

Equality Impact Assessment

Introductory Information

Budget/Project name

Equipment and Adaptations

Proposal type

- Budget
 Project

Reference number

1070

Decision Type

- Cooperative Executive
 Leader
 Individual Cooperative Committee Member
 Executive Director/Director
 Officer Decision (Non-Key)
 Council (e.g. Budget and Housing Revenue Account)
 Regulatory Committee (e.g. Licensing Committee)
 Local Area Committee

Lead Cooperative Executive Member

George Lindars-Hammond,
Angela Argenzio, Steve Ayris

Entered on Q Tier

- Yes No

Year(s)

18/19 19/20 20/21 21/22 22/23 23/24 24/25 25/26

EIA date 2 November 2022

EIA Lead

- | | |
|---|---|
| <input type="checkbox"/> Adele Robinson | <input type="checkbox"/> Ed Sexton |
| <input type="checkbox"/> Annemarie Johnston | <input type="checkbox"/> Louise Nunn |
| <input type="checkbox"/> Bashir Khan | <input type="checkbox"/> Richard Bartlett |
| <input type="checkbox"/> Bev Law | <input type="checkbox"/> Rosie May |

Person filling in this EIA form

Die Green

Lead officer

Alexis Chappell

Lead Corporate Plan priority

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> An In-Touch Organisation | <input type="checkbox"/> Strong Economy | <input type="checkbox"/> Thriving Neighbourhoods and Communities | <input type="checkbox"/> Better Health and Wellbeing | <input type="checkbox"/> Tackling Inequalities |
|---|---|--|--|--|

Portfolio, Service and Team

Cross-Portfolio

Yes No

Portfolio

People

Is the EIA joint with another organisation (eg NHS)?

Yes No

Brief aim(s) of the proposal and the outcome(s) you want to achieve

EIA updated Oct 2022

This proposal is included in Business Planning 2022-23.

Through the investment in a team of temporary additional staff, a backlog of people waiting for an assessment by the Equipment & Adaptations service will be addressed and cleared during 2022-23 and normal Pre-Covid levels referral demand will then be managed within expected timescales.

As a result of these assessments, as well as providing timely assistance to support people's continued independence at home, savings are expected to be achieved. This will potentially be possible by reductions in the cost of some care packages, either through avoiding the need for new packages or reducing the cost of existing ones where people are waiting for an assessment.

Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

Overview

Briefly describe how the proposal helps to meet the Public Sector Duty outlined above

The proposal supports the Duty, specifically advancing equality of opportunity of older people and disabled people to continue to live independently at home. This has associated benefits, including around health and wellbeing, mental health and social and financial inclusion.

Impacts

Proposal has an impact on

<input type="checkbox"/> Health	<input type="checkbox"/> Transgender
<input type="checkbox"/> Age	<input type="checkbox"/> Carers
<input type="checkbox"/> Disability	<input type="checkbox"/> Voluntary/Community & Faith Sectors
<input type="checkbox"/> Pregnancy/Maternity	<input type="checkbox"/> Cohesion
<input type="checkbox"/> Race	<input type="checkbox"/> Partners
<input type="checkbox"/> Religion/Belief	<input type="checkbox"/> Poverty & Financial Inclusion
<input type="checkbox"/> Sex	<input type="checkbox"/> Armed Forces
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Other

Give details in sections below.

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes No *if Yes, complete section below*

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal is expected to benefit around 2000 customers in the E&A backlog and the monthly throughput of 500+ people being assessed, (which, in context, compares to around 7,500 total AHSC customers as of January 2022). It therefore represents a significant proportion of all AHSC clients. There are clear health benefits to people being able to maintain independence at home in comparison to hospital or other care/health settings, which may include:

- self-esteem and personal decision-making;
- mental health;
- physical health and activity;
- healthy lifestyle and diet;
- physical space and outdoor space;
- enhanced social interaction and community access;
- increased contact with, and care from, family.

Living at home reduces risks of infections and other poor health outcomes associated with communal environments shared with unwell people.

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes No

Health Lead

Age

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal will potentially benefit a significant number of older people. As a proxy, in Oct 2022, 59% of all AHSC clients were aged 65 and above and 47% were aged 75 and above.

