**Equality Impact Assessment Form**

**CHARTING THE EXPERIENCES OF PEOPLE BEING DISCHARGED FROM HOSPITAL ON THE PATHWAY 3 CARE ROUTE**2020

Healthwatch research and engagement projects seek to ensure that people who find it hardest to be heard can influence and design and delivery of health and care services.

When seeking outcomes from a piece of work, or when making recommendations to commissioners and providers, consideration for the effect it has on all people needs to be addressed.

Equality, diversity, and inclusion are at the heart of our values.  As an organisation whose sole purpose is to give a strong and powerful voice to people who often go unheard, the Equality Act serves as the minimum for our work.

This form demonstrates that when the project is undertaken, the outcomes are achieved, and recommendations have been implemented this has led to increased equality and reduced barriers for protected groups and others who experience discrimination or disadvantage; whilst not inadvertently excluding others.

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**1. Project Rationale**

The discharge to assess model has been implemented since March 2020 with an intention to support more people to be discharged to their own home. Health and social care systems are expected to build on this work during the first half of 2021-22 to embed discharge to assess across England as the default process for hospital discharge during the funded period. Through a combination of embedding the Discharge to Assess model carries an expectation of the reduction of the length of stay for people in acute care, an improvement in people’s outcomes following a period of rehabilitation and recovery and that it will minimise the need for long-term care at the end of a person’s rehabilitation.

The EIA works to highlight the areas where the topic exacerbates inequality and to focus on ways to mitigate this with both design and outcomes

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| **Project Name** | **Lead Staff / Volunteer** | **Date of Assessment** |
| Bristol D2A Pathway 3 -Experiential Outcomes 2021 | Julie Bird – Area Lead | October 2021 |
| The project will explore the expectations, experiences and outcomes for patient and families during their pathway 3 process from hospital admission through care, placement, and the return to home settings. It will look at the issues and expectations of patients and at the professional decisions that inform these. The project aims to engage staff across the process teams, from those involved in assessment, treatment, care, and administration. It will chart the qualitative comments of patients, carers, friends & family and explore their experiences through surveys and one to one interview in a longitudinal study. It will seek to make recommendations that provide better outcomes for patients in terms of communication, non-readmission, and quality of experience. It will highlight improvements and good practice where information pertaining to this is uncovered. | | |

JSNA- Health & Wellbeing Profile 2020/21 - Rationale that patients will still receive high quality care from acute and community hospitals but will no longer be able to stay in a bed when this is unnecessary. There are no longer social work hospital teams based at BRI or Southmead and these are now multiagency (Sirona community & integrated care bureau) who manage all single referral forms. All supported discharges now receive intermediate care in a community bed or their own home.

Adult social care strategic plan 2016 - Vision statement

Vision: People can get the right level and type of support, at the right time to help prevent, reduce, or delay the need for ongoing support, and to maximise people’s independence.

Social Care strategy 2021

Hugh Evans, Executive Director (People) August 2020 presented the need for appropriate discharge as a priority whilst giving a strategic update to the Health Scrutiny Panel. This included plans that the mobilisation of efficient ‘whole system’ ‘out of hospital’ service approaches including ‘Home First’ should address the previously ineffective discharge system.

Bristol Healthwatch Prioritisation Scoring Matrix - 2021

The recommendation to investigate Discharge to Assess was adopted as it reached the internal maximum threshold for priority scoring. The need to investigate discharge and the social care capacity and assessing the effectiveness of integrated care was approved

**2. Bristol Discharge to Assess Equality Breakdown**

|  |  |  |
| --- | --- | --- |
| **Statistical Breakdown Bristol Population 2021 Project Participants 2021** | | |
| Female | 50% | 76% |
| Male | 50% | 24% |
|  | | |
| Disabled | 17% | 49% |
| Non-disabled | 83% | 51% |
|  | | |
| Bisexual | - | 4% |
| Gay Man | - | 1% |
| Gay Woman/Lesbian | - | 2% |
| Heterosexual | 91% | 93% |
| Other | 8.7% |  |
|  | | |
| Under 45 | 71% | 59% |
| 46 to 64 | 16% | 31% |
| Over 65 | 13% | 10% |
|  | | |
| White British | 78% | 84% |
| Ethnic Minority | 16% | 16% |
|  | | |
| Transgender Yes | - | 1.5% |
| Transgender No | - | 98.5% |
|  | | |
| Buddhist | 0.6% | 0% |
| Christian | 46.8% | 21% |
| Hindi | 0.6% | 0% |
| Jewish | 0.2% | 0% |
| Muslim | 5.1% | 6% |
| Sikh | 0.5% | 0% |
| Any other religion | 0.7% | 0% |
| No Religion | 37.4% | 66% |
| Not Stated | 8.1% | 7% |

