

Equality Impact Assessment

Equality Impact Assessment Form

1. Contact Details

Service/department/section: Adults Commissioning, Adults Services

Full name: Sarah Saych

Job Title: Commissioning Manager

Email/phone: sarah.saych@westsussex.gov.uk and 033 022 23773

Submission date: November 2021

2. About the Policy, Procedure or Change

- 2.1 Marjorie Cobby House (MCH) is a 34 bedded care home, owned and run by West Sussex County Council. It is located in Selsey and is registered with the Care Quality Commission (CQC) to provide short-term (interim) and discharge to assess (D2A) beds to adults. The service primarily supports people coming out of hospital and in particular St Richard's hospital in Chichester.
- 2.2 In 2018 the Council identified a requirement to undertake a review of the in-house residential services for adults it provides, which included services provided at MCH in Selsey. The review was delayed as a result of the Covid-19 pandemic but has now been undertaken and the information from the review and the feedback from a recently held consultation have been used to establish proposals on future service arrangements.
- 2.3 The review has found that since the introduction of Home First and the changes in Hospital Discharge pathways there has been more demand for supporting people in their own home. There is also not a demand for the number of available beds within MCH with an average number of admissions of 13 beds per month in 20/21. In addition, the MCH building is not felt to be suitable to accommodate people with more physical complex care needs without further and significant investment. The proposal that was recently consulted included the closure of the service and commitment to find alternative arrangements to better support those needing short-term residential care and reablement support, enabling the Council to meet future demand more effectively within available resources.
- 2.4 The Council remains committed to supporting people who are discharged from hospital to return home as quickly and safely as possible, as this important for their wellbeing and recovery.
- 2.5 A six-week public consultation was held from 9 August to 20 September 2021, in advance of the Cabinet decision in November 2021.
- 2.6 Proposed savings were presented to the Health and Adults Social Care Scrutiny Committee on the 13 January 2021 and then at Cabinet on the 22 January 2021,

which included £640k in savings related to Directly Provided Services and identifying the closure of MCH as a possibility.

2.7 As of June 2021, there are 45 staff, which does not include casuals.

2.8 **Title of Policy, Procedure or Change:**

Short-term residential care services in the Chichester and Bognor Regis area

2.9 **Briefly describe the purpose of the changes being made:**

As above.

2.10 **Who do the changes apply to? (delete any that are not applicable)**

- All Staff and Casuals
- Green book only
- Community
- Current Customers
- Future customers
- Family and friend carers and family and friend carers of future customers
- Other (St Richards Hospital -Western Sussex Hospitals Trust, Clinical Commissioning Group and Sussex Community Foundation Trust)
- Care Market Providers

3. **Data collection; consultation; and evidence**

A customer profile regarding age on admission, gender, referral routes and where customers move onto has been created using data from 2018-2021 and is given in the following tables.

Table 3.1 Sex of people admitted to MCH (2018-2021) – number and %.

Sex	Number (% of total)
Female	287 (64%)
Male	158 (36%)

Table 3.2 Age at admission to Marjorie Cobby House (2018-21)

Age	Number of admissions
85 years and older	229
75-84 years	132
65-74 years	47
45-64 years	34
18-25 years	13

Table 3.3 Admission route to MCH (2018-2021)

Admission route	Number of admissions
St Richards hospital	324
Own home	50
Bognor Regis hospital	30
Arundel hospital	14
Other hospital	13
Worthing hospital	11
Care home	3

Table 3.4 Where people were discharged to following MCH stay (2018-21)

Where discharged to from Marjorie Cobby House (2018-2021)	Number of admissions
Own home	254
Care home	93
Hospital	80
Extra care housing	13
Passed away	4
Temporary housing	1

Of the 106 customers purchased on Mosaic at MCH since April 2020, 18 had a previous county council funded service that pre-dated their placement at MCH. This is 17% of the total, with the other 83% being new customers to the County Council.

MCH has also on occasion supported people with alcohol and drug related issues, along with accepting people into the service who are funded via Section 117 after care.

