Equality & Poverty Impact Assessment 00488 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services Community Care	**Lead Officer Name:**	Claire Chapman
		Team:	Locality Manager - Central
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Proposal:	Service Development - Home First and Intermediate Care The HF team operates over the acute setting to facilitate rapid Discharge and shorter length of stay for patients. They also carry many strands of work including assessments, and co-ordinating transfers to reablement, step down, interim beds etc. across the wider intermediate Care estate. This work has also continued to generate increased demand on the service. The HF Teams remit has grown since it was established, as they strived to be adaptive to this type of growing They agreed to take on additional work. One example of this would be that they have taken on the responsibility for those patients in the care of the Wards at Bo'ness Hospital and Falkirk Community Hospital. This work was previously undertaken by the NHS Discharge Co-ordinators but they no longer supply this support, so the Team adapted to cover the associated work. The Interim Manager may wish to review this decision, acknowledging that it has impacted the Teams processes and capacity to focus on assessment work. The HF team is currently physically situated over two sites - Forth Valley Royal Hospital (FVRH – Acute Site) and Falkirk Community Hospital (FCH). The team works collaboratively over both sites but operate as two teams, as there is a	**Reference No:**	

difference in their operating days and therefore there is a need for two operational duty models. There are 2 duty systems established to enable the service to meet demand, screen SSA's and direct flow.

The larger office is at FCH, which hosts most of the Team. The Home First Practitioners (HFP) work at the FVRH site. On this site they have access to 2 hot desks in an open plan office. Resulting in the other members of that team on duty each day have to negotiate the space they require to work on an ad hoc basis, often with no private space to meet patients or make calls relating to patients. On average 8 – 12 staff working in the space. The noise impacts of this type of working environment affect their productivity and the quality of the calls and interactions that they can have with patients.

The HFPs who work at FVRH, provide the service over 7 days. They have representation at each ward, working in partnership with the Integrated Discharge Hub. This includes work with the Frailty Team at the front door (Emergency Department) to mitigate admissions by sign posting and accessing other community resources.

The Team based at FCH work over 5 days, but recognise that this area of the service would better meet demand, if it were also to provide 7 day support. Thus, there would only be the need for one duty system. There is currently no evidence that this is the case for social work assessments and Discharge planning, the work of the CCWs are progressing is manageable within the normal Social Work weekly hours. This will continue be monitored.

The Social Work team average 32 referrals a month, however this is a new data set which is now being scrutinised since the start of the recovery and development work. There are a significant number of other referrals that come into the team

	that do not need social work involvement which are case managed by the Home First Practitioners and then processed to the CCWs if they become more complex or are handed over to the Home Care Liaison Officer or to the Partner provider. It is still held by the CCW to complete all assessment and planning work. Some cases remain open longer when the MDT approach is needed to support social issues or are impacted by Carer and family requirements/expectations. The HFPs recognise that cases need to be closed at the point of discharge from FVRH to enable the team to have more capacity to pick up new referrals in a timely manner, however, this is not in place yet so the team continues to hold cases for a minimum 6 weeks. However Complex AWI and ASP cases routinely stay with the Team for a year on average. Whilst a person is delayed in hospital this is appropriate for oversight and progression The Interim Manager has now put in support to allocate this work and have greater insight into the through put of this work, ensuring that best progress is being made. All these processes and the flow of allocated work/the patient journey require further scrutiny work, and a joint discussion with the team managers of locality and review teams to ensure the most efficient and outcome focused processed are developed. There needs to be a sufficient management presence on duty to carry out timely authorisations – if this support is not available then assessment and support plans and other processes can't continue and are held in a backlog To support operating over the two main office sites and various intermediate sites, Huddle meetings have been established to assist communication, collaboration and enable faster planned discharge involving a multi-disciplinary		

approach to ensure the discharge is safe and meets the individual's outcomes.

Daily and larger weekly scrutiny meetings are held, for complex cases including AWI/Guardianship and those service users in step down beds are discussed.

The HF Team work predominately with a commissioned long term Home Care Provider partner, that provider is Avenue Care. The HF Team assess for and commission reablement packages of care to the awarded provider to support discharges for home via reablement. The Avenue Care Team Managers are co-located at the FCH HF office base. There is significant work required in this area around process and the flow of work to Avenue care to ensure this is robust and efficient.

The HF team also work with several other provider partners so that the most appropriate destination can be sought. These include the Central Matching Unit, Internal Home Care, Housing, and Third sector supports.

