

Equality & Poverty Impact Assessment 00327 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services Community Care	Lead Officer Name:	Andrew Strickland
		Team:	Policy, Performance and Planning
		Tel:	07483920655
		Email:	andrew.strickland@falkirk.gov.uk
Proposal:	<p>Home from Hospital partnership service.</p> <p>The service uses Link Workers to help identify support from third sector partners for people that are being discharged from hospital. Once discharged home, a follow-up call and 'good conversation' is conducted with the individual and, where applicable, carer. This helps to identify longer term support to help maintain independence at home and avoid re-admission to hospital.</p>	Reference No:	

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	No	No	No	Yes

Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	Yes	No	No

Other, please specify:

Identify the main aims and projected outcome of this proposal (please add date of each update):

14/04/2023	Reduction in delays in discharge from hospital and re-admissions to hospital (for non-clinical reasons)
14/04/2023	Increased access to, and options for support
14/04/2023	Increased support for carers and families
14/04/2023	Increase in volunteer numbers and opportunities
14/04/2023	Sustainable network of third sector support providing risk reduction and early intervention

Identify the main aims and projected outcome of this proposal (please add date of each update):

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SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:		Benchmark, e.g. Scottish Average	
Current spend on this service (£'0000s)	Total:		
Reduction to this service budget (£'0000s)	Per Annum:		
Increase to this service budget (£'000s)	Per Annum:		
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

SECTION THREE: EVIDENCE

Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

A - Quantitative Evidence

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

Approximately 40 people per week use the service.

Service users tend to be older, with an median age of 75.

More than one fifth of patients are referred from the ageing & health hospital wards that predominantly look after frail patients with complex medical and social needs, often involving multiple co-morbidities.

On balance, service users tend to come from more deprived areas, with 23.8% of Falkirk service users coming from data zones within the most deprived 20% of areas in Scotland.

The Community Link Workers are able to record health details that are relevant to a referral via a bespoke app. However, these details are not routinely recorded and, in practice, they have been recorded for very few service users. This information is not, therefore, indicative of the proportion of people using the service that have a disability.

Information regarding service users' gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation is not recorded. Cross-referencing records with health records via the CHI number to gain a breakdown by equality characteristics may be possible, however, the work required for this exercise would be disproportionate to any potential benefit.

B - Qualitative Evidence

This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

Social - case studies; personal / group feedback / other

The service employs two Link Workers within the hospital, who identify support in the community from third-sector partners that enables patients to be discharged safely and efficiently. Once discharged home, a follow-up visit and/or phone call involving a 'Good Conversation' is conducted with the patient and, where applicable, carer. The Good Conversation assists the Link Worker and service user to identify the longer-term support required to help maintain independence at home, that can be provided via third sector agencies.

An evaluation of the Home from Hospital Partnership was conducted in 2022. The following snapshots demonstrate how the service has assisted older people and people with a disability:

Snapshot 1:

'The Link Worker conducted a call following discharge to 'C', an elderly lady who lives alone with no family. She advised that she is managing since her discharge with assistance from friends who are visiting daily and seeing to her shopping. The Link Worker discussed Food Train with 'C' and she feels this would be a benefit to her as would take pressure from her friends who are also elderly. 'C' and the Link Worker also discussed whether Strathcarron Compassionate Communities might be an option as she enjoys having someone to chat with. 'C' was initially unsure about this. The Link Worker phoned back a few weeks later when 'C' voiced that the days were very long and she was missing company. 'C' has now agreed to a referral being made to Strathcarron Compassionate Communities and a home visit by Compassionate Neighbours Coordinator has been arranged. Snowdrop café will be discussed.'

Snapshot 2:

'J' lives alone and is keen to be at home, although his son lives a distance away. 'J' has been referred to Food Train for shopping support but would also like a befriender. The Link Worker spoke with 'J's son who reported that his dad has sight and hearing issues so I would be unable to speak with him on telephone. The Link Worker was informed by the son that his dad has a 4 x daily care package which works well and also has a key worker who visits 'J' on a Tuesday and Thursday.'

'The son asked the Link Worker to liaise with the key worker to arrange further support. The Link Worker subsequently contacted the Compassionate Neighbours coordinator. She will visit 'J' at home to introduce a Compassionate Neighbour volunteer who can help 'J' to reconnect with his club and help him find other community connections.'

Snapshot 3:

LM cares for his wife who was recently discharged from Hospital and during this he was referred for carer support. The carer support worker (CSW) contacted LM to discuss his caring role with him. LM told the worker he didn't consider himself a carer as he was just looking after his wife. The CSW explained LM was a carer as well as a husband and as such had a right to support. As a result of her hospital admission, the care needs of LM's wife had changed meaning LM now had a larger caring role. LM stated he wished to continue being the sole carer but recognised he might need a break at times. The CSW suggested an adult carer support plan as this would enable LM to access support from the social work department, particularly respite. During the completion of LM's support plan it was identified that his caring role was impacting on his finances, so the CSW helped him apply for benefits for his wife. It was also identified that LM felt isolated due to his caring role and had concerns about the future and his wife's deteriorating cognition. The CSW arranged from LM to attend care with confidence carer training sessions at the carers centre as well as attend peer support groups ran by the centre.

