

Community Impact Assessment – Checklist and Executive Summary

Name of Proposal: Adult Social Care Supported Living Dynamic Purchasing System

Project Sponsor: Andrew Jepps, Care Commissioning Lead

Project Manager: Richard Deacon, Commissioning Manager

Date: 19/03/19

Final Checklist

Prior to submitting your Community Impact Assessment (CIA), please ensure that the actions on the checklist below have been completed, to reassure yourself/SLT/ Cabinet that the CIA process has been undertaken appropriately.

Checklist	Action Completed (tick)	Comments/Actions
The project supports the Council's Business Plan, priorities and MTFS.	√	
It is clear what the decision is or what decision is being requested.	\checkmark	
For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and potential impacts are clearly identified and mitigated for (where possible).	\checkmark	
The aims , objectives and outcomes of the policy, service or project have been clearly identified.	✓	
The groups who will be affected by the policy, service or project have been clearly identified.	\checkmark	
The communities that are likely to be more adversely impacted than others have been clearly identified.	\checkmark	
Engagement / consultation has been undertaken and is representative of the residents most likely to be affected.	\checkmark	As this is a proposal for a new contractual mechanism, engagement/consultation has been undertaken with relevant market providers only, not residents
A range of people with the appropriate knowledge and expertise have contributed to the CIA.	n/a	
Appropriate evidence has been provided and used to inform the development and design of the policy, service or project. This includes data, research, engagement/consultation, case studies and local knowledge.	\checkmark	
The CIA <u>evidences</u> how the Council has considered its statutory duties under the Equality Act 2010 and how it has considered the impacts of any change on people with protected characteristics.	√	

The next steps to deliver the project have been identified.

Executive Summary – The Executive Summary is intended to be a collation of the **key issues and findings** from the CIA and other research undertaken. This should be completed **after** the CIA and research has been completed. Please structure the summary using the headings on the left that relate to the sections in the **CIA template**. Where no major impacts have been identified, please state N/A.

	Which groups will be affected?	Benefits	Risks	Mitigations / Recommendations
PSED – What are the impacts on residents with a protected characteristic under the Equality Act 2010? Highlight any concerns that have emerged as a result of the equality analysis on any of the protected groups and how these will be mitigated. It is important that Elected Members are fully aware of the equality duties so that they can make an informed decision and this can be supported with robust evidence.	Disability	People will receive support to meet their assessed eligible care and support needs. People will be able to express choice and control, as per the Care Act, when selecting their support, but not at any cost. SCC will have proportionate contractual arrangements, including Quality Monitoring, in operation with the Independent Sector Marketplace.	 Risk of complaint and challenge. People who currently receive their support from a non-contracted Provider may be required to transition to a new Provider if: Their preferred and/or current Provider is not successful in joining the new Supported Living DPS and they are not able to manage a Direct Payment to enable them to choose to remain with their current Provider. They are not able to afford the required 'top up' – as per SCC Funding The Cost of Care guidance, when exercising choice 	The majority of existing Supported Living provision is already under SCC contractual arrangements. Following approval of Cabinet in May 2019, for those individuals currently supported by a non- contracted Provider, proportionate engagement will be undertaken as part of any tendering process. All proposed ways of working align with The Care Act (inclusive of Funding The Cost of Care guidance) and recently launched Whole Life Disability Strategy (following consultation and engagement) TUPE may be applicable in certain circumstances,

				thus providing the potential for continuity of staffing in particular circumstances Completion of a Care Act compliant Asset Based Assessment and MCA (as appropriate)
Health and Care – How will the proposal impact on residents' health? How will the proposal impact on demand for or access to social care or health services?	Mental Health and Wellbeing; Healthy Lifestyles	 As per PSED above Subject to assessed eligible needs and the personalised outcomes identified, the provision of effective Supported Living may support individuals (as per their assessed eligible care and support needs) to: Participate in a range of physical activities (e.g. attend local leisure centres) Support with meal preparation skills Providers may be able to identify signs of deteriorating health at the earliest opportunity and support a person to seek appropriate health and support Address any substance misuse issues they may have 	As per PSED above Evidence of positive outcomes achieved within existing Supported Living services shows that without the right support at the right time, an individual's overall health and wellbeing may deteriorate	As per PSED above Continued engagement with key stakeholders to ensure that supported living provision meets an individual's assessed, eligible care and support needs - ensuring those needs and outcomes are identified at the point of assessment. This will be achieved through processes such as reviews, contract management, quality assurance etc.

ccess to Social Care;	Individuals will receive support to meet their assessed eligible care and support needs. Individuals will be able to express choice and control, as per The Care Act, when selecting their support within a specified financial envelope (their Personal Budget) Individuals will be able to select how to manage their Personal Budget, as per The Care Act. As Supported Living is often provided within a shared living environment, this may afford the opportunity to 'pool' certain elements of their Personal Budget for specific activities and/or support functions	 Risk of complaint and challenge. People who currently receive their support from a non-contracted Provider may be required to transition to a new Provider if: Their preferred and/or current Provider is not successful in joining the new Supported Living DPS and they are not able to manage a Direct Payment to enable them to choose to remain with their current Provider. They are not able to afford the required 'top up' – as per SCC Funding The Cost of Care guidance, when 	The majority of existing Supported Living provision is already under SCC contractual arrangements. Following approval of Cabinet in May 2019, for those individuals currently supported by a non- contracted Provider, proportionate engagement will be undertaken as part of any tendering process. All proposed ways of working align with The Care Act (inclusive of Funding The Cost of Care guidance) and recently launched Whole Life Disability Strategy (following consultation and engagement)
	support functions	Care guidance, when exercising choice	and engagement) TUPE may be applicable in certain circumstances, thus providing the potential for continuity of staffing in particular circumstances
			Completion of a Care Act compliant Asset Based Assessment and MCA (as appropriate)

