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**Name of policy/project/decision:** Independent Living Solutions - phase 1

**Status of policy/project/decision:** New

**Name of person(s) writing EIA:** Louisa Willoughby

**Date:** 4 September 2014

**Service:** Commissioning

**Portfolio:** Communities

**What are the brief aims of the policy/project/decision?**

Independent Living Solutions is one of the four commissioning workstreams set out in the Health and Wellbeing Board's Better Care Fund submission. At its heart is a desire to bring together CCG and Council spending to reimagine independent living in Sheffield. The first phase of this is redesigning the way that equipment and minor adaptations are provided across Sheffield.

There are three main phases to this piece of work, the first phase of which will be the most extensive:

1. Commissioning a new service. The current contract for this type of service is held by the Sheffield Health and Social Care NHS Foundation Trust and is branded as SCELS (Sheffield Community Equipment Loan Service). This contract runs out in June 2015. Building on work done by Right First Time, notably to provide equipment out of hours, we want to commission a new model that delivers tangible benefits to people in need across the city, and redesigns a number of smaller pathways across health, education and social care.
2. Rethinking independent living. We will be developing our understanding and offer around independent living and what this really means and could include. This will include developing clear policies around independent living and working with practitioners to promote this across the city. In addition, we expect future providers to be innovative and creative in their use and supply of digital technologies and constantly update their offer. They should be prepared to work with other providers and local communities.
3. Working with practitioners. We will be rethinking how assessment to support independent living can be done and by whom, how the budget can be managed with reducing resources, and how contracts can be most effective to meet commissioning outcomes.

Our vision for independent living in 2020 is one in which:

- Sheffield's people – children, young people and adults – are supported by a coherent policy for independent living, agreed by a range of health and social care organisations and which enables them to live independently in their communities for as long as possible.
- Sheffield's people are able to access the equipment, adaptations and applications they need to stay independent, safe and well for as long as possible. This support will therefore be appropriately digital, fit for purpose and good quality, supporting individuals to live at home and in their community, at times following, or preventing, a spell in hospital. The right solution will be provided at the right time.
- Sheffield's people are able to independently select and order the equipment, adaptations and applications they need. Where they need a formal assessment of

requirements, this will be done in an efficient and timely manner by an assessor in their own home.

- Sheffield's people are able to use any equipment, adaptation or application throughout their lifecourse for as long as is appropriate. This will be facilitated by pooled and shared funding for both adults and children, and health and social care needs; and organisations will focus on the individual's interest, not in the interests of individual organisations. Individuals' needs will be reviewed over time to ensure that the solution offered is appropriate and effective.

Underpinning all this is a desire to:

- Think across the lifecourse to facilitate a more streamlined transition from children's and young people's services to adults' services.
- Encourage independence, providing excellent information, advice and guidance that maximises independence and wellbeing. While we recognise that children do not live independently, our overall objective is to support people to live at home independent of ongoing health and social care support.

The Council, and the health and wellbeing system across Sheffield more generally, faces severe financial pressures, and people are anxious about the impact this might have on their own care and support. There is, therefore, a need to ensure the best quality and value for money so people can get the most from the available resources. This first phase of the Independent Living Solutions work is about ensuring the future provider of a community equipment service is efficient, effective, provides a value for money service, and enables a fluent and flexible relationship between hospitals and the support people need in their own homes. Supporting people to live independently at home, in this instance in the main through equipment, is at the heart of strategies to prevent hospital use (where it can be prevented) and speed up hospital discharge (where people have been admitted to hospital).

Consultation for this work took place over the course of summer 2014. It consisted of:

- a general online survey. This enabled a range of individuals, and organisations/carers representing individuals, to feed in their views.
- telephone calls with service users and their families and carers. This was felt to be the best method of communicating directly with service users given that some of them have significant and severe mobility difficulties and would have struggled to come to face-to-face sessions or would have been unable to carry out an online survey.
- an online survey for practitioners.
- two workshops for practitioners.
- an analysis of past consultations or comments from service users that contribute to this work, including from Disability Sheffield, Right First Time Programme, and the Quality Team in Business Strategy, Communities, Sheffield City Council.
- an analysis of what other local authority areas have done.
- a workshop for prospective providers. These providers were encouraging in their commitment to engaging with service users and practitioners directly over the course of the contract, were they to be successful. This is not something that the current provider offers at this moment in time.

