

EQUALITY IMPACT ASSESSMENT: Transforming Community Equipment and Wheelchair Services Programme

Community Equipment Services Phase 2: Developing the retail model

Equality Screening

1. What you are trying to achieve in this policy or part of the policy?

Phase 1 of the TCEWS Programme developed a radical new model of service delivery for community equipment that puts users and carers at its heart. It was delivered to the Minister in February 2007, supported by a robust outline business case and an indication of market appetite for change.

The model has been developed to 'outline business case' level. This means that it is seen as broadly the right solution by the majority of stakeholders; and has been developed to a sufficient level of robustness to demonstrate that further investment in resources is worthwhile.

The model supports access to information and services to enable all people and their supporters who use statutory community equipment services, as well as those who self-fund to make informed decisions about how and what they need in terms of equipment.

There is still a lot of work to do and we do not have all of the answers yet. In Phase 2 the team will be working closely with all of our stakeholders to find answers and to understand how to make the model a reality.

2. Which population groups the policy (or section) is intended to benefit and how

The new model for delivery is intended to help all users and carers who would benefit from community equipment. The intention is that statutory services will be able to refocus their professional staff's attention to re-ablement and enabling. For self-funders the model offers an opportunity to access a quality assured service to inform them about support and equipment.

In order to take account of all possible groups the work in Phase 1 was undertaken in collaboration with over 266 individuals representing themselves, local authority and health practitioners from adult and children's services, current providers and suppliers, the third and private sector, representatives of voluntary organisations and professional bodies for adults and children. The team also worked with 11 councils and their health partners to understand the current service.

In Phase 2 the team are designing the detail with two lead partner organisations (councils and their health partners) and four micro sites to test, validate and sign off the design.

3. Related policy areas that may be affected by changes in this policy (or section)

It supports many key policy drivers including OHOCOS, 'Improving the life chances of disabled people' and the NSFs. It also supports the recent HMT/DfES report '*Aiming High for Disabled Children*' (June 2007) which identifies access to equipment as key to ensuring disabled children are able to participate in normal activities as fully as possible.

It provides an opportunity to model how the modernisation and personalisation of services might be taken forward. It specifically links to the ongoing work on personalisation of care through direct payments, the Individual Budget pilots and self assessment pilots.

Screening

Question 1

	Age	Disability	Race	Religion and Belief	Gender	Sexual Orientation
1.a) Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	Yes	Yes	Yes	Yes	Yes	Yes
1.b) Is there potential for or evidence that the proposed policy will promote equality of opportunity for all and promote good relations between different groups?	Yes	Yes	Yes	Yes	Yes	Yes
1.c) Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	Yes	Yes	Yes	Yes	Yes	Yes
1.d) Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination against a particular population group or groups?	Yes	Yes	No	No	No	No
1.e) Is there doubt about answers to any of the above questions (for instance there is not enough information to draw a conclusion)?	No	No	No	Yes	Yes	Yes

Why have you come to these conclusions?

Community equipment services are already available to those who need support and meet the eligibility criteria. The assumption is that through FACS and children's legislation the local authorities and NHS are delivering a service which meets equality legislation needs. However, the evidence of research, as well as the listening and design groups and the site visits in Phase 1 suggest that this is not the case and there is also considerable regional and local variation.

The model delivered to the Minister in April 2007 was developed collaboratively with stakeholders including people with complex needs, children and older people. It meets with overall approval from service users, providers, suppliers from the third and independent sectors and professionals. The deliverables are a first stage only, with theoretical models and outline data to support parts of the models. Phase 2 involves the detailed design and development of the new working system in partner sites. It is vital that the model can be demonstrated to deliver a service which is at least as good as the existing service for statutory sector users.

The reason I have answered "yes" in response to certain of the screening questions is for the reasons outlined below:

a) Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?

Some groups have different health and social care needs than others. Although community equipment services are available to all groups, including carers, the range of need and complexity of solutions may vary with age. For example, many older people will often benefit from a number of relatively inexpensive items to ensure they maintain a level of independence at home. In the case of young disabled people and children their needs change rapidly as they grow and the equipment required is often more complex and specific to their needs, enabling them to attend school or work. Their family and carers may also have significant support needs to enable them to maintain the family cohesion.

