

Equality & Poverty Impact Assessment 00489 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services Community Care	Lead Officer Name:	Claire Chapman
		Team:	Locality Manager - Central
		Tel:	07483913558
		Email:	claire.chapman@falkirk.gov.uk

Proposal:	<p>Test of Change "Discharge to Assess" - Interim Care Team - Transfer to Partnership</p> <p>The Interim care team was set up in early 2022 to provide interim support to facilitate earlier discharges from hospital for those people who were waiting for a package of care (POC). It was initially set by acute services within Forth Valley Hospital and has been managed by the Hospital at Home Team. The Scottish Government has raised concerns about a community team reporting to an acute service in terms of oversight and governance of a care service, and an alternative is proposed. Due to governance, this service can no longer sit within this directorate, and therefore plans are in place to support a transfer to Falkirk HSCP.</p> <p>It is proposed that Falkirk HSCP take over the Interim care team from 1st April using Healthcare Support Worker Winter Pressures budget.</p> <p>The team will cover Falkirk HSCP area only. This will have no financial detriment to the current staff groups.</p> <p>This is an opportunity to trial alternative models to facilitate earlier discharge from bed based facilities and reduce length of stay (LOS).</p>	Reference No:	
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What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	Yes	No	Yes	Yes
Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	No	Yes	No
Other, please specify:				

Identify the main aims and projected outcome of this proposal (please add date of each update):	
28/03/2023	To reduce the length of stay for patient groups within particular areas such as orthopaedics and intermediate care
28/03/2023	To reduce patients being delayed in hospital - introducing a further intermediate care service option

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	£572,785	
Reduction to this service budget (£'0000s)	Per Annum:	0	
Increase to this service budget (£'000s)	Per Annum:	£572,785	Transferred from NHS to Partnership budgets. It is proposed that funding for the 11.6 WTE HCSW will come from the Healthcare Support Worker Winter funding. The Band 6 funding will come from Falkirk Community Hospital ward closure funds
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.

The Interim care team was set up in early 2022 by NHS acute services to provide interim support to facilitate earlier discharges from hospital for those people who were waiting for a package of care (POC).

The team is made up of

- 12 NHS Band 3 Healthcare Support Workers (HCSW), 9.8 WTE.
- 1.0 Band 6 Nurse which is currently vacant, however is required as a crucial coordinating role, as well as oversight. Backfill is being provided from Hospital at Home and the post is currently being recruited to.
- Currently the team is based at Falkirk Community Hospital (FCH) and hours of work are the same as Hospital at Home, 8am-8.30pm 7 days a week

As part of the test of change, service user numbers will be established as the cross over of bridging care (currently provided by the interim care team) naturally flows.

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 team have provided 6807 face to face visits in the last ten months to 238 service users. The average length of stay is 17.7 days. This has varied across partnerships and localities throughout the year. 75 people (32%) [1](#) have completed their care within the Interim Care team and have required no further POC.

With the staff moving to the Falkirk area only (with no financial detriment to the staff group), it is anticipated that there should be capacity to support a discharge to assess model within certain care sites, reducing adults length of stay in hospital (or intermediate care), and supporting a model for them to have their rehabilitation and support in their own home.

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	Yes
Who provided the best judgement and what was this based on?	Discussion between Hazel Webb AHP and Claire Chapman SW, with Head of Integration Gail Woodcock. Delayed discharge guidance within the Healthcare standards (Scottish Government)
What gaps in data / information were identified?	Estimates discussed in relation to proposed capacity of care (calculated by average care/rehab visit and full time equivalent care hours)
Is further research necessary?	No
If NO, please state why.	However as part of the test of change, measurement of length of stay and care needs/outcomes will be identified and scrutinised.

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.	This is a test of change due to the transition of an interim care service into Falkirk HSCP. The proposal will gather service user feedback and data around the impact on adults length of stay in hospital, along with adults delayed in their journey from hospital.	
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		✓		All adults will be considered as part of the test of change and initial criteria for this pilot. However, the role of carers should also be considered. For example, Caring responsibilities have particular detrimental impact on the lives older adults.
Disability		✓		All adults will be considered as part of the test of change and initial criteria for this pilot. However, there should be a positive impact on health and wellbeing of patients in receiving the right care, in the right place at the right time. The impact of the recent Covid-19 pandemic should also be considered in relation to the mental and physical health of patients and their informal carers/informal networks of support.
Sex	✓			Census and locality data show a slightly higher proportion of woman within the Falkirk area. This means that there may be a higher number of female carers supporting patients. Efforts should be made for signposting and referrals to all carers and 3rd sector services to support.
Ethnicity	✓			There remains potential for a differential impact on those from ethnic minority communities. Our Carers Strategy recognises many carers are 'hidden' – for example within refugee, gypsy traveller and asylum seeker populations, and there is work ongoing to address this. This will include understanding of and addressing the support needs of patients and carers in the context of their cultural needs alongside caring responsibilities. This should be addressed within a robust assessment process.
Religion / Belief / non-Belief	✓			Religious/Non beliefs & cultural beliefs will be taken into account through the assessment process. As part of the monitoring process we will evaluate any concerns raised and where appropriate

