

Equality & Poverty Impact Assessment 00749 (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:	Avenue Care is currently commissioned to provide a rapid discharge to assess contract to support service users with their hospital discharge. The framework for the provision of a Supported Hospital Discharge Service with Avenue commenced 1st August 2022 and has been extended until 31st July 2024. This appraisal is required to support future planning of hospital discharge services, as well as the developments within the homecare remodelling	Reference No:	

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	No	Yes	No
Other, please specify:				

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

17/04/2024	Avenue Care is currently commissioned to provide a rapid discharge to assess contract to support service users with their hospital discharge. The framework for the provision of a Supported Hospital Discharge Service with Avenue commenced 1st August 2022 and has been extended until 31st July 2024. This appraisal is required to support future planning of hospital discharge services, as well as the developments within the homecare remodelling
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Identify the main aims and projected outcome of this proposal (please add date of each update):	
17/04/2024	In terms of patient outcomes, the Partnership seeks to maintain and improve the current position. The Partnership's Strategic Plan within its priorities identifies that "services will be enhanced to support the flow of patients through hospital settings", and "enabling everyone to access the right care at the right time and in the right place."
17/04/2024	Consideration of the recently transferred Interim Care Team (ICT) also needs to be taken into consideration throughout all options. This developing service is being considered as part of the hospital discharge pathway, as well as potential considerations around an urgent response service to support discharges from the front door and AAU areas within FVRH, and a prevention of admission support service, however these developments are in their infancy. This approach would include rehab at home which would support a length of stay reduction on site, as well as intermediate care resources.

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	£1,045,961 (2024-2025)	
Reduction to this service budget (£'0000s)	Per Annum:	The recommendation supported a reduced block contract to 650 hours. 650 hours is a reduction of 78 @ 27.63 per hour which would be savings of around £28,016 over 3 months	
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:	01/06/2024	
	End Date (if any):	31/10/2024	

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 current Avenue Care Discharge to Assess Contract provides up to 728 block contract hours a week which is utilised by the Home First team, supporting adults (predominately over the age of 65 years) out of hospital from downstream wards, and on some occasions, avoiding admissions at the emergency department and acute assessment unit areas. On average across the last 3 months of 2023, Controc reports that the average block contract data was approximately 450 hours, with 33 service users being supported on average per week.

Throughout the duration of the Avenue Care contract, we have data to demonstrate that package of care delays reduced since the implementation of this contract. For example, the package of care delays were:

- February 2022 - 13 patients delayed
- January 2023 - 9 patients delayed
- June 2023 - 3 patients delayed
- September 2023 - 4 patients delayed
- February 2024 - 2 patients delayed

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 highlighted that since a more robust contract management approach was established with Avenue Care, the number of people delayed in their discharge from hospital awaiting a package of care at home has rarely been above 5. In previous years, this figure could reach up to around 30 people delayed in hospital awaiting a package of care at home. The improvements captured also relate to people in our intermediate care beds at Summerford House and Cunningham House waiting to go home following a period of rehabilitation.

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.	<p>The options appraisal considers a range of options for providing rapid support for people to come home from hospital who require social care support, reablement and/ or assessment. This will impact on whole system capacity and the number of people who are delayed in their discharge from hospital.</p> <p>Please note that this Options appraisal is relevant for information received and for scoring in March 2024, and for future planning for the next 7 months, using the information and data that is currently available.</p> <p>The options appraisal will be redone in June 2024 to take into account developments within the homecare remodelling project and the new care at home contract. Staff have been consulted during this process, with feedback taken into account via the review's process for those adults who receive a service following their discharge from hospital.</p>	
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	Staff have been consulted during this process, with feedback taken into account via the review's process for those adults who receive a service following their discharge from hospital.	
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?

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		✓		The Avenue care contract impacts on adults predominately over the age of 65 years old. This is because the majority of care at home resources (particularly hospital discharges) being utilised are registered to provide care and support to adults aged 65 years or over. However, all POC requests are considered by Avenue Care.
Disability		✓		In relation to the Home first ethos, recovery and reablement should always be fully explored. The resources provide a reablement opportunity for service users to meet outcomes with their own homes, along side potentially additional rehabilitation services. We are committed to this approach of ongoing assessment.
Sex	✓			Proposals will be applied across all service users who require support leaving hospital, and do not discriminate against any one group
Ethnicity	✓			It is recognised that patients/service users come from diverse circumstances with individual issues and concerns. These are taken into account when looking at assessment options and person centred planning during the reablement process.
Religion / Belief / non-Belief	✓			It is recognised that patients/service users come from diverse circumstances with individual issues and concerns. These are taken into account when looking at assessment options and person centred planning during the reablement process.
Sexual Orientation	✓			It is recognised that patients/service users come from diverse circumstances with individual issues and concerns. These are taken into account when looking at assessment options and person centred planning during the reablement process.
Transgender	✓			It is recognised that patients/service users come from diverse circumstances with individual issues and concerns. These are taken into account when looking at assessment options and person centred planning during the reablement process.

