South Warwickshire NHS
NHS Foundation Trust

EQUALITY IMPACT ASSESSMENTS (EIA)

PAPERWORK

Equality Impact Assessment (EIA) – What are they all about?

Most people and organisations want to be fair and to treat people equally. We tend to think that everything is okay because at South Warwickshire NHS Foundation Trust, our services are open to everyone - anyone can come through the door and anyone can join in. We aim to treat everyone the same.

However, this doesn't work if everyone is different. If someone can't read, they won't know what your leaflet says or how your policy applies to them. If someone can't hear, they won't be able to join in the conversation and may feel excluded. If someone has come from another country, they might not know that services like yours even exist. And if someone has had a bad experience of using a particular service or joining a group, they might not wish to come to your service unless you approach them.

This is what Equality Impact Assessments are primarily all about – thinking long and hard about how some people might be excluded from what you are doing or trying to achieve. You won't intend to exclude them, but the way you may organise things or the assumptions you sometimes make will mean they may feel unable to join in, or indeed if they try to, it might not really work for them.

Even if your service is targeted, as some services are, at specific groups such as black and minority ethnic groups, women, vulnerable adults, there might be some people who are excluded. For example, you may have thought about designing your service around someone who has a physical disability, but perhaps someone with a learning disability may find it more difficult to find out about your service and get what they need from it.

The term 'Equality Impact Assessment' is a complicated term for what is a very simple question: can everyone who needs to, use your service/ understand your policy/function - no matter who they are and what their background is? Furthermore when they do use your service, or read your policy, have you done everything possible to make sure it's a positive experience for them? To be able to answer yes, you will first of all have to do some thinking and finding out and secondly, agree some form of action.

The majority of our Trust functions and policies are relevant to the legislative requirements. You should therefore use the Stage 1 form (Preliminary Equality Impact Assessment) to list all of your functions, policies and services. Then you need to decide whether you will carry out the full impact assessment in year 1, 2 or 3. Please note that any vital or core functions should be prioritised for

year 1. You should also use this form to record any new policies or functions as they arise. All new functions or policies should be impact assessed as they occur and not scheduled in for a later date.

There are nine protected characteristics which are covered under the Equality Act 2010

Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment

The process of transitioning from one gender to another.

Marriage and civil partnership

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavorably because she is breastfeeding.

Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex

A man or a woman.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

For each of these areas the legislation requires you to consider how you can do the following:

1. Eliminate unlawful discrimination
2. Promote equal opportunities
3. Promote positive attitudes and good community relations
4. Eliminate harassment
5. Encourage public participation in life
6. [only for disability] Take steps to take account of a disabled persons disabilities even where this involves treating them more favourably than others

Equality Impact Assessment 'Surgeries' giving managers a practical insight into how to complete impact assessments are being rolled out on a regular basis across the Trust. These 'drop in' bite size practical sessions will enable managers to bring their policies along and complete their Impact Assessments with an appropriate level of support. Details can be obtained from the HR Lead for Equality and Diversity in the Trust:

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South Warwickshire NHS
NHS Foundation Trust

PRELIMINARY EQUALITY IMPACT ASSESSMENT (EIA)
STAGE 1

Name of new or revised Policy/Function/Project
Community Hospital Rehabilitation Bed Review
Name and Designation of people completing this form
Katie Herbert – Integrated Lead Commissioner, SWFT/WCC. Victoria Frost, Project Lead, Out of Hospital, SWFT. Mark Chirnside - Commissioner - Out of Hospital Team WCC Amy Danahay – NHS Coventry and Warwickshire ICB Individuals engaged and consulted during original EIA process: Jack Foster - Associate Director of Operations (SWFT) Dr Martin Sandler - Associate Medical Director SWFT Sam Owen - Head of Community Nursing SWFT - Michelle Trinder - General Manager Out of Hospital SWFT Mary Powell - Head of Communications SWFT Rachael Hayter – Trust Chief of Allied Health Professionals SWFT This EIA has also been shaped based on the independent advice of the Consultation Institute. Community representatives, detailed within the review document.
Telephone Extension and email details
katherineherbert@warwickshire.gov.uk
Department and Directorate
Out of Hospital Collaborative
Main aims of policy/function/service
1. **Purpose of review:** A strategic review of SWFT's Community Hospital in-patient bedded provision at Ellen Badger Hospital in Shipston on Stour and the Nicol Unit in Stratford is now complete. The review explored the then current and future usage of community-hospital bedded provision within the context of the wider Out of Hospital offer and it was used as an opportunity to consider the most effective and sustainable options for patients in South Warwickshire. The review was part of Phase 2 of the wider Discharge to Assess (D2A) review which is strategically reviewing pathways 1, 2 and 3 discharge to assess pathways from hospital. However, due to scale the community hospital inpatient review it became a project in it's own right but aligned to the overall D2A review as well as the re-design of Ellen Badger Hospital project.

The review outcomes were to support people to;

- Receive the right care, in the right place at the right time.
- Have a choice of option in terms of how their needs are met.
- Are supported 'home first' wherever possible.
- Are supported by services that are good quality and aid patient. recovery, independence and well-being outcomes.
- Are provided support that offers the best use of resources.
- Meets the range of needs that exist within the local community.
- Are able to meet needs of patients now and in the future.

