

Equality Impact Assessment

What is an Equality Impact Assessment (EIA) and why does the County Council do them?

The [Public Sector Equality Duty](#) (PSED) is an obligation within the [Equality Act 2010](#) (“the Act”), which asks public authorities, like Hampshire County Council, to give ‘due regard’ to equality considerations, in particular to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This includes assessing the impact of policies and practices on individuals and communities with a protected characteristic, as defined in the Act and some other specific groups. The County Council uses EIAs to ensure it has paid ‘due regard’ to equalities considerations when there are changes to a service or policy, a new project or certain decisions.

EIA author	Position & Department	Contact
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Title:	Management of Complex Care Discharge to Assess Pathway out of Hospital
Related EIAs:	None
EIA for Savings Programme:	No
Service affected	Discharge to assess model from hospital
Description of the service/policy/project/project phase	The current Complex Discharge to Assess (D2A) model supports individuals who are ready for discharge from an acute hospital setting but require further assessment, rehabilitation, or care planning outside of hospital before their long-term needs can be determined. Individuals are transferred onto a temporary discharge pathway, where multidisciplinary teams assess their needs and identify the most appropriate ongoing support or placement. However, the current model is experiencing challenges, including delays in transferring people from acute settings onto the pathway, extended lengths of stay within the pathway itself, and inefficiencies in assessment and decision-making processes. These issues can prevent individuals from regaining independence as quickly as possible and may lead to poorer outcomes, increased hospital occupancy, and higher system costs. Working with System Partners, it has been determined that HCC is best placed to lead on a simpler pathway for people with long term care needs, one that is easier

	for individuals, families and professionals to understand, which would allow us to support more timely discharges from the acute setting, and more streamlined/rapid decision-making to enable people to leave the pathway faster.
New/changed service/policy/project	The proposed change is to redesign the Complex Discharge to Assess (D2A) pathway, with Hampshire County Council taking lead responsibility for coordinating support for people with complex needs who are ready to leave hospital. The new model aims to improve coordination, reduce delays, shorten lengths of stay, and support more people to return home where appropriate. The pathway will align more closely with national D2A arrangements, with clearer responsibilities, improved assessment processes, and stronger partnership working between health and social care services. Whilst the proposed model is expected to have an overall positive impact through reducing unnecessary hospital stays and supporting people to return home sooner, it is recognised that some individuals may require additional support to participate fully in discharge planning within shorter timescales. This may particularly affect older people, people living with dementia or cognitive impairment, people requiring interpretation services, unpaid carers and those living in challenging housing circumstances. Appropriate mitigations will be put in place to ensure needs continue to be identified and addressed. During 2025/26 approximately 90 individuals per month were accessed through D2A pathways. Analysis identified that some individuals remained within D2A services longer than required, creating delays in accessing support for others. The proposed changes seek to ensure assessments and longer-term arrangements are completed in a timelier manner whilst maintaining person-centred support.

Engagement	
Engagement and consultation will be undertaken with key stakeholders involved in the delivery and use of the Complex Discharge to Assess (D2A) pathway, including operational staff, health partners, care providers, individuals accessing the service and their families where appropriate. This will include surveys, workshops and stakeholder discussions to gather feedback on the proposed pathway changes, identify potential impacts and understand opportunities for improvement. The findings will be used to inform the final design and implementation of the pathway and to ensure that any equality impacts are identified and appropriately addressed. Engagement will be undertaken during implementation planning and ongoing service review phases. This may include discussions with Hampshire Older Adults Partnership, Hampshire Carers Partnership, Hampshire Autism Partnership, Hampshire Learning Disability Partnership, providers, carers and people with lived experience of D2A services. Feedback will be used to identify unintended impacts, support service refinement and inform future equality monitoring. Outcomes will be monitored through existing governance arrangements, including the relevant Discharge Programme Boards and Better Care Fund governance structures. Monitoring will include: • Delayed discharge performance. • D2A pathway duration. • Return home rates. • Re-admission rates. • Complaints and feedback. • Equality monitoring data where available, including age, disability and ethnicity.	