	Supported Living offers the perfect care and support	Risk of complaint and	Supported Living is
	solution to develop, maintain and, where possible, increase levels of Independent Living for those with an assessed eligible need in these areas. Where possible, Providers will be encouraged to try and identify community universal services to meet these needs before the option of directly paid for support staff time.	challenge. Risk that an individual's needs may change to the extent that a Supported Living model of care can no longer effectively meet their needs. This may result in a need to seek more appropriate accommodation and support.	already a very well established model of care and support in Staffordshire, which is well embedded with the principle of maximising an Individual's independent living skills. The new DPS is simply an alternative means of contracting for the same support model.
Safeguarding	SCC will have proportionate contractual arrangements, including Quality Monitoring, in operation with the Independent Sector Marketplace	n/a	n/a
Economic Growth	 Via the new DPS, SCC will: Provide the opportunity for existing Providers to potentially expand their existing provisions in Staffordshire as well as encourage new Providers to the region. Clarify payment rates (Reference Prices) to meet assessed eligible care and support needs. Implement proportionate 	Risk of complaint and challenge from Providers (including increased risk of Provider failure) should SCC fail to set and implement sustainable rates (Reference Prices)	Engagement undertaken with the market place in July and December 2018 with regards to a new contracting model, including the introduction of Reference Prices. As a result of market feedback and wider benchmarking, SCC did amend some of it's originally proposed Reference Prices.
		Independent Living for those with an assessed eligible need in these areas. Where possible, Providers will be encouraged to try and identify community universal services to meet these needs before the option of directly paid for support staff time.afeguardingSCC will have proportionate contractual arrangements, including Quality Monitoring, in operation with the Independent Sector Marketplaceconomic GrowthVia the new DPS, SCC will: • Provide the opportunity for existing Providers to potentially expand their existing provisions in Staffordshire as well as encourage new Providers to the region. • Clarify payment rates (Reference Prices) to meet assessed eligible care and support needs.	Independent Living for those with an assessed eligible need in these areas. Where possible, Providers will be encouraged to try and identify community universal services to meet these needs before the option of directly paid for support staff time.extent that a Supported Living model of care can no longer effectively meet their needs. This may result in a need to seek more appropriate accommodation and support.afeguardingSCC will have proportionate contractual arrangements, including Quality Monitoring, in operation with the Independent Sector Marketplacen/aconomic GrowthVia the new DPS, SCC will: • Provide the opportunity for existing Providers in staffordshire as well as encourage new Providers to the region. • Clarify payment rates (Reference Prices) to meet assessed eligible care and support needs.Risk of complaint and challenge from Providers (Reference Prices) to meet assessed eligible care and support needs.

Localities / Communities – How will the proposal impact on Staffordshire's communities?	Community Development/Capacity	Supported Living Providers will be encouraged to support individuals to access their local community services and try and identify universal community services to meet assessed needs	Communities insufficiently resourced and/or equipped to meet any potential increase in need	Transport Policy/Practice Guidance. Work with Supporting Communities Programme and People Helping People Agenda to raise awareness and accessibility.
Environment – How will the proposal impact on the physical environment of Staffordshire?	Access to jobs/Good <u>quality jobs</u> Transport	contractual arrangements – including resolution routes and an equitable process to consider yearly inflationary increases. As above SCC clarifies within the new DPS that there is an expectation that care and support providers will facilitate individuals to be able to 'get around' in their community via appropriate transport options to access for example appointments, attend leisure activities – where these are identified as assessed eligible care and support needs	As above SCC has recently consulted on restricting the operating times during which persons can use their concessionary passes on public transport. The outcome of this may potentially impact upon some people's ability to maintain existing access to their local community activities at a time they are used to.	arrangement will provide an opportunity to review inflationary increases on an annual basis. As above All proposed ways of working align with The Care Act (inclusive of Funding The Cost of Care guidance) and recently launched Whole Life Disability Strategy (following consultation and engagement) Work already underway within some Learning Disability and/or Autistic Spectrum Condition supported living services to review historic transport arrangements SCC to review current

	before the option of directly paid for support staff time.		
Leisure and Culture	Subject to personalised outcomes, the provision of effective supported living may support individuals (as per their assessed eligible care and support needs) to access a range of local leisure and cultural activities.	Individuals are not able to access these opportunities without care and support. Not all facilities or opportunities are accessible and/or making 'reasonable adjustments'.	Work with Supporting Communities Programme and People Helping People Agenda to raise awareness and accessibility.
Volunteering	SCC can specify within contractual Terms & Conditions there is a requirement for Providers to utilise the skills and resources of appropriately trained and checked volunteers, in particular services/circumstances.	n/a	Work with Supporting Communities Programme and People Helping People Agenda to raise awareness and accessibility.
Rural Communities	The new DPS will provide greater opportunities for Individuals to source care and support in their preferred location which may be within their local rural community	Despite best efforts, via the DPS, to source local support opportunities, Providers may not wish to establish services in particular locations	Work with Provider marketplace and assessment and care management teams to try and identify potential future needs in more rural localities.