2. **What will the Review achieve and why?**

The review sought to address and understand the extent to which patients achieve the outcomes listed above.

The review aimed to identify and understand the needs and outcomes of people that have used or may use community hospital bedded provision now and in the future. Engagement with people that use services, their families and carers as well as wider stakeholders were used to inform options and proposals for future care provision.

The review was guided by the national Discharge to Assess Policy[1] that seeks to ensure that patients are receiving the right care in the right place and that there are robust discharge to assess offers in place to ensure that discharges are expedited in a timely way.

The review also took place within the context of the COVID 19 pandemic and subsequent recovery of all NHS services. During the pandemic Community Hospital facilities were at times used differently to support pandemic pressures.

All review activities were undertaken In line with NHS statutory duties to involve patients in planning or provision or services and any associated proposals for change and also the Public Sector Equality duty.

2. **Who will benefit from the review?**

The review aimed to ensure that patients, predominately those registered with a South Warwickshire GP, (but may also be patients from wider areas of Warwickshire or out of county), will have their identified needs met in the right place and at the right time for them. The review also aimed to ensure that services offered to all patients are of a high standard and appropriate to their needs.

In undertaking the review due regard to Public Sector Equality duty ensured that opportunities for advancing equality of opportunity are identified including. eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.

The review also sought opportunities to advance equality of opportunity between persons who share a relevant protected characteristic and persons

[1] Hospital Discharge Service Guidance, Department of Health and Social Care 2020.

who do not share it as well as aiming to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Further to this, Health Inequalities were addressed in accordance with the Health service Act 2006 and the review sought to identify and address inequalities in line with this legislation. In particular the following areas.

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved (s.14Z1)

It is envisaged that the Trust will benefit through gaining an improved understanding of how and where to target resources. The review outputs including associated engagement with patients and carers will support with planning to provide safe, effective and appropriate care. It was envisaged that the review will help ensure the best use of limited public resources for the majority of the target population. Outputs were likely to result in refined strategic outcomes and resultant service offer to best meet Trusts as well as system wide objectives.

3. **Is the responsibility of the review shared with another department, function or organisation? If so, who?**

The review is led by SWFT in South Place in collaboration with the former clinical commissioning group and now NHS Coventry and Warwickshire Integrated Care Board along with Local Authority Commissioners.

The statutory duty to involve patients and carers, currently, sits with the ICB, for this reason all decision making will be escalated to Coventry and Warwickshire ICB Governing Body who, in accordance with the Bracking Principles, must consider this equality impact assessment.

Each respective organisation must ensure that due regard to equalities legislation has been taken into consideration.

From a SWFT perspective the review has significance for Out of Hospital Collaborative and the Acute Medical and Emergency Divisions.

4. **Could the consequences of the review differ dependent upon people's diversity e.g. gender, race, sexuality, age, disability, religion/belief?**

Diversities were taken into consideration during the targeting of stakeholder involvement work such as surveys. This included commissioning Health Watch to disseminate and promote the surveys to areas that enhance the amount of survey engagement with those with protected characteristics including. This list is included as Appendix 1

A range of opportunities to engage have been provided to date including postal surveys sent to past and potential future patients with the opportunity to

complete these over the telephone, via the paper copy or online. Current patients offered the opportunity of face-to-face interview as a time suitable and appropriate for them.

All responses are anonymised, but survey responders are asked for their demographic and equalities information to be included with their submission.

Stakeholder mapping exercise commenced and was an evolving process. Internal and external staff and other stakeholders were offered an opportunity to complete a survey. The stakeholder mapping exercise indicates those most likely to be impacted by the change including the key demographic that are likely to use these services now and in the future. This cohort of the population is defined as elderly people over the age of 80, may be experiencing frailty, memory or cognitive impairment. They may have a disability,.could be impaired of hearing and may require BSL to help engage.

People with cognitive impairment were not excluded from interview. Those on the ward on the days of the interviews were all provided an opportunity to do so.

As the review progressed there was regular opportunity to re-engage key groups this includes all those groups named in Appendix 1.

5. **Is there any concern to suggest that this review could unlawfully discriminate against any group or individual?**

No – future criteria will need to be carefully considered.

6. **Is there any evidence to suggest that different individuals or groups would have differing expectations of this review?**

There is anecdotal evidence that suggests that patients have declined the offer of a community hospital bed for a number of different reasons including wanting to go home with support or not wanting to travel to the location of the community hospital site. This is because currently older people (the main patient cohort for community hospitals) need to travel from the main acute site to the community hospital for their recovery and further rehabilitation. As previously stated, there is high prevalence of bed utilisation by older people who may have a disability, long term condition or co morbidities. This includes dementia and mild cognitive impairment.