Snapshot 4:

CD was referred to the Food Train for the shopping service after returning home from hospital. CD has mobility and hearing difficulties and is also the main carer

for her husband. They were finding it difficult to get out for food shopping and couldn't always get a delivery through supermarket online services and would benefit from help to unpack/put away groceries. When signing up for shopping delivery with Food Train staff identified that CD and/or her husband may benefit from befriending, to allow a break from caring, as they are quite socially isolated and have no family support. CD also mentioned that she might be interested in using the Food Train At Home service, where volunteers visit regularly to help with tasks around the home such as hoovering and changing bedding plus also providing some social contact and generally checking on members wellbeing. Being referred through the Home from Hospital Partnership pilot meant that CD did not have to wait for a Social Work assessment to access services and could also be highlighted to other partners such as the Carers Centre at the same time.

Snapshot 5:

The Link Worker made a follow up call to Mr X a few weeks after discharge. Things were going reasonably well, but he admitted he was really missing his fishing. Last year his wife would take him in their own car to a loch where they have accessible fishing boats but following discharge his wife had become too frail to lift his wheelchair into the car. This meant he didn't get fishing, and she didn't get a break. The Link Worker connected them to Dial-a-Journey who now take him to the loch every week. He connects with friends, enjoys an outdoor activity, and his wife meets up with friends for a chat and informal support.

A further evaluation of the service was conducted in May and June 2023 to gain a better understanding of the outcomes for service users. Examples of the impact of the service are provided below:

“I got a call from a lovely lady from RVS who came out to visit me. I was really worried because my pet dog might be taken away from me because I was unable to exercise him, until I had recovered. She arranged for The Cinnamon Trust to find a volunteer walker. She would also visit and take him out, which made me feel so much better. She then arranged a RVS volunteer to support me and dog. She contacted the Community OT, who visited and gave me exercises to practice to get me walking safely again. She also organised a wheelchair to be delivered for when I am able to go outdoors, which was a really good incentive. The volunteer now does exercises with me and I hope I can get out soon, I really miss going out with my dog. She has also got Social Services involved as she said I would benefit from a support worker in the long term I live alone and have no-one. My dog had to go to the Groomers to stay whilst I was in Hospital which cost £25 per day, and I was in Hospital for more than 7 weeks. This really affected me financially. The lady got me in touch with a local rescue who has agreed to look after my dog if I ended up in Hospital again, but I am determined not to go back to Hospital!” (Response to the survey of service users)

“When home, I got a phone call as promised. The Community Link Worker arranged a home visit. She went all out and got me referred to a support group in the Community, Dial A Journey Membership and made sure that Social Services were aware of financial distress that I am having and Social Services have since visited. She also arranged food parcels when I had nothing and gave me information for a local foodbank. It was really good to be listened to and feel supported.” (Response to the survey of service users)

“I now have opportunity to become more social, as before I was sitting indoors and was very depressed. Having Dial A Journey also makes me feel that I can go places, especially the support group without worrying about money. I had no money or food and the Community Link Worker sorted this for me. I am only in my 30's and was very embarrassed, I am disabled and cannot work, but she did not ever make me feel that way. If it wasn't for her, I don't know how I would have survived at home.” (Response to the survey of service users)

“My mum was depressed and almost withdrawing into herself when she got out of hospital. [Home from Hospital Partnership] visits helped restore her to her normal self by providing very much needed company. By taking my mum out to the café my mum got to meet up with people more her own age with whom she

could have a conversation. My mum did not have much company other than her carers twice a day. She has very few visits from her family due to distance. Due to her immobility she is unable to get out on her own. Having CLW to talk to gave her the comfort of company and feeling less abandoned by society. My mum did feel supported for all the reasons given above. CLW also introduced her to the Food Train and the Playpen café which have improved things for my mum.”
 (Response to the survey of service users)

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	No
Who provided the best judgement and what was this based on?	
What gaps in data / information were identified?	
Is further research necessary?	No
If NO, please state why.	Sufficient information is available.