Benefits may include health, wellbeing, lifestyle, environment and inclusion.

Disability

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers
 Yes No
Impact
 Positive Neutral Negative
Level
 None Low Medium High
Details of impact

The proposal will potentially benefit a significant number of disabled people. By nature of the fact that everyone who will benefit has health and social care support needs, the vast majority of people would be classed as sharing the protected characteristic of disability. This applies to beneficiaries of all ages. However, disabled people of working age (under 65) represented 41% of all AHSC clients in Oct 2022.

Benefits may include health, wellbeing, lifestyle, environment and inclusion.

Pregnancy/Maternity**Staff**
 Yes No
Impact
 Positive Neutral Negative
Level
 None Low Medium High
Details of impact**Customers**
 Yes No
Impact
 Positive Neutral Negative
Level
 None Low Medium High
Details of impact**Race****Staff**
 Yes No
Impact
 Positive Neutral Negative
Level
 None Low Medium High
Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact
White British people are likely to be significantly overrepresented in the beneficiaries of the proposal, making up 81% of all AHSC clients where ethnicity is known in Oct 2022

Religion/Belief

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Sex

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Sexual Orientation

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

There is no evidence of any disproportionate impact.

Transgender

Staff
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

Customers
 Yes No

Impact
 Positive Neutral Negative

Level
 None Low Medium High

Details of impact

There is no evidence of any disproportionate impact.

Carers**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Unpaid carers will derive some health and wellbeing benefit from family members / cared-for people receiving equipment and/or adaptations to help them maintain or increase independence at home. It is likely to reduce aspects of the caring role no longer required, as well as reducing anxiety.

Voluntary/Community & Faith Sectors**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Cohesion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Partners

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal will help people to live independently at home, reducing the risk of / need for hospital admissions, and potentially supporting hospital discharge. Potential or actual NHS patients will therefore benefit, with consequential positive impacts on other patients/people/services/capacity. There may be other direct or indirect benefits for housing tenants or people accessing other services/provision.

Poverty & Financial Inclusion**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The proposal will potentially financially benefit people who may otherwise have needed to spend their own resources to purchase equipment or adaptations themselves, if they were able to. It may also save household expenditure in other ways – e.g. adaptations may reduce energy bills.

There are no financial implications for critical provision – hoists, stairlifts, ramps. Means-testing for non-critical provision (extension and level access showers) will continue as now.

Armed Forces**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

There is no evidence of any disproportionate impact.

Other**Staff**

Yes No *Please specify*

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The recovery plan increases capacity, helping to relive pressure on staff, through:

- new officer roles in Disabled Facilities Grant and Asset Management teams
- increased technical support with adaptations (quantity surveyor, architect) and new contracts 20 or so adaptations

Customers

Yes No *Please specify*

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Cumulative Impact

Proposal has a cumulative impact

Yes No

<input type="checkbox"/> Year on Year	<input type="checkbox"/> Across a Community of Identity/Interest
<input type="checkbox"/> Geographical Area	<input type="checkbox"/> Other

If yes, details of impact

Proposal has geographical impact across Sheffield

Yes No

If Yes, details of geographical impact across Sheffield

Local Partnership Area(s) impacted

All Specific

If Specific, name of Local Partnership Area(s) impacted

Action Plan and Supporting Evidence

Action Plan

Supporting Evidence (Please detail all your evidence used to support the EIA)

Consultation

Consultation required

Yes No

If consultation is not required please state why

The proposal is invest-to-save, providing support for people in need to maintain independence.

Are Staff who may be affected by these proposals aware of them

Yes No

Are Customers who may be affected by these proposals aware of them

- Yes No

If you have said no to either please say why

Summary of overall impact

Summary of overall impact

Summary of evidence

Changes made as a result of the EIA

Escalation plan

Is there a high impact in any area?

- Yes No

Overall risk rating after any mitigations have been put in place

- High Medium Low None

Sign Off

EIAs must be agreed and signed off by an Equality lead Officer. Has this been signed off?

- Yes No

Date agreed

03/11/2022

Name of EIA lead officer

Ed Sexton

Review Date

10/04/2023

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