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:

				whether existing services to support the carer and the person that they care for may not be approachable, or discomfort around discussing this. 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	✓			Anxieties and concerns could be including whether existing services to support the carer and the person that they care for may not be approachable, or discomfort around discussing this. 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 gender identity.
Pregnancy / Maternity	✓			No impact assessed.
Marriage / Civil Partnership	✓			No impact assessed.
Poverty	✓			This is of particular concern recently due to the current rise in the cost of living. Support to patients and their carers should include signposting to income maximisation, debt and other financial advice (budgeting).
Care Experienced				
Other, health, community justice, carers etc.	✓			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 carers across all areas of need. If care is required on a longer term basis, there may be a length of wait depending on geographical area and care at home availability.
Risk (Identify other risks associated with this change)				The test of change will focus on particular areas within the hospital sites (e.g. orthopaedic areas) and intermediate care. When we can measure the impact and results of the test of change, we will be able to increase our scope to support adults with frailty and who perhaps are patients within general medicine wards. It is important as part of the test of change to start with patient groups where we feel (based on AHP expertise) we can demonstrate a positive impact to patient journey's and outcomes.

Evidence of Due Regard

Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	
Advance Equality of Opportunity:	<p>Scottish Government Policy - Independent Living - "Maximising recovery, promoting independence: an intermediate care framework for Scotland"</p> <p>The 2016 Carers Act and the Falkirk HSCP Carers Strategy are designed to promote equality of opportunity for unpaid carers</p>
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	Budget transfer and responsibility for interim care team. May require further discussion around organisational change and trade union involvement following test of change outcomes.
Councils	Yes	Business continuity planning, health and safety support, risk assessment. Governance, oversight and assurance frameworks. See IJB also for information.
Education Sector	No	
Fire	No	
NHS	Yes	Reduction in patient length of stay and patients delayed in hospital.
Integration Joint Board	Yes	Test of change relates to the vision of the Partnership - supporting patients and service users to receive the right care, at the right time in the right place. This also supports rehabilitation within a home environment with a robust AHP, support and review. Supporting sustainable services for the future. It should be noted that data will be gathered to support the evidence for the IJB in meeting it's statutory duties, However there remains risk associated with meeting increased demands in service provision for this group and available resources to meet demand.
Police	No	
Third Sector	Yes	Support with discharge practicalities such as transport, food parcels and referrals for carers support. 3rd sector support are essential partners in the delivery of the legislative and policy objectives and will have a key role in delivering support advice and information across a range of groups
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
Supporting and anticipating a reduction in a patient's length of stay	Claire Chapman/Hazel Webb	Test of change to have robust key performance indicators	Claire Chapman	29/09/2023	Robust Assessment Initial recording of rehabilitation and ensuring support plans are clear around outcomes and recovery goals.
Increase in demand may exceed the available resources.	Claire Chapman	Use of data around the longer term packages of care required Ongoing partnership working with care at home and commissioning colleagues	Claire Chapman	29/09/2023	Ensuring robust data recording around length of intervention and support needs. Regular review and oversight of data and support to influence and support long term decision making.
Impact on groups with specials characteristics may inadvertently have an negative impact	Claire Chapman/Hazel Webb	Ensure robust assessment process Ensure oversight, supervision, assurance	Claire Chapman/Hazel Webb	29/09/2023	Ensuring robust data recording around length of intervention and support needs. Regular review and oversight of data and support to influence and support long term decision making.

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 / 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	This is a test of change - the service impact will be monitored through the establishment of local performance and data collection mechanisms.
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>Claire Chapman</i>	Date:	12/04/2023
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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	Information on face-to-face visits, number of patients etc has been included in the impact assessment, no engagement was conducted.	
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>?	No	If YES, please describe: No adverse impact has been identified.
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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 / No	
LOW	Yes	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:		
Signature:	<i>Gail Woodcock</i>	Date: 19/09/2024