Staff are recognised as a stakeholder in relation to the planned review of short-term hospital discharge of MCH, Selsey. Engagement and consultations with staff and UNISON will take place throughout the project. As part of this, a separate Equalities Impact Assessment will be undertaken in relation to the proposed approach for implementing any decisions taken. The Equality Impact Assessment will form part of any formal consultation with staff. Throughout the project all staff will be encouraged to raise any concerns, or specific individual needs, with their line manager, Human Resources, or their trade union.

All staff will have the opportunity to access and receive support from their management team, their trade union, and also via the confidential Employee Assistance Programme, which is available 24 hours a day, 7 days a week. As part of the staff consultation process there will be one-to-one meetings that will provide the opportunity for discussion on personal circumstances, needs, and adjustments as required.

3.5 **Service Demand**

Need and Demand work is being undertaken to identify future commissioning requirements. This identifies the numbers of beds we estimate would be required for future commissioning.

Soft Market Testing was undertaken through market engagement from 11 August 2021 for a month. The Council contacted 81 care providers in the Chichester and Bognor Regis areas requesting information and their potential interest in providing interim residential care beds and discharge to assess beds to understand market capacity and estimated rates. 9 care providers responded stating they would be interested in the opportunity to provide such services and could provide 3 - 4 beds meaning the proposed 8 beds would need to be split between 2 or more services. Shaw Healthcare also expressed an interest and had discussions with a Council contract & relationship manager to explore how the current contract could potentially be modified to provide the D2A with reablement beds.

A consultation was held on the proposal. This commenced on Monday 9 August 2021 and ran until 20 September 2021. Full details of the consultation can be found in Appendix A to the decision report.

A Stakeholder Map has been produced as part of the Communications Plan to ensure effective internal and external communications using a range of media.

The most recent Care Quality Commission (CQC) inspection was undertaken in 2018 and rated the service good in all areas, although they have historically highlighted issues with the building itself, including a lack of en-suite facilities and the limitations of the building design in supporting customers with physical needs.

Impact the policy, procedure or change may have on employees/community members in each of the equality groups

3.6 Age

As showing in Table 3.2, MCH's services are predominantly aimed at older people. The average age of customers using the service is 82. As a result, older people would be disproportionately affected by any impacts from the proposal.

Potential impacts

- MCH provides 24-hour care and reablement in a dedicated unit, whereas care homes were required to balance a range of priorities and long-term care needs.
- Purchasing short stay reablement beds from multiple providers may be more complex and could potentially delay hospital discharge and lead to an increased risk of 'bed blocking' and pressure on hospitals.
- There may also be a risk of delayed discharge owing to capacity issues for residential providers.
- Risk of a greater user of home-based reablement for people who would otherwise had been placed at MCH. This could impact upon people's recovery, particularly for those who lived alone and could potentially lead to an increased risk of hospital readmissions.

- Longer travel times to alternative facilities may lead to fewer visits from family and friend carers, which could impact upon the wellbeing of people using the services. It is important to note that carers who are not local to MCH have experienced this issue for a number of years.

3.7 **Disability**

A high proportion of people using the short stay reablement service at MCH have a disability and they would be disproportionately affected by any impacts from the proposal.

Due to limitations of the design and layout of the building, MCH is unable to take significant numbers of customers with physical disability as it has only two rooms which are of sufficient size for required equipment, such as hoists, and there are no en-suite facilities.

As a result, offering the reablement service at an alternative location would positively impact people with physical disabilities needing a short period of reablement following hospital discharge.

3.8 **Caring responsibilities**

A number of potential impacts for carers were described in the consultation. These included the following:

- Carers could have peace of mind that the person they cared for was being looked after in an appropriate reablement centre.
- The short stay following hospital discharge provided family and friend carers with time to plan for the return home of the person they cared for or to organise the next stage in their care.
- Any greater use of home-based reablement may impact carers who may be required to provide care at home. This could impact on carer wellbeing and negatively impact opportunities for carer respite.
- Alternative placements outside of the Selsey area may make it more difficult for local carers to visit the person they care for and this may impact upon their wellbeing, as well as that of the person they care for. It is important to note that this issue has been experienced by carers who are not local to MCH for some years.

