

Appendix A - Shropshire Council Equality and Social Inclusion Impact Assessment

IBCF Funded schemes review of impact of potential termination of ICHA Scheme

Part One Screening Record

A. Summary Sheet on Accountability and Actions

Name of proposed service change

Please use this box for the full formal name of the proposed service change, whether it is a policy, a procedure, a function, a project, an update of a strategy, etc. The term "service change" is used in this form as shorthand for whatever form the changes may take.

Independent Care Home Assessors scheme started in May 2018, funded by IBCF and delivered through staff employed by ShropCom. The service employs assessors who are staff seconded from other roles, who deliver timely and quality assessments to Providers to enable patients to be discharged from hospital safely and quickly.

The scheme was initially started to improve response times to delays created by providers being unable to do assessments in hospital wards in a timely manner and on occasion having to do more than one assessment.

The scheme is part of a multi-scheme approach to reducing hospital DTOCs and the combined effect of all the schemes has been a reduction in DToC numbers and less delay in the waiting times of people awaiting discharge from hospital. The Trusted Assessors also has Provider benefits by fulfilling the CQC requirements for Providers to admit into their service.

The proposed service change is that, due to funding from the IBCF team being insufficient to continue to fund the scheme that the scheme is stopped from March 2021

Name of lead officer carrying out the screening

Deborah Webster/ Patricia Blackstock

Decision, review and monitoring

Decision	Yes	No
Part One ESIIA Only?	Yes	
Proceed to Part Two Full Report?		No

If completion of a Part One assessment is an appropriate and proportionate action at this stage, please use the boxes below and sign off as indicated. If a Part Two report is required, please move on to separate full report stage.

Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations

Impact on market - We have also sought to gauge the views of the Provider market to assess the impact of this new way of working and of the role of the ICHA role going forward.

23% of Care Homes responded (28/120 homes)

Q1 Do you use the Independent Care Home Assessor (ICHA) Service to support discharge to your care home?

89% said **YES**
10% **were not aware of the service**
One commented the **service has changed since Covid**

Q2 Does the ICHA service provide you with accurate and comprehensive assessment information?

78% said **YES**
7% **said they had to add information**

Q3 Does the ICHA service mean you do not need to visit the hospital to carry out your own assessments?

78% said **YES**
7% said **NO**
17% **Commented that they had to get more information**

Q4 Does the ICHA service liaise with you regarding needs of individuals prior to discharge?

71% said **YES**
14% said **NO**

Q5 Does the ICHA service support people to be discharged in a safe way?

75% said **YES**
7% said **NO**

Q6. Does the ICHA service support people to be discharged in a timely way?

78% said **YES**
7% said **NO**

Q7. If the ICHA service was not available would this impact negatively on discharges to your care home?

21% Said **A LOT**
57% Said **SOME**
4% Said **NONE**

Where percentages don't add up to 100 this is due to no answers

Provider feedback on the utilisation of the ICHA showed that 89% of those who responded to the survey had used the ICHA to enable them to save time on assessments and the service is valued by providers. Additionally, 78% of providers confirmed that they did not need to visit the hospital to undertake their own assessment. Comments from providers are included at the end of the document.

In considering whether there would be a negative impact on discharges to care homes if the ICHA were not available Providers responded as follows:
21% A LOT,
51% responding that there would be SOME negative impact.

The service is seen as a convenience by the providers who use it however some providers are still not aware of the service and the feedback received represents less than a quarter of the market.

Impact on system - It must be noted that Government guidance around Covid in March 2020, directed that there should be no hospital-based assessments. Therefore, since March 2020, patients have been stepped down from the hospital setting without the need for an assessment on the ward. All assessments now take place outside of the hospital setting regardless of who undertakes the assessment, in a planned way, which mitigates against the urgency of conducting assessments within the acute setting.

As a result of this, the Trusted Assessor role has been significantly different and since March 2020, they have been supporting partners in the integrated hub to process activities around patient discharge. **Consequently, the impact of the cessation of the scheme is significantly mitigated by this change in practice**

Impact on staff - staff are currently seconded from other roles within Shropcom therefore

there is no redundancy impact as staff will return to substantive posts

Impact on patients – It is considered that every individual will still have an assessment in a timely manner and are not anticipated to experience any difference in service

Actions to review and monitor the impact of the service change in terms of equality and social inclusion considerations

This ESIIA has been created following the engagement and consultation with the providers in partnership with Shropshire Partners in Care (SPIC).

