

Equality Impact Assessment



Hampshire
County Council

Health and Social Care System Resilience during COVID-19

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Department: Adults' Health and Care

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Description of current service/policy

During the Covid-19 period, Adults' Health and Care has worked with the NHS to take a new single system approach, with the goal of rapidly discharging thousands of patients from hospital during 2020/21 to maximise capacity to treat people with acute Covid-19 symptoms. Changes in legislation have facilitated this and additional funding has been made available to provide care for individuals leaving hospital during the crisis period. The joint goal has been to safely care for and discharge patients to the most appropriate care settings, including some now to dedicated care home settings ("designated") for Covid-19 exclusively.

Geographical impact: All
Hampshire

Description of proposed change

Each system surrounding Hampshire's acute hospitals has developed a new discharge process in line with National directives. Referrals for discharge are now made into a multi-disciplinary, multi-organisational Single Point of Access (SPoA). These SPoA bring together all organisations who would otherwise work individually on discharging people from hospital. The principle of 'Home First' is adopted, with those unable to go home usually going for a period of rehabilitation in a specialist care home before any longer-term decisions are made. Most people will return to their own home.

Impacts of the proposed change

This impact assessment covers Service users

Engagement and consultation

Has engagement or consultation been carried out? Yes

The new arrangements were introduced quickly to comply with emergency guidance being released by the Government. This limited opportunities to engage with service users and families. However, Adults' Health and Care has consulted and engaged with all relevant system partners in co-designing and developing the new system, for example NHS partners including GPs, commissioners and acute/community providers, and district and borough councils. Various opportunities to engage with and gain feedback from service users are now in place, including work by the Wessex Academic Health Science Network which will review a number of patients on their experience of the discharge process.

Statutory considerations	Impact	Mitigation
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<p>Age: Low</p>	<p>There are a number of positive impacts of this new service model:</p> <ul style="list-style-type: none"> • Better coordination across services to ensure the most appropriate pathway is followed for each patient • Individuals tracked through their journey, so long-term health and care needs can be assessed outside a hospital setting, which is likely to result in better long-term decisions being made • Shorter hospital stays are likely to lead to less decompensation of frail elderly patients – typically, the longer you stay in hospital, the worse your outcome, therefore speedier discharge can often help. <p>The overall impact has been marked as ‘low’ however because the positives have to be balanced by a less favourable negative impact in that some patients may not get the choice of onward care they would ideally like in the short-term as the priority is to free up the hospital bed as soon as it is safe for the patient to leave.</p> <p>The mitigation is that the initial onward care is only a temporary situation, and individuals are tracked throughout their care pathway to ensure that the most appropriate long-term solutions can be found, preferably in the individual’s usual place of residence.</p>	
<p>Disability: Low</p>	<p>The identified impacts for ‘disability’ mirror those for ‘age’.</p>	
<p>Sexual orientation: Neutral</p>		

<p>Race: Low</p>	<p>We are aware that lack of choice in short-term onward care destinations for individuals coming out of hospital could impact on individuals being able to receive services that they feel are culturally appropriate in the short-term. However, the discharge to assess model which aims to assess long-term needs in the community should mitigate against short-term lack of choice by enabling more timely and personalised care planning for the longer term, out of the hospital environment.</p>	
<p>Religion and belief: Neutral</p>		
<p>Gender reassignment: Neutral</p>		
<p>Gender: Neutral</p>		

<p>Marriage and civil partnership:</p> <p>Positive</p>	<p>Reduced length of hospital stays and putting in place enhanced support at home may allow more couples to stay together in their own home for longer. Where one partner recuperates in a bedded facility, this may take pressure off the partner at home and reduce their need to take on very high levels of caring responsibility until their partner has made a greater recovery. In the short term, some couples may be apart for longer if post-discharge rehabilitation takes place in a bedded facility that is not accessible for geographical reasons or where visits in person are not yet possible. However, in the longer term, there should be benefits in recuperating outside a hospital environment.</p>	
<p>Pregnancy and maternity:</p> <p>Neutral</p>		
<p>Other policy considerations</p>	<p>Impact</p>	<p>Mitigation</p>
<p>Poverty:</p> <p>Neutral</p>		

<p>Rurality: Low</p>	<p>There are fewer care services available in rural areas if a bed-based solution is required. In addition, bed-based therapy services are being concentrated in centres of excellence or hubs. This hub approach should improve care outcomes but has a potential negative impact in that there is reduced short-term choice for the patient in their immediate onward care destination. This may particularly affect those patients who live in rural areas. This approach only applies to short-term onward care, hence the impact is considered 'low' rather than 'medium' or 'high'.</p>	
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Neutrality statement (if all considerations have a neutral impact)

Any other information