

# Equality & Poverty Impact Assessment 00435 (Version 1)

## SECTION ONE: ESSENTIAL INFORMATION

<b>Service &amp; Division:</b>	Social Work Adult Services None	<b>Lead Officer Name:</b>	Kirsty Nightingale
		<b>Team:</b>	Central Locality - Care Homes
		<b>Tel:</b>	07483960618
		<b>Email:</b>	Kirsty.Nightingale@falkirk.gov.uk
<b>Proposal:</b>	<p>CUNNINGHAM HOUSE</p> <p>Slow Stream Rehabilitation Bedded Care</p> <p>Capacity across the local health and care system is currently continuing to experience significant pressures as a result of increasing demand and ongoing staffing pressures, as well as evidence of people’s increased frailty and decline in mobility. This is in line with findings from Alzheimer Scotland Report into the impact of covid on people with dementia and their carers. These capacity pressures are negatively impacting on transfers of care, resulting in some people not being able to be in the most appropriate place for their care needs.</p> <p>A review of our current data is showing an increased length of time required in reablement, indicating a potential need for slower stream rehabilitation out with a hospital environment. This is supported by an analysis undertaken in 2019 which identified that Falkirk had a much lower proportion of intermediate care than other areas.</p> <p>An options appraisal was undertaken to identify a suitable solution to address this issue. A business case presenting the preferred option was considered and agreed by the HSCP Senior Leadership Team in October 2022. This will see slow stream rehabilitation come on-line over a period of time. It is anticipated that the solution put in place would require to be</p>	<b>Reference No:</b>	

available until the delivery of the Falkirk Community Hospital Masterplan programme.

The Chief Officer has approved this business case under her delegated authority in consultation with the IJB Chair and Vice Chair. A consultation has been undertaken with staff, residents and their families, IJB members, local and senior elected members and Trade Union representatives. The proposal has been considered and was positively supported by all groups through the process.

An options appraisal was carried out considering and scoring various options against five objectives:

- Create dedicated space to support people who require slow stream rehabilitation care in a bedded unit
- Ability to implement in a timely manner
- Minimise potential negative impacts in other areas of the system (for example through movement of workforce)
- Cost effectiveness
- Maximises potential improved outcomes for service users requiring slow-stream rehabilitation care (including aspects such as benefits through accessibility to families etc.)

The options considered included:

- Option 1 – Do nothing
- Option 2 – Commission a slow stream rehabilitation facility from an external provider
- Option 3 – Commission an available provider unit and deliver in-house slow stream rehabilitation from this new unit
- Option 4a – Transition an in-house long-term care home

into a Slow Stream Rehabilitation Unit

- Option 4b – Deliver in house slow stream rehab bedded care in a provider unit while transitioning an in-house long-term care home into a Slow Stream Rehabilitation Unit

The preferred option identified was to transition an existing in-house long-term care home into an intermediate rehabilitation care facility. A further options appraisal identified Cunningham House as the preferred facility for this transition. This evaluated the suitability of each of the internal care homes to transition to support slow stream bedded care. This evaluation has included consideration of space to support movement and handling, including hoist equipment, space to undertake gymnasium rehabilitation and facilities to support home living practice and condition of the building. It is noted that this option will reduce the number of long-term bedded care places available for people with dementia in Falkirk. The average occupancy in Cunningham House over the last year is 78%, which would equate to 15.6 beds occupied.

It is important to note that the current residents within Cunningham house would not be displaced as a result of this transition. This will progress on a gradual basis, as spaces become available, and will be done in consultation and communication with residents and their families to minimise potential disruption, as far as possible. The additional resources and staff that would be available within the care home would also support existing residents.

Four engagement sessions took place on Wednesday 12 October 2022 with staff, residents and families, trade union representatives and local elected members and IJB members. Regular communications with the key stakeholders will continue supporting stakeholder voices to

be heard throughout the transition process. Frequently asked questions are being compiled and a media release has been issued.

The project will progress on a gradual basis, as Cunningham House is adapted to meet the needs of people requiring rehabilitation support. Initial changes will include the recruitment of new Allied Health Professional staff, who will begin to offer new support to existing residents. It is important that this is progressed as quickly as possible to create additional capacity over the winter period.

It is anticipated that this project will have a positive impact on equalities once delivered – will help to ensure that people can be in the right place for their care needs. There may be some negative impacts on people currently living in the care home, who may have protected characteristics, and actions will be taken to mitigate any negative impacts.