Equalities considerations - Impact Assessment

Age

Impact on public	Positive
Impact on staff	Neutral
Rationale	The Complex D2A pathway predominantly supports older adults, although people of all ages may access the service. The proposed changes are expected to have a positive impact by reducing delays in discharge from hospital, improving coordination of assessments and support, and enabling individuals to access the most appropriate care more quickly. Earlier intervention and clearer pathways may increase opportunities for people to regain independence and return home where appropriate. There is no evidence that the proposal would disadvantage any age group. Staff will benefit from clearer responsibilities, improved processes and reduced duplication across health and social care partners.
Mitigation	

Disability

Impact on public	Positive
Impact on staff	Neutral
Rationale	The proposed changes are expected to have a positive impact on disabled people, as many individuals accessing the Complex Discharge to Assess (D2A) pathway have disabilities, long-term health conditions, or complex care needs. Improved coordination, earlier assessment, reduced delays, and clearer pathways should support timely access to appropriate care and rehabilitation, helping individuals achieve the best possible outcomes and maximise independence. Staff are also expected to benefit from clearer processes, improved coordination between health and social care partners, and defined responsibilities for managing complex discharges, enabling them to better support individuals with disabilities and complex needs while reducing duplication and improving the efficiency and consistency of decision-making.
Mitigation	

Gender Reassignment

Impact on public	Neutral
Impact on staff	Neutral

Rationale	The proposed changes are not expected to have any adverse impact on individuals undergoing gender reassignment. Access to the Complex Discharge to Assess (D2A) pathway will continue to be based on assessed health and care needs, regardless of gender identity. The redesigned pathway aims to provide a more consistent, coordinated and person-centred service for all individuals, supporting timely discharge and access to appropriate care. Staff are expected to benefit from clearer processes, defined responsibilities and improved partnership working, enabling equitable and inclusive support for all people accessing the pathway.
Mitigation	

Pregnancy and Maternity

Impact on public	Neutral
Impact on staff	Neutral
Rationale	The proposed changes are not expected to have any adverse impact on people who are pregnant, have recently given birth, or are on maternity leave. Access to the Complex Discharge to Assess (D2A) pathway will continue to be based on assessed health and care needs. The redesigned pathway aims to provide more timely, coordinated and person-centred support, which may improve outcomes for individuals requiring complex discharge arrangements during pregnancy or the maternity period. Staff are expected to benefit from clearer processes, improved partnership working and more streamlined decision-making, supporting the delivery of consistent and equitable care.
Mitigation	

Race

Impact on public	Neutral
Impact on staff	Neutral
Rationale	The proposed changes are intended to provide a more consistent, coordinated and person-centred approach to discharge planning and are expected to improve outcomes for individuals from all racial and ethnic backgrounds by reducing unnecessary delays and supporting timely access to appropriate care and support. There is a potential risk that individuals whose first language is not English, or who require interpretation or translation services, may face additional challenges in understanding discharge arrangements and participating fully in care planning within shorter timescales. There may also be cultural considerations which need to be understood and reflected in discharge planning to ensure support is appropriate and person-centred. To mitigate these risks, existing arrangements for accessing interpretation and translation services will continue to be utilised, and partners involved in discharge planning will be expected to ensure

	communication is accessible and tailored to individual needs. Discharge planning will remain based on assessed health and care needs, ensuring equitable access to support regardless of race or ethnicity. Overall, the impact is assessed as neutral, as the proposed changes do not alter eligibility for services and appropriate mitigations are available to ensure individuals from different racial and ethnic backgrounds can access and benefit from support on an equitable basis.
Mitigation	

Religion or Belief

Impact on public	Neutral
Impact on staff	Neutral
Rationale	The proposed changes are intended to provide a more consistent, coordinated and person-centred approach to discharge planning and are expected to support improved outcomes through reducing unnecessary hospital stays and facilitating timely access to appropriate care and support. The changes are not expected to adversely affect individuals because of their religion or belief. However, it is recognised that shorter discharge timescales may reduce the time available to identify and accommodate specific faith-related needs, practices or preferences where these are not identified at an early stage in the discharge planning process. To mitigate this risk, discharge planning will continue to take account of individuals' religious and cultural needs, including where these may influence care preferences, dietary requirements, family involvement, or access to community support networks. Staff and partner organisations involved in discharge planning will be expected to ensure these needs are considered as part of person-centred assessment and care planning processes. Access to the Complex Discharge to Assess (D2A) pathway will continue to be based on assessed health and care needs, ensuring equitable access to support for people of all religions and beliefs. Staff are also expected to benefit from clearer processes, improved partnership working and defined responsibilities, helping to ensure services are delivered fairly, consistently and inclusively. Overall, the impact is assessed as neutral as the proposed changes do not alter eligibility for services or individuals' ability to have their religious or belief-related needs considered and accommodated as part of discharge planning and ongoing support arrangements.
Mitigation	