Healthwatch – Healthwatch are currently in the process of completing a survey with patients It went live on 1/9/20 and will be ongoing until 31/12/20, the survey aims to gather views and experiences of patients who have been in hospital in the past 6 months and system partners are awaiting feedback.

Consultation has not taken place with patients in the hospital setting as it is not considered an appropriate approach however it has also been considered that every individual will still have an assessment in a timely manner and are not anticipated to experience any difference in service

Associated ESIIAs

This is the initial ESIIA for this project consultation and will be reviewed and updated following final decision on next year's funding and discussion at the Joint commissioning board

Scrutiny at Part One screening stage

People involved	Signatures	Date
<i>Lead officer carrying out the screening</i>	Deborah Webster <i>Patricia Blackstock</i>	13.10.20
<i>Any internal support*</i> N/A		
<i>Any external support**</i>	Shropshire Partners in C4re independently conducted the provider survey	

**This refers to other officers within the service area*

B. Detailed Screening Assessment

Aims of the service change and description

The change to the service would be to withdraw the separate Independent assessment service and return the responsibility for the assessments from 1st April 2021 to the care home managers.





Intended audiences and target groups for the service change







All residents in Shropshire who could have had a period of time in hospital and needs identified as going into a care home and are assessed as medically fit for discharge from hospital would receive an assessment and are eligible for Council funded care home placements. However It is expected that service users and families would not to see a difference to the service they receive with the revised arrangements.

In the current circumstance due to Covid all assessments are away from the wards so impact will be low on patients but higher on providers.

Initial assessment for each group

Please rate the impact that you perceive the service change is likely to have on a group, through inserting a tick in the relevant column. Please add any extra notes that you think might be helpful for readers.

Protected Characteristic groups and other groups in Shropshire	High negative impact <i>Part Two ESIIA required</i>	High positive impact <i>Part One ESIIA required</i>	Medium positive or negative impact <i>Part One ESIIA required</i>	Low positive or negative impact <i>Part One ESIIA required</i>
Age (please include children, young people, people of working age, older people. Some people may belong to more than one group e.g. child for whom there are safeguarding concerns e.g. older person with disability)				
Disability (please include mental health conditions and syndromes including autism; physical disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; HIV)				
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
Marriage and Civil Partnership (please include associated aspects: caring responsibility, potential for bullying and harassment)				

Pregnancy & Maternity (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
Race (please include ethnicity, nationality, culture, language, gypsy, traveller)				
Religion and belief (please include Buddhism, Christianity, Hinduism, Islam, Judaism, Nonconformists; Rastafarianism; Sikhism, Shinto, Taoism, Zoroastrianism, and any others)				
Sex (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				
Other: Social Inclusion (please include families and friends with caring responsibilities; people with health inequalities; households in poverty; refugees and asylum seekers; rural communities; people for whom there are safeguarding concerns; people you consider to be vulnerable)				
Comments from providers in regards the service:				

'We are not always able to go and assess and having this service enables individuals to access our services in a more timely manner '

'The nurses change so much and use agency so that when we ring for information it is different depending on who you talk to, the IA can read thorough notes and find what we need and lease with physio and OT'

'This would mean more traffic through the hospitals and especially in these times would be a concern.'

'At present time with COVID 19 it would mean I would have to visit hospital setting then come back to care setting'

'Since in the inception of ICHA it has been easy to get information prior to admission of a resident. That one point of call is very important. Unlike calling the ward, you never either to speak to the exact person who cares for the patient or even in some case a meaningful information. Communication prior to admission has been very good with ICHA.'

'The ICHA is essential to facilitate discharges from hospital in a timely way'

'Preventing having to go to hospital is the main reason but we still phone up the ward as a handover'

'My experience of the ICHA team is a very positive one. I have liaised with them a lot in the past, around potential discharges they have assessed on my behalf, to residents who have been admitted to the hospital from our home, gathering information and any changes in their condition. It can be difficult to speak with the ward due to workload etc, so it is great to have them on hand. It is also positive when they call the home post-discharge to ensure that everything is ok and that the resident is safe and happy'