

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
------------	-----------------

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>
----	--

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		<p>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.</p>	
	People from different faith groups		<p>5. Support for all cares will be enhanced by the ability for the service to respond to carer's equipment needs faster.</p>	
	Trans people		<p>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.</p>	
	Young people			

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>		