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:

				individual issues and concerns. These are taken into account when looking at assessment options and person centred planning during the reablement process.
Poverty	✓			There is no charge to service users for care at home services.
Care Experienced		✓		The approach supports the home first ethos - providing opportunity to move from the acute hospital site, to home to receive further assessment and reablement support. Care quality continues to be monitored by operational teams and procurement colleagues, along with care inspectorate links.
Other, health, community justice, carers etc.				
Risk (Identify other risks associated with this change)				

	Evidence of Due Regard
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	The Partnership's approach to care at home contracts and associated activity does not create unlawful discrimination. Staff always explore all "home first" options with every assessment.
Advance Equality of Opportunity:	The care at home contract with Avenue Care (specifically to support hospital discharges) provides opportunities for further assessment out with the acute hospital site. This is very important, especially when patients are not clinically unwell. Going back home to complete further assessment reduces risks to the individual service user, as well as supporting wider system pressures. Evidence shows us that service users reable and improve quickly at home, within their own, familiar environment.
Foster Good Relations (promoting understanding and reducing prejudice):	This process supports the ongoing strong building of relationships with external stake holders. An update of resources will be sent to acute colleagues as well as patient information to ensure this is readily available.

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	The contract with Avenue Care (Hospital Discharge) commits the Partnership to strong joint-working with the external organisation, and provides home first options, as well as care closer to home opportunities while risks are being assessed. Where appropriate, the Partnership engages with external stakeholders to ensure positive and meaningful pathways and operational processes.
Councils	Yes	The Partnership will closely work with Falkirk Council to increase internal and external understanding of the Partnership's services and support options. Elected members will benefit from an increased understanding and awareness of the health and social care landscape, allowing them to better inform their constituents
Education Sector	No	
Fire	No	
NHS	Yes	The Partnership will closely work with NHS Forth Valley to increase understanding of the Partnership's services and support options - this will be provided in line with supporting cultural change, ensuring patient & operational staff information and senior management participation in relevant flow meetings and boards
Integration Joint Board	Yes	Ensuring information is shared regarding the extension to the Avenue Care (hospital discharge contract) will support to empower and encourage people to access services and community support, which is in line with the strategic aims of the IJB
Police	No	
Third Sector	Yes	The Partnership will closely work with Falkirk Council to increase internal and external understanding of the Partnership's services and support options.
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
Deliver a sustainable and cost effective service to support the hospital discharge pathway.	Staff and services that provide support and assess patients, as well as those who may be in receipt of services. The IJB	Home First and Home first practitioners are key to supporting information sharing and identifying the most appropriate pathways for patients. Ongoing work and short life working groups regarding cultural change and operational processes attended by senior management in acute and Partnership settings to support oversight and changes.	Claire Chapman	31/10/2024	Ensure clear budget oversight and efficiencies and support service users to receive the right care at the right place, at the right time. Care closer to home Home first ethos.
Reduce patient length of stay and any delays in hospital.	Onsite Patients Staff and services that provide support and assess patients, as well as those who may be in receipt of services.	Home First and Home first practitioners are key to supporting information sharing and identifying the most appropriate pathways for patients. Ongoing work and short life working groups regarding cultural change and operational processes attended by senior management in acute and Partnership settings to support oversight and changes.	Claire Chapman	31/10/2024	Length of stay reduction. Receiving the right care at the right place, at the right time. Care closer to home Home first ethos.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes
Support budget savings / focus on cost effectiveness and efficiencies	The IJB	Ensure there are cost effective options that support the patient outcomes, and priorities of the strategic plan. This requires regular reviews of the block contract hours and usage.	Claire Chapman	31/10/2024	Ensure clear budget oversight and efficiencies and support service users to receive the right care at the right place, at the right time. Care closer to home Home first ethos.
Maintain patient outcomes but reducing delay in hospital and supporting them to receive the right care, in the right place, at the right time:	Staff and services that provide support and assess patients, as well as those who may be in receipt of services.	Home First are gathering a robust data set around demand, length of stay and length of assessment process - as well as any barriers to discharge.	Claire Chapman	31/10/2024	Length of stay reduction. Receiving the right care at the right place, at the right time. Care closer to home Home first ethos.
Ensure that patient delays waiting on the hospital sites (Falkirk Community, Bo'ness Community and Forth Valley Hospital sites) and intermediate care sites continue to remain low.	Staff and services that provide support and assess patients, as well as those who may be in receipt of services.	Home First are gathering a robust data set around demand, length of stay and length of assessment process - as well as any barriers to discharge.	Claire Chapman	31/10/2024	Ensure clear budget oversight and efficiencies and support service users to receive the right care at the right place, at the right time. Care closer to home Home first ethos.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes
Ensure and promote a reablement approach to care and support in meeting patient outcomes	Staff and services that provide support and assess patients, as well as those who may be in receipt of services.	Home First and Home first practitioners are key to supporting information sharing and identifying the most appropriate pathways for patients. Ongoing work and short life working groups regarding cultural change and operational processes attended by senior management in acute and Partnership settings to support oversight and changes.	Claire Chapman	31/10/2024	Ensure clear budget oversight and efficiencies and support service users to receive the right care at the right place, at the right time. Care closer to home Home first ethos.

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 ?	<p>Via SLT updates.</p> <p>Home first board to be developed to monitor and review contract, as well as home first strategy to embed ethos.</p> <p>Monitoring of data and review of data.</p>

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	In terms of patient outcomes, the Partnership seeks to maintain and improve the current position. The Partnership's Strategic Plan within it's priorities identifies that "services will be enhanced to support the flow of patients through hospital settings", and "enabling everyone to access the right care at the right time and in the right place.
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:	19/04/2024
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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?	No
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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	Lack of evidence available and proposal was not required to be subject to engagement.
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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 / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

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