivering services and ways to consult with this group; consider using radio, internet, library services or other imaginative ways of consultation. Carers (Equal Opportunities) Act 2004

Other Groups: It is good practice to consider the profile of *all* our communities e.g. Lone parents, people on low incomes, homeless people and to note anything of which you are already aware or that results from your research.

No.	Question			
8		<p>Actual or potential negative impact, unmet needs or barriers</p>	<p>Actual or potential positive impact or ways in which the policy promotes equality</p>	<p>Actual or potential impact of the policy on community cohesion and community relations</p>
	<p>Women or men</p> <hr/> <p>People from different ethnic groups</p> <hr/> <p>Disabled people or people with a long-term limiting illness or condition</p> <hr/> <p>Lesbian, gay or bisexual people</p>	<p>Customers may choose to delay advice given by practitioners by not purchasing or securing low level of equipment until a crisis point.</p>	<p>This change promotes equality because :</p> <ol style="list-style-type: none"> 1. All customers will be more confident in taking control of their own circumstances through alternative means as seen fit by them through advice and information provided by the Assessment Direct, Practitioners and other services from an earlier stage. 2. All customers will be supported to be more pro – active in managing low level difficulties with advice and support from generic services i.e HIA as opposed to waiting for COT assessments. 3. Waiting time for an assessment of low impact, low level equipment will be significantly reduced therefore increasing the ability for the service to reach more vulnerable customers across the client group. More, if not all customers requiring a low level equipment will benefit. 4. Expenditure on equipment that directly produces measurable outcomes for customers and reduces 	<p>None</p>

	Older people
	People with caring responsibilities
	People from different faith groups
	Trans people
	Young people

impact on the social care budget will be contained within ICES service budget. Therefore the service will be able to respond to demand for specialist equipment for complex needs more rapidly.

5. Support for all cares will be enhanced by the ability for the service to respond to carer's equipment needs faster.
6. The service will be able to respond to new emerging needs such as 'Bariatric needs' more rapidly as resources spent on low level items of equipment would be diverted accordingly to areas of most needs.

Step 6 – Complete the equality action plan

Equality Action Plan

Using the information already gathered, summarise your findings in the table on the next page in relation to potential or actual impacts for different groups. If you have identified that any group is experiencing, or is likely to experience, a negative impact, particularly if this could be unlawful discrimination or if it is unintentional, then action must be taken to address this.

Remember that any policy which could unlawfully discriminate must be changed, unless it can be objectively justified.

Even if you found negative impacts that would not amount to unlawful discrimination, you still need to identify ways to remove or reduce these. For example:

- change the policy/procedure or proposal
- change how the policy or procedure is put into practice
- find alternative ways of achieving the aims of the policy or proposal
- introduce additional measures

If no actions are taken to change the policy or proposal when adverse impacts for some groups have been identified, or where an adverse impact for some groups is unavoidable, you should double check that this could be justified legally. Major changes would need a report to your Directorate highlighting the findings of the equality impact assessment. This report should set out recommendations such as actions to change the policy/proposal, or whether or not to adopt a proposed or revised policy in the light of the findings.

Even if you found no evidence of potential negative impacts, you should consider how to improve any positive impacts or how your policy or proposal could be adapted to promote equality and/or good community relations and community cohesion. This should also form part of the action plan.

If you lack sufficient information to answer all the questions at this point, or are unaware what the impact is/will be, further research, monitoring data and/or consultation will be needed and objectives to obtain this information should be included in your action plan.

You should also set out the arrangements for monitoring the impact of the policy in your action plan.

These are suggested headings for the action plan but may be changed if you prefer to use your own directorate or departmental standard action plan format for consistency.