More information about this consultation work has been included in the Appendix to this document.

This EIA is being written in partnership with NHS Sheffield Clinical Commissioning Group.

## Are there any potential Council staffing implications, include workforce diversity?

While Council and CCG staff may be required to work in slightly different ways, there are currently no significant Council or CCG staffing implications.

Under the [Public Sector Equality Duty](#), we have to pay due regard to: “Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.” [More information is available on the council website](#)

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
Age	Positive	High	<p>Independent Living Solutions has an impact on two main age-groups:</p> <p>1. Older people - particularly those who are disabled and at risk of hospital admission. The new service will build on the current service in enabling them to live independently, safely and well at home for longer. The majority of service users spoken to in August 2014 confirmed that equipment in the home makes a real difference. The current service supported over 11,000 people in 2013/14, the majority of whom were over 65. Predictions about Sheffield's population of older people based on 2010 projections, indicate that by 2016 there will be an additional 4,300 people of or above the age of 65 and an additional 3,600 people between the age of 15 and 65. Therefore there will be an increasing impact on this group going forward. There is potential for an increase in hospital admissions following accidents to service users who have not received equipment. There is potential for an increase in the length of time people spend in hospital where equipment is not available and discharge is delayed. Provision of equipment plays a crucial role in reablement.</p> <p>2. Children and young people with complex needs (and continuing this support into adulthood). These children will be supported to get the equipment that they need to live and be supported at home and also in mainstream education. In particular, the work will streamline the approach practitioners have to take to get the funding for children's equipment, which in turn will affect the child's experience (and their family's). Children will then be supported into adulthood. Parents consulted in August 2014 felt the equipment</p>

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
			<p>received was helpful but made comments about how it could be improved (which is one of the reasons for this project).</p> <p>The new provider will be required to ensure their service is accessible for all characteristics.</p>
<b>Disability</b>	Positive	High	<p>All service users affected by this proposal will have a degree of disability, therefore Improving the support for those with a disability of some description to live independently at home is one of the main reasons for this project and one of the main benefits of equipment in people's homes. Therefore the work will have a significant positive impact on those with a disability; indeed, it is absolutely essential. Some 11,000 people of all ages received an item of equipment in 2013/14. One service user spoken to in August 2014 commented that without such a service he would not be able to function.</p> <p>A more efficient, resourceful and effective service - which would be the intended outcome of the procurement exercise - would lead to better outcomes and have an (even more) positive impact on those with a disability.</p> <p>The new provider will be required to ensure their service is accessible for all characteristics.</p>
<b>Pregnancy/maternity</b>	Neutral	Low	<p>This project is unlikely to have a significant impact on someone due to their pregnancy/maternity, although a pregnant woman who had some kind of disability might be in receipt of the service for that reason.</p> <p>The new provider will be required to ensure their service is accessible for all characteristics.</p>
<b>Race</b>	Positive	Low	<p>As an <i>indicator</i> of the percentage of users who will be from BAME communities, between April to September 2012, around 12% of service users supported by Council Occupational Therapists were from BME communities. ONS data indicates that around 5.7% of the retired population in Sheffield is from BME communities. As the majority of service users are older people, this proposal has the potential to disproportionately impact against BME service users.</p> <p>However, this project is unlikely to have a significant impact on someone due to their race. Nonetheless, the new provider will be asked to provide information in a range of different languages which may support those for whom English is not their first language. The need for this was raised in our consultation around this new service.</p>

