

Equality Impact Assessment (EqIA)

Introduction

This EqlA is for: Hospital to Home Support Service

Details are set out: ASCH Committee report "Update on progress with arrangements

to integrate health and social care in Mid-Nottinghamshire"

Officers undertaking the

assessment:

Wendy Lippmann, Transformation Manager

Assessment approved by: Service Director, Sue Batty Date: 10.10.16

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; 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.

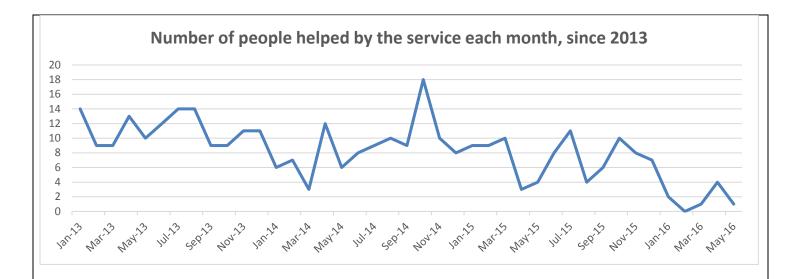
The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

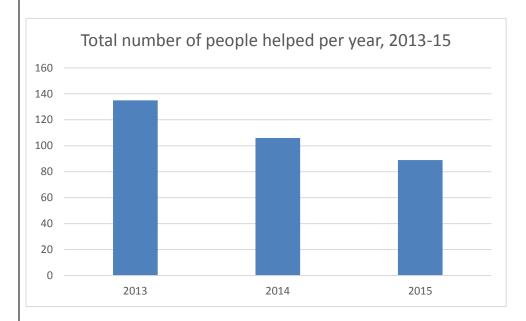
Part A: Impact, consultation and proposed mitigation

1 What are the potential impacts of proposal? Has any initial consultation informed the identification of impacts?

The "Hospital to Home Support Service" is run by 1.6fte paid Council staff who coordinate volunteers to support people who are being discharged from hospital with low level assistance, to ensure that they are safe when they return home. The people referred to the scheme are people who live in Mansfield and Ashfield, who are about to be discharged or who have recently been discharged, and who do not have sufficient support available to them from friends, family or neighbours to ensure that they are confident and safe back at home.

Data has been gathered to show how much use is being made of this scheme and how usage has changed over the last 3 years. The information shows that usage has fallen since 2013 and is extremely low in 2016. As a result, the staff find it difficult to maintain volunteer commitment.





- The paid workers are working 256 hours per month. This delivered an average of 32 hours per month of support to people being discharged, helping an average of 7 service users per month, between Jan to December 2015. During 2015, there were 89 people supported in total which works out at a cost of £521 per person.
- This average dropped to 5.5 hours per month of support to people from January to April 2016, helping an average of 2 people per month. This drop is likely to have been due to long-term sickness of the full time staff member (3 months).
- Records show that the number of people helped and number of hours of support from volunteers was 20% greater in 2013 than in 2015, so the service has been declining since 2014.

For these reasons, the Council believes that the impact of closing this scheme will be very low as there are only low numbers of people accessing the scheme. People receive the support for a period of up to 3 weeks so the people who are using the scheme at the moment will not suffer any detriment if the scheme ends in April 2017.

The expected impacts of the scheme ending are:

- People receiving a short-term service from the scheme in February and March 2016 will have the service end by the end of March 2016.
- The 1.6 fte staff employed in the service will be put at risk.
- The volunteers who support the service will no longer be required and can offer their time to other volunteer schemes either within the hospital or the community.
- People who would have accessed the scheme had it continued will be referred on to other volunteer provision available in the community for support (if they are not eligible for support

has eligible needs.	uppc	ort will be commiss	sioned for a time-lim	ited period, if the person
Protected Characteristics	s: Is	there a potential	positive or negativ	re impact based on:
Age		Positive	✓ Negative	☐ Neutral Impact
Disability		Positive	✓ Negative	☐ Neutral Impact
Gender reassignment		Positive	□ Negative	✓ Neutral Impact
Pregnancy & maternity		Positive	□ Negative	✓ Neutral Impact
Race including origin, colour or nationality		Positive	□ Negative	✓ Neutral Impact
Religion		Positive	□ Negative	✓ Neutral Impact
Gender		Positive	☐ Negative	✓ Neutral Impact
Sexual orientation including gay, lesbian or bisexual		Positive	□ Negative	▼ Neutral Impact
detailed including consid	dera	tion of the equa	lity duty, proposal	
How do the potential impacts affect people with protected characteristics What is the scale of the impact?		How might negative impact be mitigated or explain why it is not possible		How will we consult
isually those who are older s with additional low level ort needs, which may arise to health conditions and/or bilities. They have little or no ort available from family or		support needs wi other community sector schemes, term support on I will have short-te commissioned fo	Il be referred to or voluntary to provide short- eaving hospital, or rm support r them, if they are	We cannot consult with potential users of the scheme in the future as we do not know who they are. We will consult with the current volunteers and staff about this proposal.
	Protected Characteristics Age Disability Gender reassignment Pregnancy & maternity Race including origin, colour or nationality Religion Gender Sexual orientation including gay, lesbian or bisexual Where there are potential detailed including consist mitigated (where possible do the potential impacts affect le with protected characteristic What is the scale of the impact people who use the scheme is ually those who are older is with additional low level iout needs, which may arise to health conditions and/or	Protected Characteristics: Is Age Disability Gender reassignment Pregnancy & maternity Race including origin, colour or nationality Religion Gender Sexual orientation including gay, lesbian or bisexual Where there are potential need detailed including considera mitigated (where possible) ar do the potential impacts affect le with protected characteristics What is the scale of the impact? people who use the scheme isually those who are older is with additional low level ort needs, which may arise to health conditions and/or bilities. They have little or no nort available from family or	Protected Characteristics: Is there a potential Age	Protected Characteristics: Is there a potential positive or negative Age

Part B: Feedback and further mitigation

4	Summary of consultation feedback and further amendments to proposal / mitigation

 $Completed \ Eql As \ should \ be \ sent \ to \ \underline{equalities@nottscc.gov.uk} \ and \ will \ be \ published \ on \ the \ Council's \ website.$