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	Yes	Yes
Other, please specify:				

Identify the main aims and projected outcome of this proposal (please add date of each update):	
23/02/2023	Create dedicated space to support people who require slow-stream rehabilitation care in a bedded unit
23/02/2023	Ability to implement in a timely manner
23/02/2023	Minimise potential negative impacts in other areas of the system (for example through movement of workforce)
23/02/2023	Cost effectiveness
23/02/2023	Maximises potential improved outcomes for service users requiring slow-stream rehabilitation care (including aspects such as benefits through accessibility to families etc.)



## 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.

Capacity across the local health and care system is currently experiencing significant pressures as a result of increased frailty and demand, ongoing staffing pressures and impacts of Covid. These capacity pressures are negatively impacting on flow, resulting in people not being able to be in the most appropriate place for their care needs.

At the time of undertaking this options appraisal (WC 19/9/22), 6 people have been identified that would fall into this category in Bo'ness Community Hospital (BCH) Unit 1 which is a 25 bedded ward with an admission criterion that supports rehabilitation of less than 8-12 weeks and on the waiting list to go into BCH Unit 1. An additional 4 patients have a resolving delirium and will then be waiting for rehabilitation. Evaluation of the ward tells us that patients are being admitted to the ward but are taking much longer to rehabilitate than the planned period of time.

There are a range of intermediate bedded care units available for Falkirk residents, these include\*:

- Bo'ness Community hospital Unit 1 –25 beds for rehabilitation, EOLC, assessment of future care needs and Guardianship process
- Falkirk Community hospital – 21 beds for older adults who are cognitively challenged, assessment of future care needs and under guardianship process
- Summerford Centre – 27 beds for short term rehabilitation, anticipated rehabilitation period less than 8 weeks
- Block purchase beds in Caledonia Court, The Haining and Newcarron Court – 25 beds for interim care, reablement support provided

Spot purchase and interim beds - approximately 16 beds in Caledonia Court, Haining, Kinnaird Manor, Wheatlands and Barleystone\* and any vacancies our in house care homes, no/minimal reablement/ rehabilitation support provided (Note • Barleystone beds are currently on hold due to voluntary suspension on admissions due to LSI)

\*Note that alongside this options appraisal, work is ongoing to review the admission criteria for each of these intermediate bedded care facilities.

It is noted that this option will reduce the number of long term bedded care places available for people with dementia in Falkirk (average occupancy in Cunningham House over last year is 78%, which would equate to 15.6 beds occupied). To ensure that this does not create detriment in the Falkirk area, it is proposed to maximise bedded care spaces within our internal care homes to create 2 beds in Burnbrae Care Home (providing alternative provision to storage which would allow 2 bedrooms to be brought back into use – no registration implications. Would require storage unit to be purchased and installed in the grounds). Additional long term older adults' beds would be commissioned within our provider care homes (16 - 20 beds – Newcarron Court Care Home has approached to say they have expansion potential.)

**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**

It is anticipated that this project will have a positive impact on equalities once delivered – will help to ensure that people can be in the right place for their care needs.

There may be some perceived negative impacts on people currently living in the care home, who may have protected characteristics, and actions will be taken to mitigate any negative impacts. Some people in the home are currently living with dementia and other age related conditions. The change in pace for the home may impact on them in a negative way however it is hoped that it will actually encourage more people to join in with newer activities and become more active therefore creating a positive impact on their mental and physical wellbeing.

The engagement for the home repurposing was with both staff, residents who were able and family/POA of those who currently reside in Cunningham house. Whilst everyone understood the need for another intermediate care facility within the area they were worried how this would impact the Homely environment for the residents. The care inspectorate also was concerned. The process was explained and that it would be a slow transition and made clear to all that no one was being moved out of the home - rather as one person passed away this room would be filled with a reablement patient. The age group for admission was still over 65 years so there would be no impact on age group.

UPDATE Nov 23. Following the Care Inspectorate Inspection in August - the care inspectorate wrote " you cannot tell that the home has a mix of long term care residents and Reablement patients" The families of those in Long term care also agree and there has been no negativity since the transition started.



<b>Best Judgement:</b>	
<b>Has best judgement been used in place of data/research/evidence?</b>	No
<b>Who provided the best judgement and what was this based on?</b>	
<b>What gaps in data / information were identified?</b>	
<b>Is further research necessary?</b>	No
<b>If NO, please state why.</b>	Evidence is picked up daily by Senior leaders during the FLOW and system pressures meetings.