There are community/patient groups located in the immediate geographical area to the community hospital sites that have strong views about the future of the community hospital believing that the bedded units should not be reviewed and want these to remain the same. It is a challenge of the review to ensure these voices do not dominate decision making and that the voices of those people that have direct experience of community hospital, have used them or could possibly use them in the future are at the centre of the engagement to inform this review. Clear communications with the public about the stage of the review and the process being taken helped to mitigate this. Remaining close to the objectives and project mandate also helped to support the process.

8. Is the review likely to effect relations between certain groups or individuals or between staff members and your department? There are no foreseen impacts resulting from the review that could impact on the protected characteristics of staff. The review team includes representation from HR and links will be made with JNCC if appropriate.
IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE, PLEASE FILL IN THE FULL EQUALITY IMPACT ASSESSMENT FORM (STAGE 2) AS PER THE ATTACHED

South Warwickshire NHS
NHS Foundation Trust

FULL EQUALITY IMPACT ASSESSMENT (EIA)
STAGE 2

Name of new or revised Policy/Function/Project/Service
Community Hospital Inpatient Bed Review
Name and Designation of person completing this form
Sept 2024 Mark Chirnside - Commissioner - Out of Hospital Team Pre version 9: Katie Herbert – Integrated Lead Commissioner, Warwickshire County Council and South Warwickshire Foundation Trust. Victoria Frost, South Warwickshire Foundation Trust.
Telephone Extension and email details
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Department and Directorate
Out of Hospital Collaborative
IDENTIFYING ALL THE AIMS OF THE REVIEW
1. Where does responsibility for this review lie? The review was led by SWFT in South Place, the responsibility to engage sits with the ICB.
2. How will the review be put into effect? The Community Hospital Bed Review Steering Group acted as the overarching group leading the review and were responsible for ensuring clear governance processes were followed, including: • Monitor and support progress of the review, acting as a point of escalation for recommendations, risks and issues. • Manage the reviews strategic direction, scope and priorities. • Further discuss and review recommendations made to the Steering Group by workstream chairs. • Ensure recommendations align to wider D2A review and do not have detrimental impact to business as usual and COVID response working. There are 3 further sub-workstreams that were responsible for facilitating the work requirements to ensure a thorough review was completed and pace maintained. These

work streams were;

- Communications and engagement – led by a General Manager at SWFT (this group has responsibility for considering equality)
- Data – led by An Integrated Commissioner SWFT and WCC.
- Criteria and Infrastructure – led by Associate Medical Director for Out of Hospital at SWFT.

Updates and recommendations made by these groups were reported to the Community Hospital Bed Review Steering Group for discussion, recommendation and escalation of issues and risks.

The review used a panel of technical experts and community representatives to refine a list of recommendations. An options appraisal session with technical and community stakeholders then took place to give participants the opportunity to share their views on the recommendations being considered, this alongside a clinical and operational perspective, helped inform the development of a final business case for this review.

The review made clear recommendations within a business case with regards to future vision for community hospital provision and strategic direction of travelling including a plan in terms of when outcomes will be realised.

A phased design and implementation phase from the 'as is' to the 'to be' position will be taken. This will include careful phasing of the changes, a Quality Service Improvement and Redesign (QSIR) approach to the introduction of changes and key milestone dates to stock take progress in terms of the development to new ways of working. This phase will also be coupled with a risk, issue, and mitigation log as well as a clear communications plan and workforce/operational plan.

This stage is now complete and a Business Case was submitted to the ICB for review and consideration in July 2023 and approval granted for the ICB to begin a pre-consultation business process (PCBC). This work commenced in August 2023 with the ICB engaging the Consultation Institute (tCI) and Capsticks Solicitors to review and consider the SWFT business case process against the ICB statutory duties and responsibilities to identify the additional actions and steps that the ICB needed to complete prior to commencing the public consultation.

This identified the need for a wider review of Rehabilitation Services for the whole Coventry and Warwickshire population and further consideration regarding the impact of changes to other services impacted at Ellen Badger i.e. the First Aid Centre.

Historically, alongside community beds, the Ellen Badger Hospital has also provided outpatient services and a First Aid Centre. The impact of the changes being proposed through the Community Bed Review is that the site will change from an inpatient and outpatient facility to an outpatient only facility.

With a comprehensive overview of our broader rehabilitation bed provision awaiting formal governance approval and sign off[2], we recognised that several essential improvements are required to enhance our services. However, we cannot address all of them simultaneously. Therefore, we prioritised the rehabilitation beds in South Warwickshire.

The Integrated Care Board (ICB) have legal and regulatory responsibilities to adhere to before implementing any service change, including the permanent geographical relocation

[2] Broader Review completed May 2024 and commencing formal governance approvals September 2024 onwards.

of services. The ICB considers that the potential changes flowing from the Community Bed Review constitute a significant service change and consequently there is a need for further involvement of the public on the proposed options and their wider implications.

Due to the time elapsed since the SWFT Community Hospital Business Case was presented in July 2023 and the subsequent rehabilitation review, the ICB needed assurance that all viable options for providing community rehabilitation beds across Coventry and Warwickshire, particularly in South Warwickshire, had been thoroughly explored, validated, and any critical new considerations identified. This reassessment, which included previous and new stakeholders, was conducted between June and August 2024 to ensure alignment with the current health and care landscape.