SECTION FOUR: ENGAGEMENT

Engagement with individuals or organisations affected by the policy or proposal must take place

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	Yes																					
If YES, please state who was engagement with.	A small sample of service users have been consulted as part of the second evaluation of the service. The consultation results cannot be broken down by equality characteristic. Feedback from the survey does not highlight any differential equality impacts.																					
If NO engagement has been conducted, please state why.																						
How was the engagement carried out?	What were the results from the engagement? Please list...																					
Focus Group	No																					
Survey	Yes	<p>The survey of service users asked a series of questions adapted from the Patient Enablement Instrument which gauges a person's ability to understand and manage their own health. Although based on a small sample size, the results are overwhelmingly positive, with all respondents reporting that their ability to self-manage is either 'better' or 'much better' due to the support that they received.</p> <p>As a result of the help you received upon leaving hospital, do you feel you are...</p> <table border="1" data-bbox="902 917 2181 1077"> <thead> <tr> <th></th> <th>Not applicable</th> <th>Same or less</th> <th>Better</th> <th>Much better</th> </tr> </thead> <tbody> <tr> <td>Able to cope with life</td> <td>2 (16.7%)</td> <td>0 (0%)</td> <td>5 (41.7%)</td> <td>5 (41.7%)</td> </tr> <tr> <td>Able to keep yourself healthy</td> <td>2 (16.7%)</td> <td>0 (0%)</td> <td>6 (50.0%)</td> <td>4 (33.3%)</td> </tr> <tr> <td>Able to help yourself</td> <td>2 (16.7%)</td> <td>0 (0%)</td> <td>9 (75.0%)</td> <td>1 (8.3%)</td> </tr> </tbody> </table>		Not applicable	Same or less	Better	Much better	Able to cope with life	2 (16.7%)	0 (0%)	5 (41.7%)	5 (41.7%)	Able to keep yourself healthy	2 (16.7%)	0 (0%)	6 (50.0%)	4 (33.3%)	Able to help yourself	2 (16.7%)	0 (0%)	9 (75.0%)	1 (8.3%)
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Display / Exhibitions	No																					
User Panels	No																					
Public Event	No																					
Other: please specify																						
Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	No																					

Have the results of the engagement been fed back to the consultees?	No
Is further engagement recommended?	No

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics: What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
Age		✓		The service predominantly assists older people to help them be safely discharged from hospital. Long stays in hospital once medically ready to be discharged tends to result in worse health outcomes. The service also helps improve the flow through the hospital, enabling greater capacity to admit new patients, who are disproportionately older.
Disability		✓		Many people using the service have some form of disability, especially those that are more prevalent in old age. Certain aspects of the service, for example transport home and assistance with household tasks are especially helpful to this group.
Sex	✓			There is no evidence that the service will impact upon sex.
Ethnicity	✓			There is no evidence that the service will impact upon ethnicity.
Religion / Belief / non-Belief	✓			There is no evidence that the service will impact upon religion / belief.
Sexual Orientation	✓			There is no evidence that the service will impact upon sexual orientation.
Transgender	✓			There is no evidence that the service will impact upon transgender.
Pregnancy / Maternity	✓			There is no evidence that the service will impact upon pregnancy / maternity.
Marriage / Civil Partnership	✓			There is no evidence that the service will impact upon marriage / civil partnership.
Poverty		✓		The service is used more heavily by people from deprived areas. It helps to provide assistance that might not otherwise be available to people living in poverty, for example transport and referrals to third sector organisations that can help with providing food.
Care Experienced				
Other, health, community justice, carers etc.		✓		The Carers Centres in Falkirk, Clackmannanshire and Stirling are partners in the project. Referrals can be made for carers support where required.
Risk (Identify other risks associated with this change)				

Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:

	Evidence of Due Regard
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	The potential impact of the service upon equality groups with protected characteristics is outlined in the section above. The service makes adjustments to ensure that it does not discriminate against older people and disabled people in particular, who are the most frequent users of the service.
Advance Equality of Opportunity:	The service seeks to advance equality of opportunity by providing support for people to be discharged safely from hospital, who otherwise might not have been able to be discharged home due to problems relating (in particular) to their age or disability.
Foster Good Relations (promoting understanding and reducing prejudice):	

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	No	
Councils	No	
Education Sector	No	
Fire	No	
NHS	Yes	The service helps to support the discharge process at Forth Valley Royal Hospital.
Integration Joint Board	Yes	The service is commissioned by the HSCP.
Police	No	
Third Sector	Yes	Several third sector partners are involved in the project.
Other(s): please list and describe the nature of the relationship / impact.		

SECTION SEVEN: ACTION PLANNING

Mitigating Actions: If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.

No negative impacts have been identified.

Are actions being reported to Members?

No

If yes when and how ?

SECTION EIGHT: ASSESSMENT OUTCOME

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	Yes	The service promotes equality of opportunity for older people and people that have a disability. No unlawful discrimination has been identified.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer:

Signature:	<i>Andrew Strickland</i>	Date:	14/04/2023
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SECTION TEN: EPIA TASK GROUP ONLY

OVERALL ASSESSMENT OF EPIA: Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?	Yes
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ASSESSMENT FINDINGS		
If YES, use this box to highlight evidence in support of the assessment of the EPIA		
If NO, use this box to highlight actions needed to improve the EPIA		

Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u>?	Yes / No	If YES, please describe:

LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA

LEVEL	Yes / No	COMMENTS
HIGH	Yes / No	
MEDIUM	Yes	
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	<i>Suzanne Thomson</i>	Date:	16/04/2024