**SECTION FOUR: ENGAGEMENT**

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

<b>Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?</b>	Yes	
<b>If YES, please state who was engagement with.</b>	Early engagement with CI. Initial engagement on 20/9/22 confirmed: this would need a variation because the existing conditions state “a maximum of 20 people with dementia”. As part of submitting the variation, an updated Aims and Objectives for the service would need to be included and set out how we would plan and manage the move over to the new model of provision (as per description provided in meeting, the gradual transition unit by unit etc) & what that would look like in terms of staffing/ role & skill mix . Staff Engagement sessions also took place as well as a residents and family meeting	
<b>If NO engagement has been conducted, please state why.</b>		
<b>How was the engagement carried out?</b>	<b>What were the results from the engagement? Please list...</b>	
<b>Focus Group</b>	Yes	Positive feedback From Care Inspectorate with some negative feedback and concerns raised from families in respect of their loved ones currently in the home who will remain, however overall feedback was positive. the negatives were how would the change in client group effect the long term residents. Assurances were given to those with concerns. NB Since the change there has been no further negativity and overall everyone is happy.
<b>Survey</b>	No	
<b>Display / Exhibitions</b>	No	
<b>User Panels</b>	No	
<b>Public Event</b>	No	
<b>Other: please specify</b>		
<b>Has the proposal / policy/ project been reviewed / changed as a result of the engagement?</b>	No	

<b>Have the results of the engagement been fed back to the consultees?</b>	No
<b>Is further engagement recommended?</b>	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	✓			Whilst there was a perception that the long term residents may have been effected by the change- and there will be a reduction in the availability of long term care beds the change will mean that the age group will be able to have the required Reablement that is required and be able to get home sooner than if in the acute setting therefore is in line with the strategic plan for Falkirk HSCP. This means there will be a neutral impact on this characteristic.
Disability	✓			No Impact on this protected characteristic
Sex	✓			No Impact on this protected characteristic
Ethnicity	✓			No Impact on this protected characteristic
Religion / Belief / non-Belief	✓			No Impact on this protected characteristic
Sexual Orientation	✓			No Impact on this protected characteristic
Transgender	✓			No Impact on this protected characteristic
Pregnancy / Maternity	✓			No Impact on this protected characteristic
Marriage / Civil Partnership	✓			No Impact on this protected characteristic
Poverty	✓			No Impact on this protected characteristic
Care Experienced	✓			No Impact on this protected characteristic
Other, health, community justice, carers etc.	✓			No Impact on this protected characteristic
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:**

	<b>Evidence of Due Regard</b>
<b>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</b>	Family and staff forums were held to advise of the changes.
<b>Advance Equality of Opportunity:</b>	More people within the local authority will be able to have reablement and return home quicker.
<b>Foster Good Relations (promoting understanding and reducing prejudice):</b>	Family and staff forums were held to advise of the changes.

**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.
<b>Business</b>	Yes	This is in line with the Strategic Plan
<b>Councils</b>	No	
<b>Education Sector</b>	No	
<b>Fire</b>	Yes	A new Fire evacuation process will have to be put in place due to the change in service users.
<b>NHS</b>	Yes	This reablement service will support the system pressure and ensure FLOW is met in line with the strategic plan
<b>Integration Joint Board</b>	Yes	This is in line with the Strategic Plan
<b>Police</b>	No	
<b>Third Sector</b>	No	
<b>Other(s): please list and describe the nature of the relationship / impact.</b>		

## 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.**

The change in service has been well communicated and all avenues explored in terms of an options appraisal.

**Are actions being reported to Members?**

Yes

**If yes when and how ?**

A paper was submitted to the IJB in November 2022

**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	there has been no further feedback or negative comments since the transition commenced
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>Kirsty Nightingale</i>	Date:	04/05/2023
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**SECTION TEN: EPIA TASK GROUP ONLY**

<b>OVERALL ASSESSMENT OF EPIA:</b>	<b>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?</b>	Yes
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<b>ASSESSMENT FINDINGS</b>	Information from engagement presented in section 3.	
<b>If YES, use this box to highlight evidence in support of the assessment of the EPIA</b>		
<b>If NO, use this box to highlight actions needed to improve the EPIA</b>		

<b>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>?</b>	No	If YES, please describe: No adverse impact 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	Residents were gradually moved when spaces became available. No issues have been reported since the transition.

**SECTION ELEVEN: CHIEF OFFICER SIGN OFF**

<b>Director / Head of Service:</b>			
<b>Signature:</b>	<i>Caroline Doherty</i>	<b>Date:</b>	06/02/2025