Problem/barriers identified	Aim/objective	Actions to achieve aim/objective	Resources required	Target date
<p>Customers may choose to delay their access to low level items of equipment early, due to cost /affordability and / or accessibility.</p>	<p>To encourage and enable services such as Assessment Direct service, to facilitate self assessment of low level needs as well as support with the exploration / sourcing of low level items of equipment.</p> <p>To support service development actions as regards to enabling access to low level items of Daily Living Aids through e market solutions.</p>	<p>Implement a pilot to encourage self assessment by customers presenting with low levels of needs.</p> <p>(this is underway and supported by Assessment Direct service)</p> <p>Promote and raise customer confidence in the exploration of the options of accessing low level equipment through raising awareness workshops. (this is underway by Assessment Direct service and also HIA)</p>	<p>Participation by Assessment Direct service, COT service, Hospital OT's, Social work /Housing Assessment services.</p> <p>Meeting room appropriate for workshops e. for Carers, users, community groups and staff teams.</p>	<p>End of December 2011</p>
<p>Customers with a sensory impairment could be disadvantage due to limited information and accuracy on Demand and usage.</p>	<p>To ensure data on demand from this client group is equally supported and informs the revision of the standard stock list.</p>	<p>Project and performance steering group to undertake monitoring and evaluation of the demand for equipment by client group and establish the most appropriate level</p>	<p>Monthly participation and co-ordination project & performance steering group Joint Commissioning team.</p>	<p>December 2011</p>

		and type of standard stock items required.		
Ways to promote equality or good community relations identified	Aim/objective	Actions to achieve aim/objective	Resources required	Target date
Ensure that client group e.g customers with a sensory impairment and customers with limited funding are not disadvantaged.	To ensure that all customers with a need, are able to access equipment at the right time and as easily as reasonably possible.	Monitor: <ul style="list-style-type: none"> • Rate of access to equipment by all client groups • overall performance of the service • user feedback on service by client groups • Complaints and improve on results by target date. 	Project and Performance steering group.	monthly

Set out your arrangements for monitoring the policy and reporting back on actions

Monitoring will be undertaken by the Joint Commissioning team through the performance and management steering group. This occurs on a monthly basis.

Progress will be reported quarterly from the implementation date to the relevant governance structures pertinent to the commissioning of Integrated Community Equipment service.

Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, CMT or Directorate Management Teams

Completed equality impact assessments	Key findings	Future actions
<p>Directorate: Chief Executive</p> <p>Function, policy or proposal name:</p> <p>Rationalisation of standard stock items</p> <p>Function or policy status: changing (new, changing or existing)</p> <p>Name of lead officer completing the assessment:</p> <p>Shiv BHURTUN.....</p> <p>Date of assessment: November , updated July 2011.....</p>		

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	Monday 10 October 2011
3	Title:	Adult Services Revenue Budget Monitoring Report to 31st August 2011.
4	Directorate :	Neighbourhoods and Adult Social Services

5 Summary

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2012 based on actual income and expenditure to the end of August 2011.

The forecast for the financial year 2011/12 at this stage is a balanced budget, against an approved net revenue budget of £76.725m.

6 Recommendations

That the Cabinet Member receives and notes the latest financial projection against budget for the year based on actual income and expenditure to the end of August 2011.

7 Proposals and Details

7.1 The Current Position

7.1.1 The approved net revenue budget for Adult Services for 2011/12 is £77m. Included in the approved budget was additional funding for demographic and existing budget pressures together with a number of savings identified through the 2011/12 budget setting process. This budget has been revised since the last report to reflect the outcome of a number of directorate wide reviews and the apportionment of a number of cross cutting budget savings targets across all Directorates.

7.1.2 The table below summarises the forecast outturn against approved budgets:-

Division of Service	Net Budget	Forecast Outturn	Variation	Variation
	£000	£000	£000	%
Adults General	4,041	4,041	0	0
Older People	34,552	35,006	454	+1.30
Learning Disabilities	17,108	16,527	-581	-3.40
Mental Health	5,320	5,436	116	+2.20
Physical & Sensory Disabilities	7,277	7,471	194	+1.30
Safeguarding	739	693	-46	-6.20
Supporting People	7,688	7,551	-137	-1.80
Total Adult Services	76,725	76,725	0	0

7.1.3 The latest year end forecast shows there are a number of underlying budget pressures which are at present being offset by a number of forecast underspends.