These options will serve as the foundation for any subsequent public consultation regarding the future of community rehabilitation bed provision.

3. What criteria will you use to measure the effectiveness of the review?

Achievement of objectives listed below.

- Ensure the bed base meets both patient and organisational (SWFT) and strategic outcomes.
- Identify a clear role and purpose of the community hospital bed provision, whilst also minimising duplication with other service areas.
- Explore options to maximise a cost effective and sustainable community hospital bed provision in South Warwickshire.
- Make clear recommendations within a business case with regards to future vision for community hospital provision and strategic direction of travelling including a plan in terms of when outcomes will be realised.

The following was published in the Business case following the review

Objective/ Expected benefit	**Measure of success**	**Baseline Measure**
By Quarter 3 2023/24 a new pathway to a community hospital bed will be established	Reduction in number of transferred patients to a Community Hospital bed	Current transfer
By Quarter 3 2023/24 community-based alternatives will be developed and offer a choice for patients to receive their care in the right place at the right time.	Increased use of the HBT, CRT, overnight services	Service data audit
By Quarter 3 2023/24 the patients, carers and workforce will be aware of the alternatives and understand the advantages of home first for the group of patients that historically have used the Community Hospital beds	Patient and staff survey, learning evaluation	Current survey results, learning evaluation

Commented [KH1]: Achieved - beds have overall increased from the baseline of 35 but have reduced from a temporary increase due to operational pressures last winter?

During the 2023/24 financial year, there has been significant investment in piloting and developing community based pathways to provide optimal outcomes for patients.

From January to April 2024, the Home Based Overnight Care Pathway was implemented as a thirteen-week pilot project. It was operated on the NHS England PDSA (Plan, Do,

Study, Act) model and intended to test an alternative in the community to a community hospital bed. Under this pilot, patients were discharged home under virtual ward oversight and the support of a live-in carer.

The Community Recovery Service (CRS) launched at the end of April 2023. This service is a pilot service in Warwickshire which supports patients' therapy goals within the community, to promote independence. During the first twelve complete months of operation, over 3,400 referrals were sourced for packages of care. It is being fully evaluated as a pilot project and represents a significant investment in community based support.

4. Which other Trust policies does this link with?

SWFT Equality and Inclusion Strategy 2021/23
https://www.swft.nhs.uk/about-us/equality-and-diversity/publications-and-reports

6. **Has there been involvement and/or consideration of stakeholders from different groups in the development of this review YES**
Stakeholder mapping was an evolving process.

Involvement and consideration of groups is included in Appendix 1.

7. Have you referred to similar policies from other Departments/Trusts/ Organisations?

NO

CONSIDER THE EVIDENCE

7. Does the review follow the Equal Opportunities ethos of the Trust?

The review involved engaging and gaining the views of past and present patients and their carers, potential future patients, internal and external staff and wider stakeholders.

Data profile:
The following data that impacts equalities has been collected that indicates the use of the inpatient facilities to date;

Warwickshire context:

- The majority of residents in Warwickshire identify as 'White' ethnicity group. This is 12% higher than the national average and 10% higher compared with the West Midlands.
- Ethnic minority groups only account for 11.5% of the Warwickshire population; significantly below the approximate 20% nationally and for the West Midlands.

	England	West Midlands	Warks
White	85.4%	82.7%	92.7%
Other Ethnic Groups	20.2%	20.8%	11.5%

Warwickshire in 2025, JSNA profile provides the following intelligence;

- An ageing population who are living later years in poor health

- Dementia, diabetes, musculoskeletal diseases and mental health are all areas that are likely to have greater impact on health and social care services
- Based on ONS projections for 2025:
  - 17% of Warwickshire population will be 70 years or older
  - 3.3% will be 85 years or older
- In all Districts the populations age 70 years plus and 85 years plus likely to increase

Estimates suggest that by 2025 approximately 4309 people aged 65 years plus will be in a care home (both LA and non LA) with or without nursing. This is an increase of nearly 20% based on estimates made in 2019.

Headlines for Stratford on Avon District:

- 2021 Census figures estimates a population of 134,700 and increase of 11.5% on 2011 levels
- 25.2% of the population are aged 65 and older, this is estimated to rise to 29.7% by 2043
- 93.8% of the population are White British, Irish or White other

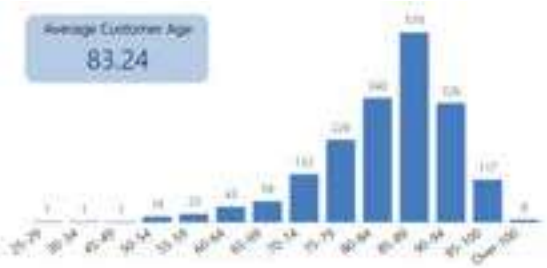
Headlines for Warwick District:

- Population size of 148,500 with growth of 7.9% on 2011 levels
- 19% of the population are aged 65 and older, this is estimated to rise to 22.6% by 2043
- 83% of the population are White British, Irish or White other