The evidence suggests that, though no groups are specifically excluded, the services do not serve people of any age particularly well¹². However, recent research suggests that disabled children and their families are particularly disadvantaged³⁴⁵⁶. There is also anecdotal evidence that the developmental needs of disabled children (such as for comparable mobility as their non-disabled peers) are not seen as a priority.

In addition, demographic changes mean that with increased survival of disabled children and an ageing population there will be significantly more demand for equipment from an increasingly constrained resource.

b) Is there potential for or evidence that the proposed policy will promote equality of opportunity for all and promote good relations between different groups?

We believe, that by opening up the system, more people will be able to access the support and equipment they need. Currently many people who would benefit from the preventative support equipment can provide but do not meet the FACS criteria for statutory support, are unable to get information about how they can help themselves. Everyone is a consumer; this is just another area where people need help to make decisions to promote their own independence.

It will provide a clear and practical mechanism for people to seek assessment, support, a place to try equipment etc. It will also mean that those who are responsible for their own budgets (through direct payments & individual budgets or as self-funders) will be able to make informed choices in a quality assured environment. The intention is that this will enable the statutory sector to focus resources on those with the highest support needs.

c) Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?

¹ *Fully Equipped, the provision of equipment to older or disabled people by the NHS and social services in England and Wales*, Audit Commission (2000)

² *Fully Equipped 2002, assisting Independence*, Audit Commission (2002)

³ *Services for disabled children; a review of services for disabled children and their families*, Audit Commission (2003)

⁴ *Don't push me around*, Whizz-Kidz (2006)

⁵ *Out and about*, Care Services Improvement Partnership, DH (2006)

⁶ *community Equipment: use and needs of disabled children and their families*, Beresford et al, University of York (2003)

Feedback from users and carers during the design phase suggest that this model will increase access to support and equipment. The current design has been modified as a result of the consultation and work of members of the Steering Board – it was accepted that a blanket exclusion of items of £20 or less from statutory provision could potentially discriminate against older people. The rationale for this was that older people are often living on low incomes and the nature of their support needs can mean that they need a number of cheaper items rather than one large item so the cumulative cost could be considerable (Age Concern).

It is not yet clear that the model will work for disabled children and their families – though early work suggests it will be, and third sector stakeholder support for the approach is considerable. This further work will take into account the proportionately higher financial burdens on disabled families and the likelihood of their being able to ‘top-up’ to purchase equipment which has a functional/developmental benefit rather than an aesthetic or social one.

d) Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination against a particular population group or groups?

There is a general awareness in the press, amongst users, user led organisations and those working in the field that these services do not meet peoples needs or expectations.

There are access issues across the board, and some evidence that disabled children and their families have specific issues accessing community equipment as well as other forms of support. There is also a recognition that the impact on children could be seen to be disproportionate – the right equipment should be provided in a timely manner to enable the child to participate in wider activities necessary for their development.

e) Is there doubt about answers to any of the above questions (for instance there is not enough information to draw a conclusion)?

There is evidence that the services as a whole are serving the population poorly⁷⁸, there is also specific evidence regarding access for disabled children and their families⁹ but there is no evidence which disaggregates information in terms of form of disability, race, sexuality, gender, religion or belief.

Based on the information set out above I have decided that an equality impact assessment **is** necessary.

Signed: Helen Tomkys

Business area: Social Care Policy and Innovation Team
Date: 17/09/07

⁷ Audit Commission (2000/2002)

⁸ *Getting on with our lives: A study of the experiences of people who require equipment for independent living*, Winchcombe, M & Mandalstam, M, (2006)

⁹ *It's not too much to ask*, BDF Newlife (2006)

EQUALITY IMPACT ASSESSMENT: *Community Equipment Services*

Phase 2 - Developing the retail model

Background

1. Equality and human rights legislation places specific obligations on NHS organisations, including a legal duty to ensure the delivery of services that do not discriminate on the grounds of race, disability, gender, age, sexual orientation and religion or belief. The Race Relations (Amendment) Act, Disability Discrimination Act and the Equality Act require Social Care organisations to conduct race, disability and gender equality impact assessments when developing policy and commissioning services to ensure the effective promotion of equality. Further guidance is available at: www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights.
2. The initial equality screening reflected the developmental nature of Phase 1 of the programme. With the agreement of the Minister to proceed to Phase 2, to develop and implement the model with lead partners, the conclusion was that an equality impact assessment was now warranted.
3. Local services will need to undertake their own EqIAX to ensure they meet the disability legislative requirements in delivering their services.