The main budget pressures include:

- An overall forecast overspend within Older Peoples' Home Care Service (+£660k) mainly due to increased demand for maintenance care within independent sector.
- Pressure on independent home care within the Physical and Sensory Disability Services (+£174k) due to a continued increase in demand. An additional increase of 62 new clients (+579 hours) on service since April.
- A budget shortfall in respect of income from charges within in-house residential care (+£124k).

- Additional employee costs due to high dependency levels and cover for vacancies and long term sickness within older people in-house residential care (+£190k).
- An overall forecast overspend on Direct Payments across all client groups due to increase in demand is being reduced by savings on independent and voluntary sector contracts as clients in these schemes move to direct payments (+£233k); a net increase of 30 clients since April.
- Recurrent budget pressure on Learning Disabilities Day Care transport (+£292k) including income from charges.

7.1.3 These pressures have been offset by the following forecast underspends:-

- Forecast net underspend on Older People independent sector residential and nursing care due to an increase in the average client contribution and additional income from property charges (-£203k).
- Underspend on employee costs within the Transport Unit plus income from increased activity (-£115k).
- Forecast underspend within Learning Disabilities residential and nursing care due to slippage on transitions from Children's Services and additional income from health (-£273k).
- Slippage on developing Supported Living Schemes (Shared Lives) within Physical and Sensory Disabilities (-£140k).
- Review of care packages within learning disabilities supported living resulting in efficiency savings with external providers and additional funding from health (-£427k).
- One-off slippage on vacant posts as part of restructure/reviews including voluntary early retirements (-£177k).
- Underspend on Rothercare Direct (-£93k) due to slippage on vacant posts and a reduction in expenditure on equipment including leasing costs.
- Efficiency savings within Supporting People contracts (-£137k).
- Vacancies with Assessment and Care Management and Safeguarding Teams (-£111k).

7.1.4 Agency and Consultancy

Total expenditure on Agency staff for Adult Services for the period ending 31 August 2011 was £187,880 (of which £1,979 was off contract). This compares with an actual cost of £180,328 for the same period last year (of which £8,961 was off contract).

The main costs were in respect of residential care and assessment and care management staff to cover vacancies and sickness. There has been no expenditure on consultancy to-date.

7.1.5 Non contractual Overtime

Actual expenditure to the end of August 2011 on non-contractual overtime for Adult Services was £134,340 compared with expenditure of £156,182 for the same period last year.

The actual costs of both Agency and non contractual overtime are included within the financial forecasts.

7.2 **Current Action**

To mitigate any further financial pressures within the service, budget meetings and budget clinics are held with Service Directors and managers on a regular basis to monitor financial performance and further examine significant variations against the approved budget to ensure expenditure remains within the cash limited budget by the end of the financial year.

8. **Finance**

Finance details are included in section 7 above and the attached appendix shows a summary of the overall financial projection for each main client group together with the main reasons for variation.

9. **Risks and Uncertainties**

Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets particularly where the demand and spend is difficult to predict in such a volatile social care market. Any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care.

10. **Policy and Performance Agenda Implications**

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

11. **Background Papers and Consultation**

- Report to Cabinet on 23 February 2011 –Proposed Revenue Budget and Council Tax for 2011/12.
- The Council's Medium Term Financial Strategy (MTFS) 2011-2014.
- Revenue Budget Monitoring – July 2011

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services and the Director of Finance.

Contact Name: Mark Scarrott – Finance Manager (Adult Services), *Financial Services x 2007*, email Mark.Scarrott@rotherham.gov.uk.