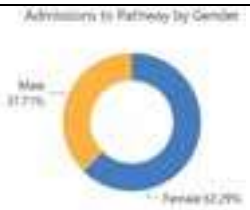
Table 3: Population aged 65 plus use of Community Hospital Inpatient beds per district

District	Population per District	use of CHB 2019-2022	Population over 65 per District	% of over 65 using CHB per District
Warwick	136,655	626	27067	2.3%
Stratford upon Avon	125,587	648	33141	2.0%

Patient profile:

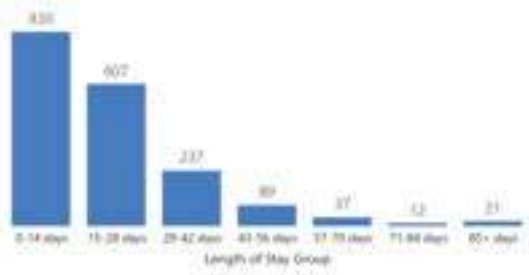


- The average age of patients across all bed bases is 83 years
- The largest age group of patients is 85 – 89 years
- 25% of patients accessing community beds are age 90 years or over
- 4.7% (85) of patients accessing community beds are under 65 years



- The majority of patients are female (62%)
- Male patients comprise 38% of admissions.
- 93% of patients identified as White ethnic group whilst 1.6% identified as Asian ethnic group, 0.1% as Black ethnic group, 0.1% as any other ethnic group
- 4.4% of patients ethnic grouping was not known.

Length of Stay

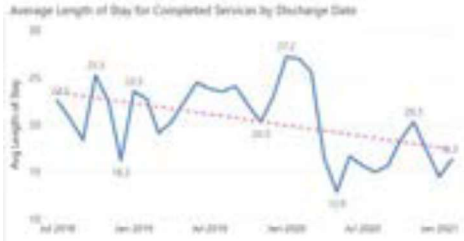


Average length of stay for each community bed base for the 2018-2021 period is:

- Community Hospital Beds – 23 days
- Community Rehab Beds – 14 days

Data available for April 2023 to June 2024 inclusive showed that the average length of stay for 403 discharges in this period from Campion Ward ranged from 19 to 42 days. The number of patients whose length of stay was longer than the 28 day target was 55 (13.6 percent)

Note: Data requested to compare more recent patient profiles with older data. However it is not expected that the patient profile has changed significantly – beds in Campion Ward and Nicol unit continue to be used for the same broader purpose.

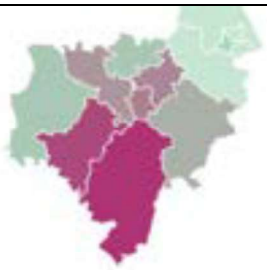


- The longest length of stay occurred in January 2020 at an average of 27 days

The shortest length of stay occurred in May 2020 with an average of 13 days

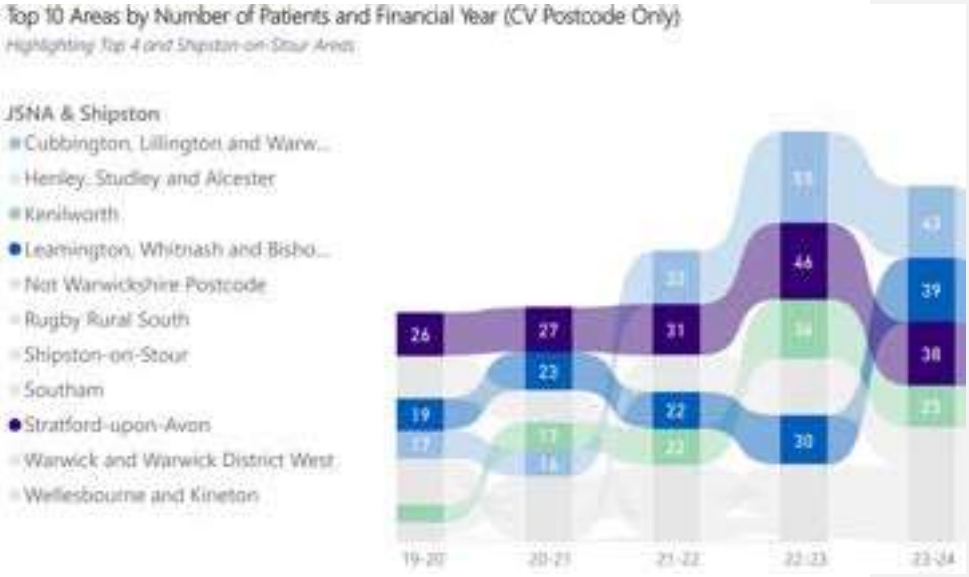
Ellen Badger Hospital admissions:

Admissions Based on Patient JSNA Area



- 30% patients admitted from the Leamington and Warwick JSNA areas
- 20% patients admitted to Ellen Badger Hospital were from the Wellesbourne and Shipston JSNA area
- 18% patients admitted were from the Stratford upon Avon JSNA area
- Only 2% of admissions were from the Alcester, Henley JSNA area

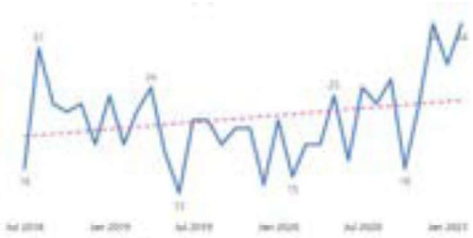
The available data from 2019/20 to 2023/24 shows the trends over time. (This data includes Campion Ward from January 2022.)