3.9 **Gender (sex)**

No impact - the changes are to services which are offered on a health and care needs-basis only. This would not disproportionately impact in relation to gender (sex).

3.10 **Gender reassignment**

No impact – the changes are to services which are offered on a health and care needs-basis only. They are not gender-specific and therefore people undergoing or having undergone gender reassignment will not be disproportionately impacted.

3.11 Marriage or civil partnership

No impact. These changes are to services which are offered on a health and care needs basis only. This would not disproportionately impact on people's marriage or civil partnership status.

3.12 Pregnancy and maternity

No impact. The changes are to services which do not provide maternity or pregnancy-related support. This would not disproportionately impact on pregnancy or maternity status.

3.13 Race

No impact - the changes are to services which are provided on a health and carer needs basis. This would not disproportionately impact on people's ethnicity.

3.14 Religion or belief (including no belief)

No impact - the changes are to services which are provided on a health and carer needs basis. This would not disproportionately impact on people's religion or belief.

3.15 Sexual Orientation

The changes are to services which are provided on a health and carer needs basis. This would not disproportionately impact on people's sexual orientation.

3.16 Part time workers

The majority of staff are employed on a part-time basis and will be impacted by a decision to close MCH. A full staff consultation process will then be conducted, should the proposal be agreed.

3.17 Socio economic groups (e.g. unemployed; students)

Not applicable.

3.18 Other socially excluded communities or groups (e.g. homeless)

Not applicable.

3.19 Mitigations

Due regard was given to the feedback in the consultation and the potential impacts outlined on selected 'equality groups' in this Equality Impact Assessment. As a result, it has been recommended to re-commission a short stay reablement service from Shaw Healthcare.

As this will be offered on a similar basis to the service currently provided at MCH, it is not anticipated that there would be a disproportionate impact for any of the selected 'equality groups'.

4. Summary and Progressing the Equality Duty

- a) Is there an opportunity to use this policy, procedure or change to show we are working to progress any of part of the Public Sector Equality Duty?

No - Adults' Services operates in full knowledge of the need to acknowledge diversity, meet its duties under equalities legislation and to minimise disadvantage and this will inform implementation of the decision.

- b) Please provide a summary of the overall findings and rate your analysis.

Red – As a result of performing the analysis, it is evident a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups who share Protected Characteristics (and/or local non-legislative factors). In this instance, **it is recommended that the use of the activity or policy be suspended** until further work or analysis is performed. If it is considered this risk of discrimination is objectively justified, and/or the use of this proposal (policy, activity, function) is a proportionate means of achieving a legitimate aim, this should be indicated, and further professional advice taken.

Amber – As a result of performing this analysis, it is evident a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing actions or control measures detailed in the action planning section of this document.

Green – As a result of performing this analysis, **no adverse effects** on people who share Protected Characteristics and/or local non-legislative factors are identified – no further actions are recommended at this stage.

The impact assessment identifies that older people, those with a disability and people in a caring role are disproportionately impacted by the proposals. The rating of the impact is Amber (as a result of performing this analysis, it is evident a risk of discrimination exists and this risk may be removed or reduced by implementing actions or control measures detailed in the action planning section of this document). Alternative provision will be commissioned which will mitigate and or reduce the impacts.

5. Action Planning

Commissioning of Alternative provision for D2A with reablement beds in an alternative service/s in the Chichester District area and interim care in residential setting in either Shaw Healthcare or wider market beds as required. These will provide similar services for older people and those with a disability. It will also provide those with a caring responsibility time to think about long term options for the person they care for and will support the person they care for in a residential setting until they are able to return home. The impact and importance of visiting was raised in the consultation and this will be considered as part of the development of alternative arrangements.

6. Identified Impact(s) on Protected Characteristic or local non-legislative factor(s):

Recommended Actions:

As identified under action planning.

Responsible Lead Officer: Sarah Saych

Completion date: 30 September 2021

Review date: TBC