Introduction

4. The Department of Health White Paper, 'Our health, our care, our say' identified personalised services as the way forward for social care. The vision is for personalisation of care through the transformation of adult social care and health services. It means that everyone who receives health and social care support, whether from statutory services or by funding the support for themselves, will have choice and control over how that support is delivered, confident that services are of high quality, are safe and promote their individual requirements for independence, well-being and dignity.
5. Community equipment services are one practical way of ensuring this can become a reality. The benefits of community equipment and adaptations are considerable. They play a vital role in enabling disabled people of all ages, including children, and carers to maintain their health and independence, and to prevent inappropriate hospital admissions.
6. Effective provision of community equipment services therefore has a beneficial impact on local health and social care economies. Improving the service also has links with the various national service frameworks (NSFs) – older people, diabetes, children, and long-term conditions, and with Valuing People, the strategy for services for people with learning disabilities.
7. The review and collaborative development of the retail model is intended to improve access to, and increase uptake of, equipment and minor adaptations not just to those eligible for state support but also the wider population.
8. This is particularly important in light of the impact of demographics and the demand for equipment and other support. It is predicted that the number of people aged 65+ will

increase between 2006 and 2036 by 6.9%, most significantly, the number of people over 85 will increase by 149% in that period¹⁰. There are approximately 770,000 disabled children in the UK; the numbers have increased by 2% year on year since 1975¹¹.

9. Evidence from phase 1 (research and consultation) confirmed that although the existing statutory services meet the needs of those users who are eligible, more users are being excluded from the services. In addition, the review found that the existing retail market is not currently capable of ensuring those who could self-help can do so¹².

Children

10. The programme has recognised that though local authority services for disabled children and their families is the responsibility of the Department for Children, Schools and Families (DCSF, formerly DfES) it is important that services look at the whole life experience of an individual. Consequently, the work being undertaken by DH is looking at equipment provision for people from birth to older age and will offer an opportunity for education authorities to take advantage of the opportunities any new system offers.

Data & monitoring

11. The Commission for Social Care Inspection and the Healthcare Commission both collect performance data on community equipment services for all adults. There is no data on the service user groups receiving equipment.
12. Data from the Spring 2005/06, Delivery and Improvement Statement (DIS) on D54 (PAF) shows that most councils deliver equipment and minor adaptations within 7 working days. The information is similar for the Healthcare Commission. This does not reflect the experience of users however, the site visit data showed that the waiting time for assessment ranges between 24 hours and 19 months with children's' assessment waiting time typically being 3-4 months.

Evidence

13. There is a significant body of strong evidence (as set out in the screening document) to support the belief that community equipment services do not serve people of any age or group well¹³¹⁴. There is also evidence that, for people with specialised needs, such as those with sensory impairments, provision of equipment is even more limited.
14. The evidence is more robust in suggesting that disabled children and their families are particularly disadvantaged¹⁵¹⁶¹⁷¹⁸.

¹⁰ *Care of Elderly People Market Survey*, Laing & Buisson (2006)

¹¹ *Improving the life chances of disabled people*, Prime Minister's Strategy Unit (2005)

¹² *Transforming Community Equipment & Wheelchair Services*, CES Outline Retail Model (pp4), Care Services Efficiency Delivery Programme, DH (2007)

¹³ *Fully Equipped, the provision of equipment to older or disabled people by the NHS and social services in England and Wales*, Audit Commission (2000)

¹⁴ *Fully Equipped 2002, assisting Independence*, Audit Commission (2002)

¹⁵ *Services for disabled children; a review of services for disabled children and their families*, Audit Commission (2003)

¹⁶ *Don't push me around*, Whizz-Kidz (2006)

¹⁷ *Out and about*, Care Services Improvement Partnership, DH (2006)

15. The feedback from the working groups and site visits carried out by the team in phase 1 supports the published evidence (listed at Annex A).
16. There is no evidence that disaggregates this information for levels or types of disability, race, sexuality, gender, religion or belief. There is also no information on how effectively people with learning disabilities and others who lack capacity are able to access services and what barriers might exist for them.
17. It is also likely that those with complex or multiple needs and who come from disadvantaged groups may experience an increased level of exclusion – for example older people from BME communities.