As well as the assessment of people in the Acute setting to return Home the service provides oversight and legal governance and assessment of Intermediate Care Patients in :-

- Discharge to Assess at Home
- Interim Care at Home
- Step Down Beds
- Community Hospitals (Including Bellfield and Clackmannan Community Hospital)
- Interim Contingency areas
- Summerford House and Slow Stream Rehab at Cunningham House

The Service has identified that it will be integral in supporting patients and pathways that are currently emerging. These

services are in the design or early Delivery stage and will be developed over the next few years. Providing support to :

- Non-residential Discharge to assess
- AHP Wrap Around supports
- End of Life Supports
- HSCP Transformation Programme

Within the Partnership there is a significant programme of transformation underway over the next few years. These projects include services being reviewed, redesigned, or created. The Home First Team will work closely with these once they are realised. At that stage there will greater opportunities to redesign Home First into a more integrated service iteration. Some current HF work tasks could be realigned to improve pathways for our Patients. An example of this would be that when the new Access Team is in place, our patients who require longer term support to gain a legal order could transfer to this team when the leave hospital. Removing some of the longer-term work from the HF Team are currently providing and so that the HF focus can be on the Assessment process, as well as "tracking" patients and coordinating with wards in relation to predicted discharge dates and Partnership support to reduce length of stay.

We have considered the ongoing remodelling of homecare, as well as the way the Partnership may commission future external care in the future. This will also promote further exploration of the current discharge to assess/reablement service with Avenue Care.

The model proposed to develop Home First and Falkirk's intermediate care services also has wider opportunities such as the prevention and redirection of adults who may not require hospital admission. For example, the development of an urgent response service, as well as the current MECS

service will support this early intervention and support as links between services grow. By growing closer links with our AHP colleagues will also promote this. The proposed favoured model also gives opportunity for reviewing discharged patients at an earlier opportunity, ensuring that adults do receive the right care, at the right time and in the right place. Wider positive implications of the model could also be considered – such as the future analysis of our care home admission data, with services focusing on adults living well in their own homes for longer being developed.

This development work allows scrutiny and consideration of relevant and meaningful key performance indicators such as presentations at the emergency department, admission data, length of stay data, assessment timescales, EDDS/coding scrutiny work and oversight, as well as intermediate care options and rapid assessment.

Service Proposals:

Within the Home First service, we propose we use the options appraised to reset, recover and develop the service.

It is proposed that this phase is under review for the next 12 months:

- As part of the 12 months of recovery and development, the plan is to review incoming work, ensure key performance indicators are in place to measure the efficiency of the team.
- The period of development and ongoing review will support us to consider further models of support, operational processes, case transfer periods, demand and ensure a robust approach to whole system flow/centralisation.
- 12 months will allow further tests of change to explore further models to develop
- Establish and embed early intervention approaches

	with Home First Practitioners – develop, embed and review a tracking approach to support early assessment and Home First ethos/options • Ensure there is a clear collective focus and change in culture around Home First ethos and principles • Support acute colleagues with high impact approaches, models and changes to support patient journey and length of stay • The proposed option would also work in parallel with the ongoing intermediate care developments – specifically slow stream in Cunningham House and establishing what intervention and support may be required within this resource • Centralised whole system oversight of patient flow and resources Supporting the imbedding of PDDs and a focus on length of stay across all sites within a multidisciplinary team		

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

Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	Yes	Yes	No
Other, please specify:				

Identify the main aims and projected outcome of this proposal (please add date of each update):	
24/03/2023	Stabilise and reset the Home First service with back to basics improvements. This option would make Home First a permanent Service within the Partnerships portfolio of services. Stabilising the team by making temporary staff permanent. Enabling the recovery and reset the Home First service, with the embedding of back to basics processes and service improvements. This option would use 3 of our vacant positions to create new roles to improve service delivery. Process improvements will optimise access to assessment and improve patient flow
24/03/2023	Development work will provide an opportunity to improve the ways of working across the two sides of the team to optimise access to assessment and increase patient flow An improvement plan will be consistently embedded to :- • Continue the development of processes • Embed the development of practice – workers becoming experts in their field • Maintain robust oversight of Falkirk residents, intermediate care site availability • Improve team development and practice skills • Improve patient pathways • Gather service information in a consistent manner
24/03/2023	The service will require support to create the mechanisms to collect good baseline data and key performance indicators in a consistent way. This option would be put in place for 1 year to enable the reset and recovery of the service and then reviewed.