<b>Areas of possible impact</b>	<b>Impact</b>	<b>Impact level</b>	<b>Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)</b>
			The new provider will also be asked regularly for monitoring information around ethnicity and other protected characteristics, and will be required to ensure their service is accessible for all characteristics.
<b>Religion/belief</b>	Neutral	Low	This project is unlikely to have a significant impact on someone due to their religion/belief. The new provider will be required to ensure their service is accessible for all characteristics.
<b>Sex</b>	Neutral	Low	This project is unlikely to have a significant impact on someone due to their sex. The new provider will also be asked regularly for monitoring information around gender and other protected characteristics.
<b>Sexual orientation</b>	Neutral	Low	This project is unlikely to have a significant impact on someone due to their sexual orientation. The new provider will be required to ensure their service is accessible for all characteristics.
<b>Transgender</b>	Neutral	Low	This project is unlikely to have a significant impact on someone due to their being transgender. The new provider will be required to ensure their service is accessible for all characteristics.
<b>Carers</b>	Positive	Medium	Carers play a vital role in ensuring that those with a disability, health/care need or mobility problems are able to live full and independent lives. By enabling individuals to have access to the equipment that helps them live independently, carers too are helped. In addition, a more efficient system will aim to remove the stress and waiting times for carers as they try to ensure that those they care for get the best they can. The new provider will also be asked regularly for monitoring information around carers and other protected characteristics. Of the consultation we carried out, 9 identified as either Parent of SU/Patient/Customer or as a Carer.
<b>Voluntary, community &amp; faith sector</b>	Neutral	Low	There may be some impact on VCF providers but it is difficult to say what these will be at this stage as the provider for the new service has not yet been selected.
<b>Financial inclusion, poverty, social justice:</b>	Neutral	Low	While some individuals may choose to purchase equipment of their own accord, either through the provider of this service or through other means, the majority will receive the equipment on loan without a cost, providing they have had an assessment by a professional practitioner.
<b>Cohesion:</b>	Neutral	Low	No anticipated impact.

<b>Areas of possible impact</b>	<b>Impact</b>	<b>Impact level</b>	<b>Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)</b>
<b>Other/additional: Transition from old to new service</b>	Neutral	Low	We do not anticipate there being significant issues relating to transition from this service to the new service. Indeed, if the current provider were to win the new contract then the transition ought to be seamless. Even if the provider were to change we would not expect significant challenges in terms of service user experience. This is because service users tend to receive this service on a one-off/irregular basis - equipment is sent to their house and then that is the end of their use of the service although there may be occasional maintenance. Therefore, service users are unlikely to notice the transition as it takes place and the impact of the new service is, in the main, likely to be felt by new service users not existing customers who have equipment on loan.

**Overall summary of possible impact (to be used on EMT, cabinet reports etc):** Positive, helping those with a disability to live more independent lives for longer.

If you have identified significant change, med or high negative outcomes or for example the impact is on specialist provision relating to the groups above, or there is cumulative impact you **must** complete the action plan.

**Review date:** April 2015 **Q Tier Ref**

**Reference number:**

**Entered on Qtier:** No

**Action plan needed:** Yes

**Approved (Lead Manager):**

**Date:**

**Approved (EIA Lead person for Portfolio):**

**Date:**

**Does the proposal/ decision impact on or relate to specialist provision:** yes

**Risk rating:** -Select-

Action plan

<b>Area of impact</b>	<b>Action and mitigation</b>	<b>Lead, timescale and how it will be monitored/reviewed</b>
Disability	While the impacts will be positive for people with a disability, we will ensure that those with a disability are supported through this service by requiring the provider to proactively seek service user experience and views as part of the contract. We will also involve a service	Commissioning Service, Communities, through regular contract management processes. The new service is due to begin in July 2015.

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
	user/carer (or more than one) in the tendering process.	
Race	The provider will be asked to provide information in a range of different languages which may support those for whom English is not their first language.	Commissioning Service, Communities, through regular contract management processes. The new service is due to begin in July 2015.
General	<p>We recognise the importance of ensuring that the new provider adheres to equalities legislation and proactively seeks to ensure the protected characteristics are supported with this service. We also recognise our duties in public sector procurement.</p> <p>Therefore we will aim to:</p> <ul style="list-style-type: none"> <li>• Include equality questions in the selection/scoring processes that will be monitored as the contract is managed.</li> <li>• Consider whether equality targets could be included in the specification – <i>however, as equipment is provided according to practitioner assessment, it is really down to the practitioner to ensure they cover these needs. We cannot give targets to an equipment provider when they do not have control over what they provide to whom.</i></li> </ul>	Commissioning Service, Communities, through regular contract management processes. The new service is due to begin in July 2015.
General	This EIA relates to phase 1 of the ILS project and will be reviewed regularly and to inform future phases of the project. Additional EIA/s will also be completed for phase 2 and 3 of the project if this is appropriate (the size of phases 2 and 3 is still to be determined and so this may not be required and/or may be covered in this EIA).	Commissioning Service, Communities, between October 2014 and October 2015 if required.

**Approved (Lead Manager):** Andy Hare **Date:** 3 October 2014

**Approved (EIA Lead Officer for Portfolio):** Phil Reid **Date:** 3 October 2014

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