Discharge Destination

- For the 2018/2019 and 2019/2020 periods an average of 70% of discharges were to the patients home. This is approximately a third of total community hospital discharges.
- An average of 20% discharges were to residential / nursing placement during 2018/2019 and 2019/2020.
- 5% of discharges during these periods were due to deceased patients.
- Only 0.3% (2) discharges were to a hospice setting, this was made during the 2020/2021 period.
- The April 2023 to June 2024 discharge destination data shows a similar pattern with 74% of patient discharges to their home.

The Nicol Unit Admissions:
Total Admissions

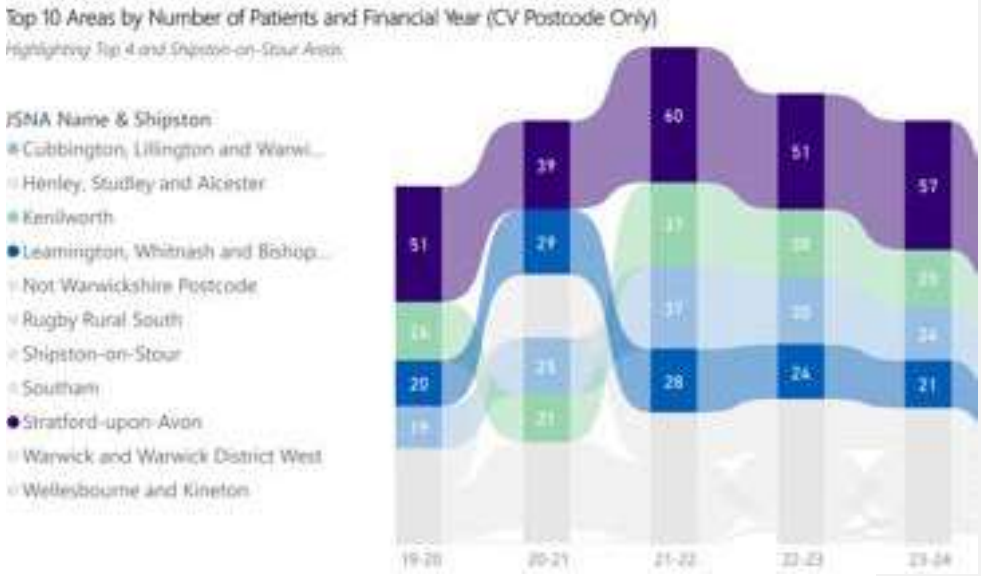


- Almost 100% of admissions were made by SWFT; 3% admissions were each from an out of area trust, GPs and from UHCW.

Admissions Based on Patient JSNA Area

- The majority of patients admitted to Nicol Unit were from the Wellesbourne and Shipston JSNA area
- This is subsequently followed by the Stratford upon Avon and Warwick District JSNA areas.
- There were no admissions made from North or Rugby Place areas

The available data from 2019/20 to 2023/24 shows the trends over time:



Discharge Destination

OFFICIAL - Sensitive

- Between 2018 – 2020 Nicol Unit discharged an average of 62% of its patients home.
- An average of 24% of discharges were made to residential/nursing placement setting between 2018 and 2020, prior to the start of the COVID19 pandemic.
- An annual average of 10% of patients between 2018-2020 deceased during their time at the community hospital provision.

Unfortunately, data indicating patient disabilities is not routinely collected on admission to community hospitals.

Evidence collected via engagement undertaken between June and August 2021

face to face patient interviews were conducted across EBH and the Nicol Unit in June and July 2021. A total of 27 interviews were undertaken.

Patient Interviews;

- 52% of respondents were aged between 81-90 (age ranges were recorded differently)
- 56% female, 37% male, remainder unknown.

Findings from patient interviews:

Benefit of Community Hospital provision:

- Social interaction (staff and patients);
- Personal service compared to large acute setting (buzzer not answered);
- Peace of mind with doctors, physio etc. available on site.

Comments:

- Desire to rehabilitate at home (provided care package and community therapy support available);
- Positive experiences in community hospitals: staff 'more available'; social benefits from being around other people and the ability to have visitors, and good nourishment;
- Patients not always clear why they were in the community hospital or what to expect.

Former patients of both community hospital sites were asked what they felt were the main benefits of Community Hospital provision, the top 3 answers were.