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	**Total:**	949	
Reduction to this service budget (£'0000s)	**Per Annum:**	0	
Increase to this service budget (£'000s)	**Per Annum:**	£991	Increase of £42,415 to existing budget/establishment. This will be funded from the Winter Pressures Care At Home budget to be considered for approval on 8/12/23.
If this is a change to a charge or concession please complete.	**Current Annual Income Total:**	0	
	Expected Annual Income Total:	0	
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.

Key Points to Note @ 06 April 2023 for Falkirk Residents/Patients/Partnership -

There were 54 patients delayed in hospital from 30th March to 6th April 2023. This was 4 fewer people than last week, and is the lowest figure in the past 6 months.

There are 19 adults who are going through the Guardianship/Adults with Incapacity process, this is the lowest figure in the past 3 months. There were 2 adults who were waiting for packages of care in hospital and this is the lowest figure in the past year. 23 patients are waiting on suitable care home vacancies. 13 patients have been waiting more than 6 weeks for a suitable service/resource availability.

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

Implementation of early intervention and tracking by Homefirst Practitioners

Review of social work cases, transfers and set up of ongoing/regular supervision.

Data will be monitored and viewed by Monthly Census reporting to the Scottish Government, daily reviews and updating of details on EDDS (Edison reporting system) and daily flow meetings.

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?	Yes

If NO, please state why.	

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?	No
If YES, please state who was engagement with.	
If NO engagement has been conducted, please state why.	Urgent development work required due to complex HR arrangements, increasing and static delayed discharge data. Internal processes to be developed and stability within the team. It would be appropriate to consult as part of this development process in the near future around patient journey's and experiences.

How was the engagement carried out?		**What were the results from the engagement? Please list...**
Focus Group	No	
Survey	No	
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?	Yes / No
Have the results of the engagement been fed back to the consultees?	Yes / No
Is further engagement recommended?	Yes

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		✓		It is anticipated that a reduction of adults length of stay and delay in hospital should be reduced via early intervention and service developments/efficiencies. This will have a positive impact on adults of all ages in terms of rehabilitation and receiving the right care, in the right place, at the right time. Caring responsibilities may have a particular detrimental impact on the lives of older adults and this needs to be taken into account via the outcome focused assessment process and carers assessment.
Disability		✓		It is anticipated that a reduction of adults length of stay and delay in hospital should be reduced via early intervention and service developments/efficiencies. This will have a positive impact on adults of all ages in terms of rehabilitation and receiving the right care, in the right place, at the right time. The recent Covid-19 impact should also be acknowledged in relation to overall patient physical acuity and mental health outcomes/needs.
Sex	✓			This development work should have a neutral impact on this protected characteristic - however, the 2011 census showed that women were more likely to report to being carers than men, and this needs to be considered via outcome focused assessment carer supports.
Ethnicity	✓			This development work should have a neutral impact on this protected characteristic, however There remains potential for a differential impact on those from ethnic minority communities. For example, it may be that patient and carer ethnicity may be 'hidden' – for example within refugee, gypsy traveller and asylum seeker populations. The assessment process will include understanding of and addressing the support needs of patients and carers carers in the context of their cultural needs alongside caring responsibilities.

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:				
				cultural needs of patients and their carers within the assessment process and journey.
Sexual Orientation	✓			It is acknowledged that being a patient from a minority group associated with sexual orientation can bring about additional concerns. For example, patients and carers may have concerns about services being approachable or have discomfort discussing outcomes and care needs. There is also awareness that there can also be a concern for some couples' where there other family members are not accepting or supportive of their relationship
Transgender	✓			Similar considerations would apply as for sexual orientation.
Pregnancy / Maternity	✓			This development work should have a neutral impact on this protected characteristic
Marriage / Civil Partnership	✓			This development work should have a neutral impact on this protected characteristic
Poverty	✓			This development work should have a neutral impact on this protected characteristic, however we are mindful of the different socioeconomic differences within the Partnership area.
Care Experienced				
Other, health, community justice, carers etc.	✓			This development work should have a neutral impact on this protected characteristic, however we are mindful of the different socioeconomic differences within the Partnership area. This may impact on the availability of care and support available in particular areas depending on care availability.
Risk (Identify other risks associated with this change)	It is recognised that carers and the people they support come from diverse circumstances with individual issues and concerns. These are taken into account when supporting/assessing patients/service users and carers across all areas of need.			