Community Equipment Services - developing the retail model

18. The Transforming Community Equipment and Wheelchair Services (TCE&WS) Programme was asked to develop a new model of service delivery that puts users and carers at its heart. It supports the delivery of a large number of policy documents:
 - *Aiming High for Disabled Children*, DfES & HMT, 2007
 - *Partnership in Public Services: an Action Plan for Third Sector Involvement*, Cabinet Office, 2006
 - *Our health, our care, our say: a new direction for community services*, DH, 2006
 - National Service Framework for Long Term Conditions, Quality Requirement 7, DH, 2005
 - *'Improving the Life Chances of Disabled People'*, Prime Minister's Strategy Unit, 2005
 - National Service Framework for Children, Young People and Maternity Services, Standard 8, DH, 2004
 - National Service Framework for Older People, Standard 2, DH, 2001
19. In Phase 1 the team worked in with 266 stakeholders including, users and their carers, local authority and health practitioners, current providers and suppliers, the third and private sector, representatives of voluntary organisations and professional bodies. The team also worked with 11 councils and their health partners to understand the current service.
20. The open process used to engage with the range of users, carers and other stakeholders in Phase 1 meant that participants were self-selecting. Due to lack of data on ethnicity, gender etc it was not possible to distinguish individuals from specific groups to participate in the early design process. This was identified as something which will need to be addressed at a local level to ensure that in the implementation of the model services engage with groups of people who find services difficult to access and ensure any potential access issues and inequalities are addressed.
21. The model has been developed to 'outline business case' level. This means that the model at the current level of design:
 - is seen as broadly the right solution by the majority of stakeholders; and

¹⁸ *community Equipment: use and needs of disabled children and their families*, Beresford et al, University of York (2003)

- has been developed to a sufficient level of robustness to demonstrate that further investment in resources is worthwhile.

What is the model?

22. The model is a retail solution and proposes that state bodies issue users and carers where there is an assessed need with a 'prescription' that can be exchanged for free equipment at an accredited retailer.
23. The model also proposes encouraging the development of new Independent Needs Assessors who can assess an individual to determine not only what equipment may help, but who can also provide other skills e.g. additional therapeutic intervention or other supportive services and advice.
24. Finally, the model proposes to help all users and their carers access clear information so that they can understand what is available in their locality and where to find. The information will be standard across England, with clear signposting. The information standard is intended to supplement information available locally. The proposals in relation to information include access to a web-based information portal that will support a web-based self-assessment tool.
25. The model is not mandatory. Councils and their health partners will decide whether the model is the right solution for their local population.

Benefits of the retail model

26. We believe, that by opening up the system, more people will be able to access the support and equipment they need. Currently many people who would benefit from the preventative support equipment can provide but do not meet the FACS criteria for statutory support, are unable to get information about how they can help themselves. Everyone is a consumer; this is just another area where people need help to make decisions to promote their own independence.
27. The new model provides a clear and practical mechanism for individuals to seek assessment, support, a place to try equipment etc will mean that those who are responsible for their own budgets (through direct payments & individual budgets) will be able to make informed choices in a quality assured environment. The intention is that this will enable the statutory sector to focus resources on those with the highest support needs. Work is being undertaken to move it from the theoretical design phase to implementation.

Ongoing stakeholder involvement

28. The Transforming Community Equipment conceptual retail market model was designed by the CSED team working in close collaboration with 266 stakeholders including users and their carers, local authority and health practitioners, current providers and suppliers, the third and private sector, representatives of voluntary organisations, trade and provider associations and professional bodies. During the design process we also worked with 11 councils and their health partners to understand the current community equipment delivery service.
29. Stakeholders involved :

- a) Individual community equipment users
- b) Community equipment user 'representative bodies'; including, The Surrey Users Network, Assist UK, The Disability Living Foundation.
- c) Third sector organisations representing community equipment users
- d) Community equipment suppliers and manufacturers
- e) Community equipment retailers
- f) Community equipment providers (both state and private and third sector providers)
- g) Community equipment Allied Health practitioners
- h) The British Health Trade Association
- i) The National Association of Equipment Providers
- j) The College of Occupational Therapists
- k) The Association of Directors of Adult Social Services