Data sets for pathway 3 are unfortunately small (<https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/hospital-discharge-admissions>)

Pathway 0

50 per cent of people: simple discharge, no input from health/social care.

Pathway 1

45 per cent of people: support to recover at home; able to return home with support from health and/or social care.

Pathway 2

4 per cent of people: rehabilitation or short-term care in a bed-based setting.

Pathway 3

1 per cent of people require ongoing 24-hour nursing care, often in a bedded setting; long-term care is likely to be required.

**Identified Inequality Breakdown**

To understand and address the impacts of hospital discharge across diverse protected characteristics it is necessary to establish if certain groups are “more likely” to suffer adverse effects and therefore unequal outcomes.

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| --- | --- | --- | --- |
| **Number** | **Protected characteristic or priority group** | **Source of information** | **Information / evidence** |
|  | Age | Operations Director Hospital Trust Oct ‘21 | Older patients can experience more confusion regarding information and expectations |
|  | Low Income | Staff Homecare/ AGE UK doc | Patients can experience anxiety around costs and funding |
|  | Marital Status | Sirona Care & Health | Those without assistance may be less likely to be offered to return to their own homes |
|  | Ethnicity & English as a second language | Chinese Community Wellbeing discussion | Prior knowledge suggests that those with English as a second language will be more in danger of information inappropriately provided |
|  | Sensory impairment, disability & Learning Difficulties, Dementia | Bristol Carers Voice and Bristol Equality Network | Prior information suggests some groups may not receive information in an appropriate format, if at all |

**3. Project Equality Methodology Approach**

* Actions to mitigate any negative collection methodology:
* List of who needs to be consulted including those groups identified as possibly receiving negatively unequal discharge experiences
* Identification of barriers to engagement and project plan to mitigate to include digital exclusion, language diversity, sensory impairment, and cultural determinants
* Resource modification to include language, pictorial, verbal surveys, choice of interviewer, full outreach and plans to adapt as per need
* Actions to be taken on an on-going basis.
* Review of statistics of characteristic percentages in data collection
* Interviewee satisfaction questions
* Focus on groups experiencing potential inequality as per table below

|  |  |  |
| --- | --- | --- |
| **Identified Group** | **Inequality** | **Focused Methodology** |
| Sensory Impairment | Disadvantaged by communication methods | Ensure surveys are legible to those with visual impairment  Ensure large print communication  Ensure interviews are in appropriate medium |
| English as second language – minority groups | Disadvantaged by communication methods | Survey to be translated and interviews conducted by consultant third party |

**4. Equality Outcomes Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Outcome/ Recommendation** | **Positive Outcome** | **Negative Outcome** | **Action To Align Equalities** |
| Communication | Yes |  | Improvements to include language |
| Named contact | Yes |  | Appropriate to language |
| Written plans | Yes | No | For missed communications but must be an addition not the only |
|  |  |  |  |
|  |  |  |  |

**5. Inequalities Principles/Data Profiles**

* Equality and Human Rights Commission – ‘[Is Britain Fairer? (2018)](https://www.equalityhumanrights.com/en/publication-download/britain-fairer-2018)’
* The promotion of social inclusion - <https://www.gov.uk/government/publications/the-promotion-of-social-inclusion>
* Marmot review post-2010 - <https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010>
* JSNA data profiles – <https://www.bristol.gov.uk/policies-plans-strategies/jsna-data-profile>
* Ward Profiles BCC census – <https://www.bristol.gov.uk/statistics-census-information/new-wards-data-profiles>
* State of Bristol key facts – <https://www.bristol.gov.uk/documents/20182/32947/Bristol+Key+Facts+2021>