Sex

Impact on public	Neutral
Impact on staff	Neutral
Rationale	The proposed changes are intended to provide a more consistent, coordinated and person-centred approach to discharge planning and are expected to improve outcomes through reducing unnecessary hospital stays and supporting timely access to appropriate care and support. The changes are not expected to adversely affect individuals on the basis of sex. Access to the Complex Discharge to Assess (D2A) pathway will continue to be determined by assessed health and care needs, ensuring equitable access for all individuals regardless of sex. However, it is recognised that women are statistically more likely to undertake unpaid caring responsibilities and, in some circumstances, shorter discharge timescales could increase pressures on family and informal carers if they are not appropriately involved in discharge planning and support arrangements. There is also the potential for caring responsibilities to impact an individual's ability to engage with discharge planning processes. To mitigate this risk, carers will continue to be involved in discharge planning where appropriate, and information, advice and support will be provided to help ensure individuals and their carers are prepared for discharge. Consideration will also continue to be given to carers' needs, including referral for a carers assessment where appropriate. Staff are expected to benefit from clearer processes, improved partnership working and defined responsibilities, helping to ensure services are delivered fairly, consistently and effectively. Overall, the impact is assessed as neutral, as the proposed changes do not alter eligibility for services or create differential access based on sex, and appropriate support and mitigations will remain in place for individuals and carers.
Mitigation	

Sexual Orientation

Impact on public	Neutral
Impact on staff	Neutral
Rationale	The proposed changes are not expected to have any adverse impact on individuals of any sexual orientation. Access to the Complex Discharge to Assess (D2A) pathway will continue to be based on assessed health and care needs, ensuring equitable access to support for all individuals. The redesigned pathway aims to provide a more consistent, coordinated and person-centred service, supporting timely discharge and improved outcomes regardless of sexual orientation. Staff are expected to benefit from clearer processes, improved partnership working and defined responsibilities, helping to ensure services are delivered fairly, consistently and inclusively.

Mitigation	
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Marriage and Civil Partnership

Impact on public	Neutral
Impact on staff	Neutral
Rationale	The proposed changes are not expected to have any adverse impact on individuals who are married or in a civil partnership. Access to the Complex Discharge to Assess (D2A) pathway will continue to be based on assessed health and care needs. The redesigned pathway aims to provide more consistent, coordinated and person-centred support, including appropriate involvement of spouses, civil partners and families in discharge planning where the individual wishes this. Staff are expected to benefit from clearer processes, improved partnership working and defined responsibilities, helping to ensure services are delivered fairly, consistently and effectively.
Mitigation	

Poverty

Impact on public	Positive
Impact on staff	Neutral
Rationale	The proposed changes are expected to have a generally positive impact on people experiencing poverty or financial disadvantage. By reducing delays in discharge, improving coordination of support and increasing opportunities for individuals to return home where appropriate, the redesigned Complex Discharge to Assess (D2A) pathway may help reduce the financial, practical and social pressures associated with prolonged hospital stays and delayed decision-making. It is recognised, however, that some individuals may face additional challenges when returning home more quickly, particularly where there are issues relating to unsuitable housing, overcrowding, accessibility, digital exclusion or financial hardship. To mitigate these risks, discharge planning will continue to consider individual circumstances and facilitate access to relevant support, including housing services, welfare and benefits advice, community support and non-digital routes for accessing information and services where required. The pathway will continue to be based on assessed need, ensuring equitable access to support. Staff are expected to benefit from clearer processes, improved partnership working and streamlined decision-making, enabling more effective and timely support for individuals and their families. Overall, the impact is assessed as positive, subject to ongoing monitoring to ensure individuals experiencing poverty or financial disadvantage are able to access appropriate support following discharge.
Mitigation	

Rurality

Impact on public	Neutral
Impact on staff	Neutral
Rationale	The proposed changes are expected to have a neutral to positive impact on people living in rural areas by improving coordination, reducing delays in discharge and providing a clearer and more consistent pathway for accessing support. Earlier planning and more effective case management should help ensure that individuals receive appropriate care in the most suitable setting, including at home where feasible. It is recognised, however, that people living in rural areas may face additional challenges in accessing services due to factors such as travel distances, transport availability, workforce capacity and digital connectivity. To mitigate these risks, the pathway will continue to be based on assessed need, with discharge planning taking account of individual circumstances and ensuring that support can be accessed through appropriate channels, including non-digital options where required. The proposed changes are not expected to alter eligibility for services or reduce access to support for people living in rural communities. Staff are expected to benefit from clearer processes, improved partnership working and streamlined decision-making, enabling more effective and timely support across Hampshire. Outcomes and feedback will be monitored to ensure equitable access to services is maintained and that any unintended impacts on rural communities are identified and addressed.
Mitigation	

Geographical Impact:All Hampshire

Equality Statement

Additional information:

None

Overview Statement:

A summary assessment to show that due regard to the Public Sector Equality Duty has been paid, which is undertaken when a full EIA is not needed:

EIA reference number: 01205

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