ADULT SERVICES SUMMARY									
PROJECTED REVENUE OUT-TURN AS AT 31st August 2011									
Last Reported Projected Net Variance as at 31/07/2011	Service Division	Net Expenditure					Revised Projected Year end Variance Over(+)/Under(-) spend	Revised Financial RAG Status	* Note
		Original Budget	Proj'd out turn	Variance (Over (+) / Under (-) Spend) to Original Budget	Current Financial RAG Status	Financial Impact of Management Action			
£		£	£	£		£	£		
5,016	Adult Services - General	4,040,837	4,040,837	0	Green	0	0	Green	1
	Health & Well Being								
557,281	Older People	34,551,897	35,005,557	453,660	Red	0	453,660	Red	2
(716,678)	Learning Disabilities	17,107,906	16,526,641	(581,265)	Green	0	(581,265)	Green	3
89,665	Mental Health	5,320,299	5,436,214	115,915	Red	0	115,915	Red	4
94,716	Physical and Sensory Disabilities	7,276,597	7,471,287	194,690	Red	0	194,690	Red	5
(30,000)	Safeguarding	739,224	693,224	(46,000)	Green	0	(46,000)	Green	6
0	Supporting people	7,687,855	7,550,855	(137,000)	Green	0	(137,000)	Green	7
0	Total Adult Services	76,724,615	76,724,615	0		0	0		

Reason for Variance(s), Actions Proposed and Intended Impact on Performance

NOTES Reasons for Variance(s) and Proposed Actions

or under performance against income targets) and actions proposed

Main Reasons for Variance

1 Adult Services General

General cross cutting Directorate budgets including training, RBT affordability and corporate recharges are forecasting a balanced budget.

2 Health and Well Being

Older Peoples Services (+£454k)

Vacancies with Assessment and care management plus forecast underspend in non-pay budgets (i.e. car allowances) (-£65k)
Overspend on In House Residential Care (+£314k) due to higher dependency Levels, additional cover for long term sickness and maternity leave plus budget pressure on Part III income.
Forecast overspend on Independent Sector Home Care budget (+£848k) due to increase in average weekly hours continuing from last year.
Underspend on employee costs within In-house Home Care (-£188k), overall underspend on In House Day Care (-£48k) due to vacancies.
An underspend on independent residential and nursing care (-£203k) due to increase in average client contribution, additional income from health and property charges.
Projected underspend on employees and leasing costs within Rothercare Direct reduced by potential pressure on income budget (-£93k).
Underspend on Transport due to increased income from additional contracts and slippage on vacant posts (-£115k)
Increase in Direct Payments over an above budget (+£53k).

3 Learning Disabilities (-£581k)

Slippage on vacant posts due to reviews and voluntary early retirements (-£177k).
Delays in transitions from children and families into younger adults plus additional health funding (-£273k), 2 emergency placements since last report.
Review of care packages in supported living, additional funding from Health and ILF plus additional efficiency savings from providers (-£427k)
Underspend within in-house supported livings schemes and community support due to vacant posts (-£56k)
Recurrent budget pressure on Day Care transport (+£292k) including income from charges.
Overspend on Community Support due to additional care packages (+£58k) and increase in demand for Direct Payments (+£27k).

4 Mental Health (+£116k)

Unachieved vacancy factor with Assessment and Care Management (+£71k).
Projected underspend on residential care due to additional funding (-£45k).
Slippage on implementing full budget saving target in respect of Rotherham Mind moving into Clifton Court (+£32k).
Increase pressure on Direct Payments (+£291k) reduced by efficiency savings on a number of contracts (-£233k).

5 Physical and Sensory Disabilities (+£194k)

Additional costs for IT support and one-off relocation costs from Kirk House (+£20k).
Continued Pressure on Independent Sector domiciliary care (+£174K) due to continue increase in demand (62 new clients = 579 hours since April)
Reduction in Continuing Health Care funding for client in Supported Living scheme being challenged (+£27k).
Further demand for Direct Payments (+£95k) reduced by underspend on Crossroads SLA (-£86k) as clients are redirected to Direct Payments.
Forecast overspend on Residential and Nursing Care (+£91k) offset by slippage on developing shared lives schemes (-£140k).

6 Safeguarding (-£46k)

Forecast underspend due to vacant posts within Team.

7 Supporting People (-£137k)

Forecast overall underspend due to efficiency savings as contracts are reviewed.

Proposed Actions to Address Variance

Budget performance clinics continue to meet monthly to monitor financial performance against approved budget.