30. On completion, the conceptual model for service delivery was then published on the CSED website on 31st May 2007 with an open invitation to comment.
31. After publication of the conceptual model, the CSED then held nine regional road show events in cities throughout England. These events were designed to share information, canvas opinion and collect feedback. The road shows were an opportunity for all stakeholders to learn about the new conceptual Community Equipment (CE) retail market model, to express views and for CSED to answer any questions. They formed part of the ongoing work to consultant and to build new communication pathways with all stakeholders and interested parties. The events were open forums and as such were advertised widely.
32. Over 1400 people attended the events, including commissioners, occupational therapists and other allied health professionals, local practitioners, store managers and staff, service users and carers, third sector organisations representing users, national and local community equipment retailers, manufacturers and trade bodies.
33. There have been over 400 questionnaires returned by stakeholders to date. This feedback is currently being analysed by CSED and will be considered in the detailed design work with the lead and micro sites for the next phase of development.

Children's services

34. The research evidence suggests that timely access to suitable equipment and minor adaptations is a particular issue for disabled children. In recognition of this the team has recruited a project manager specifically to understand the complexity of the needs of disabled children and their families, and in particular, the issues around educational equipment with key stakeholders (including DCSF (previously DfES)) how the model might include education equipment.
35. We are already working closely with the third sector organisations working on behalf of disabled children, such as Whizz Kidz and the Council for Disabled Children. We are currently holding workshops to assess the viability of the model for children's services and will be reporting at the end of the summer. This work is severely constrained by the lack of base data, but we are using the development phase to understand the situation in as much detail as possible. We are continuing to work with DCSFs, as far as possible, given their resource constraints.

Shadow running – promoting equal access at a local level

36. Currently we are working closely with two lead partners, Cheshire and Oldham, in developing the design of the model. The intention is that the systems will be in place to shadow run for 3 months, probably from early October when the self-regulatory framework should be in place.
37. This work will be tested and trialled in four micro-sites in addition to Cheshire and Oldham. They are St Helens, Knowsley and Halton, Wirral, Trafford and Manchester. They will be taking the design developed by Oldham and Cheshire and adapting it to their own local structures and needs as well as feeding back into the process.
38. Within the lead partner sites the team have set up working groups to consider the changes required to the adult needs assessment, children's needs assessment, hospital discharge and rapid response processes.
39. When considering the new processes, to enable a prescription to be issued a number of scenarios have been developed and then the model tested through these scenarios. These scenarios have been informed by the Equality Impact Assessment Screening tool and developed for all groups of people using services (including carers) from birth to older age, and are considering race, disability, gender, religion and belief with practitioners and managers using case studies from their professional experience. The sites will be testing these scenarios with service users to check they reflect real experience.
40. During shadow running, the sites will monitor the sample of users, ensuring it includes people from BME communities and other groups, to ensure they can demonstrate that the model works for all groups. It is important that the sites collect the data which will enable them to plan for future demand and strategies to address any inequalities locally.

Signed: *Helen Tomkys*

Business area: *Social Care Policy and Innovation Team*

Date: 12/09/07

Annex A

- 'Fully Equipped, the provision of equipment to older or disabled people by the NHS and social services in England and Wales' Audit Commission (2000)
- 'Fully Equipped 2002, assisting independence' Audit Commission (2002)
- 'Out and About', DH (2006)
- 'A review of services for disabled children and their families', Audit Commission (2003)
- 'Improving Services for Wheelchair Users and Carers – Good Practice Guide', NHS Wheelchair Services Collaborative (2005)
- 'A competence framework for Trusted Assessors', Assist UK (2005)
- 'Report on UK market for healthcare products', British Healthcare Trades Association (2006)
- 'The community equipment needs of children and their families', University of York
- 'Getting on with our Lives' Assist UK (2005)
- 'Equipped for Living' Improving Lives Coalition RNIB (2006)
- 'It's Not Too Much To Ask,' BDF Newlife (2006)
- 'Assistive Technology Workforce Sector Analysis England,' Foundation for Assistive Technology, (2006)