1. Quality of care
2. Rehabilitation
3. Eases transition from hospital to home

Former patients survey;

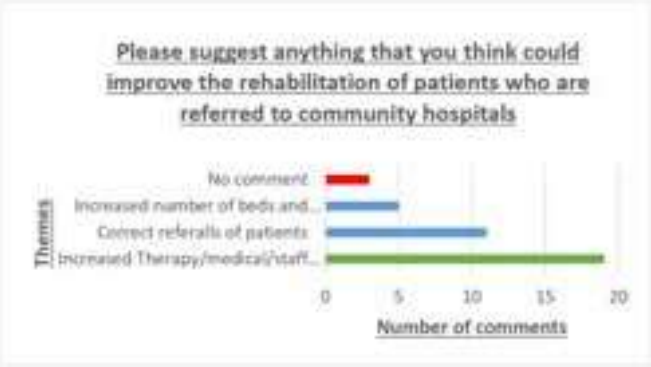
About a third of respondents were either aged between 60-69 and 70-79 years.
Ethnicity: 86% white; 8% gypsy or traveller; remainder other.
Gender: 62% female, 38% male.

95% ‘heterosexual or straight’
74% regard themselves as having a long term condition.

Public Survey;

- Ethnicity: respondents 97% white; 2% prefer not to say; 1% other.
- Gender: 69% female; 29% male; remainder prefer not to say.
- 87% ‘heterosexual or straight’, 5% are either bi sexual, gay, lesbian or ‘other’
- 18% regard themselves as having a long term condition

Staff survey response:



Professionals survey response:

The key themes from the patient’s surveys, on ward patient interviews and staff and stakeholder surveys have been summarised and analysed. General themes include:

- ✓ A desire and need to access therapy and/or an increased amount of therapy to aid recovery.
- ✓ The importance of having time to rest, recover and recuperate away from the acute hospital environment.
- ✓ The benefit of social interaction and regular meals and nutritional support to aid recovery.
- ✓ Feeling safe and well supported.
- ✓ Being able to receive visitors whilst recovering.

Community Panel meeting 16th December 2021

A community panel was convened to review the results of the expert panels shortlist of proposals and to agree a set of desirable criteria and other considerations that should be included within the inpatient bed review.

Representatives were invited from all those listed in appendix 1 as well as representatives from the hearing impaired community, Care homes and local community groups to Shipston and Stratford.

The final community panel representatives comprised of the following representatives; patient forums, senior citizens groups, hospital league of friends, carers organisations, faith groups, health and wellbeing partnerships, Citizens Advice Bureau, Heath Watch, community support groups, dementia support groups, disability support groups, community and voluntary action (CAVA).

When asked what things are important to consider community panel representatives used key words to create the following word cloud;

Larger / darker words indicate that words have been put forward a number of times.

A key theme for community panel is accessibility of services. Further discussion around this topic revealed that where individuals require rehabilitative support they feel this should be available in a variety of ways and should be easy to access. Clear communications associated with service offers and support as well as the provision of good quality care were also discussed as very important. The desirable criteria highlighted by the Community Panel was used to help guide the remainder of the review.

Option appraisal stakeholder engagement session held on 1st September 2022

This event saw a range of professionals from health and social care, the voluntary and private sector as well as community representatives come together to discuss the final 5 proposals and to outline their views with regards to the benefits, opportunities, and challenges of each option. There was time for breakout discussion and submission of comments anonymously. These were collected and grouped into key themes that were utilised as part of a SWOT analysis of the final options.

ASSESSING THE LIKELY IMPACT – YOUR CHECKLIST

Are there factors other than elements of diversity which might help explain any adverse impact of this review?

Staff, patient or stakeholder anxieties or uncertainty relating to future provision of Community inpatient facilities.
Imminent redevelopment of EBH site resulting in temporary relocation of staff to alternate site.
Acute bed pressures and sub acute bedded demand resulting in increased utilisation of Community Hospital inpatient facilities.

Would changes to the review or its application remove or reduce the identified adverse impact?

Communication, engagement and involvement with affected internal staff groups has reduced the impact level.

Clear process for review as well as adequate resources allocated to undertake the essential engagement and communications as part of the review.

Commissioned Healthwatch distributed and analysed surveys.

Commissioned the Consultation Institute to provide expert advice and guidance.

Will the proposed review increase equality of opportunity for some groups or individuals?

The review aimed to ensure that patients would have their identified needs met in the right place and at the right time for them. The review aimed to ensure that services offered to all patients are of a high standard and appropriate to their needs.

In undertaking the review due regard to Public Sector Equality duty ensured that opportunities for advancing equality of opportunity were identified including eliminating discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act.

The review also sought opportunities to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it as well as aiming to foster good relations between persons who share a relevant protected characteristic and persons who do not share it. This was achieved by a careful and iterative review of the patient data of those currently utilising the hospital facilities, the local JSNA data and indications around future projected need. Future solutions were designed with a view to seek all opportunities to advance equality of opportunity.

Further to this, Health Inequalities were addressed in accordance with the Health service Act 2006 and the review sought to identify and address inequalities in line with this legislation. In particular the following areas.

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);

- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved (s.14Z1)

The Reviews recommendations will result in the patients having a broader range of opportunity to continue their recovery with alternatives provided in their own home or beds that are central and collocated to more accessible transport hubs for the majority of visitors.