	Evidence of Due Regard
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	

Advance Equality of Opportunity:	Ensure a full system approach to tracking, assessment and discharge pathways. "An important solution to delayed discharge is better joint working between health and social care services. To ensure this we legislated, through the Public Bodies (Joint Working) (Scotland) Act 2014, to integrate local health and social care systems, with the key aim of improving people's experience of health and care services and the outcomes that services achieve"
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	Yes	Establishment of set budget and staffing requirements - therefore clarity on budget moving forward.
Councils	Yes	Falkirk council due to premises management, risk and risk management, Business continuity planning for services, health and safety and governance
Education Sector	No	
Fire	Yes	Fire safety checks and governance of facilities.
NHS	Yes	Ongoing joint work to look at developments on operational processes to improve patient journey - embedding integrated work on patient flow. Fire safety checks and governance of facilities.
Integration Joint Board	Yes	Interest around Scottish Government National Delayed Discharge data and the proposed improvements. Supporting the Partnership to meet policy standards within the National Healthcare standards
Police	No	
Third Sector	Yes	3rd sector support around whole system supports - may be impact on demand around voluntary services, transport and onward referrals as the team and patient journey becomes more efficient.
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
Age	Adults & their carers/families who are currently in hospital and require support with their hospital discharge journey	Ensure robust data scrutiny of patient data/demographic Increase service user engagement	Claire Chapman	31/03/2024	It is anticipated that a reduction of adults length of stay and delay in hospital should be reduced via early intervention and service developments/efficiencies. This will have a positive impact on adults of all ages in terms of rehabilitation and receiving the right care, in the right place, at the right time. Via audit and supervision, ensuring that carers rights and responsibilities are acknowledged and appropriate services offered.
Disability	Adults & their carers/families who are currently in hospital and require support with their hospital discharge journey	Ensure robust data scrutiny of patient data/demographic/service user group Increase service user engagement Meaningful outcome focused assessment and early tracking/intervention	Claire Chapman	31/03/2024	It is anticipated that a reduction of adults length of stay and delay in hospital should be reduced via early intervention and service developments/efficiencies. This will have a positive impact on adults of all ages in terms of rehabilitation and receiving the right care, in the right place, at the right time.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes
Sex	Adults & their carers/families who are currently in hospital and require support with their hospital discharge journey	Ensure robust data scrutiny of patient data/demographic/service user group Increase service user engagement Meaningful outcome focused assessment and early tracking/intervention	Claire Chapman	31/03/2024	Ensuring commissioned services within the Partnership area operate with Equality, diversity and human rights as key actions in support delivery & planning.
Ethnicity	Adults & their carers/families who are currently in hospital and require support with their hospital discharge journey	Ensure robust data scrutiny of patient data/demographic/service user group Increase service user engagement Meaningful outcome focused assessment and early tracking/intervention	Claire Chapman	31/03/2024	Ensuring commissioned services within the Partnership area operate with Equality, diversity and human rights as key actions in support delivery & planning.
Religion / Belief / non-Belief	Adults & their carers/families who are currently in hospital and require support with their hospital discharge journey	Ensure robust data scrutiny of patient data/demographic/service user group Increase service user engagement Meaningful outcome focused assessment and early tracking/intervention	Claire Chapman	31/03/2024	Ensuring commissioned services within the Partnership area operate with Equality, diversity and human rights as key actions in support delivery & planning.
Sexual Orientation	Adults & their carers/families who are currently in hospital and require support with their hospital discharge journey	Ensure robust data scrutiny of patient data/demographic/service user group Increase service user engagement Meaningful outcome focused assessment and early tracking/intervention	Claire Chapman	31/03/2024	Ensuring commissioned services within the Partnership area operate with Equality, diversity and human rights as key actions in support delivery & planning.

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.	
Are actions being reported to Members?	Yes
If yes when and how ?	Via regular reports to the Falkirk Integration Joint Board & SLT (Senior Leadership Team)

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	However increase patient engagement and ensure robust scrutiny of data to support positive outcomes for all patients.
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:	Claire Chapman	**Date:**	28/03/2023

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

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**	This EPIA highlights the work completed and the engagement carried out by the Homefirst Practitioners. There is also assurance around how all data which is collected will be monitored and viewed by Monthly Census reporting to the Scottish Government, daily reviews and updating of details on EDDS (Edison reporting system) and daily flow meetings.	
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>?	No	If YES, please describe: Not applicable.

LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA		
LEVEL		**COMMENTS**
HIGH	Yes / No	
MEDIUM	Yes	This EPIA will impact those covered in the age and disability protected characteristic groups, in a positive way.
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	Martin David Thom	**Date:**	07/12/2023