- There will be an ongoing provision of community hospital beds across two sites.
- Allows for flexible capacity with tight criteria to support periods of pressure within the acute.
- Increases the overall capacity of services to support this patient cohort discharge from hospital, support patient choice.
- Reduced risk of decompensation in hospital with patients being supported in the right time and place.
- Respond to the national direction of the Urgent and Emergency Care Plan.
- Relocating to Campion Ward means that the ward is co-located with other inpatient services (stroke and Level 1 ABI) which presents a range of operational and qualitative benefits in respect of clinical cover, access to established therapy areas and amenity spaces which help promote rehabilitation and recovery and independence.
- Campion is centrally located and closer to the majority of patients based on post code analysis.

Are you confident that the review is lawful and you are you able to justify it?
Yes

Do you need to hold a consultative group meeting to assess the impact of this review prior to its publication?

Yes, the EIA has been shared and discussed with the Community Hospitals Steering group comprising of the following members;

Associate Director of Operations (SWFT / Chair)
Associate Medical Director SWFT
Head of Community Nursing SWFT
Integrated Lead Commissioner SWFT/WCC
Integrated Commissioner SWFT/WCC
General Manager Out of Hospital SWFT
Head of Communications SWFT
Allied Health Professionals Lead SWFT
Out of Hospital Clinical lead SWFT
People and workforce business partner SWFT
This EIA has also been informed by the independent advice of the Consultation Institute.

ALTERNATIVES CHECKLIST

Are there any alterations or additional measures which would remove or reduce adverse impact without effecting the reviews overall aims?
No

If this review positively impacts a particular group or individual, will any benefit to them outweigh the costs to you or other groups?
No

If you do not make the alterations you have outlined above, what are the consequences for the Trust or those individuals/groups?
N/A

CONSULTATIVE PROCESS

Have other departments or Trusts held consultations on similar policies?

Yes – other Trusts have reviewed their community hospital inpatient facilities. SWFT staff have met with NHS staff that have led/are leading the community hospital review in Teinmouth to understand their process and lesson learnt.

SWFT commissioned the support of the Consultation Institute who have supported other trusts to review and make recommendations about the future of their community hospital provision with due regard to the Public Sector Equality Duty.

Outcomes of the engagement process and plans were scrutinised by Warwickshire's local Health Overview and Scrutiny committee. Elected members were involved and included throughout the review process. During the process of full public consultation NHSE will be informed and the process will be led by NHS Coventry and Warwickshire ICB. It will be subject to NHSE assurance and assessed according to the four tests of service change:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- A clear, clinical evidence base.
- Support for proposals from clinical commissioners.

What methods of consultation will reach relevant groups?

Involvement of patients – past, present and future, internal and external stakeholders have been engaged throughout this process and will continue to be involved and engaged as the review continues.

Hard to reach/marginalised groups, via Equip, Faith Groups, WCC Communities team.

Elected members – via HOSC and Portfolio Holder for Health and social care.

ICB, System partners – via D2A Board, Joint Commissioning Board.

NHSE – via specific meetings to discuss the review and by linking with the development of the discharge front runner.

Other SWFT departments – Via SWFT Management Board / SWFT Planning meeting.

How will information pre and post consultation be available e.g. on the Intranet?

Healthwatch published the results of their survey findings on their website (in line with their usual policy).

The Business case was presented and approved by the SWFT trust board in April 2023,

Following this a briefing on the outcomes was circulated internally and externally.

The PCBC is being developed and implemented by the ICB:

June to August 2024 review of situation and options development.

The intended timeline is:

September to December 2024 development and preparation of the pre-consultation business case, including NHSE Stage 1 checkpoint; Clinical Senate Review; and formal governance meetings.

December 2024 to March 2025 Decision point and potential formal consultation period, including analysis and reporting

19 March 2025 ICB Final Decision Point

The EIA will continue to be updated throughout the review as a continuous and dynamic process.

DECIDE WHETHER TO ADOPT THE POLICY/IMPLEMENT THE SERVICE

What are the main findings of the consultation?
N/A – will be updated as the review progresses

How will you change the review to take into account feedback from consultation and other information gathered?

Proposals have been developed based on feedback from the public and wider stakeholders as well as clinicians and technical experts.

Who will be involved in the decision-making process of whether to adopt the policy/function/service?

SWFT Executive and Management Team
CCG Governing body (historical organisation)
NHS Coventry and Warwickshire Integrated Care Board
Warwickshire Health Overview and Scrutiny Committee
NHS England & Improvement
Clinical Senate

MONITORING

Consider piloting the policy/function/service development to assess any adverse equality impact YES/~~NO~~

A phased design and implementation phase from the 'as is' to the 'to be' position will be taken. This will include careful phasing of the changes, a Quality Service Improvement and Redesign (QSIR) approach to the introduction of changes and key milestone dates to stock take progress in terms of the development to new ways of working. This phase will also be coupled with a risk, issue, and mitigation log as well as a clear communications plan and workforce/operational plan.

What criteria will be used to assess the effects on equality of opportunity and who will carry out the assessment?

Ongoing monitoring will be undertaken through patient feedback and service user analysis by the Trust. For example, data analysis of the patient cohort by postcode area provides intelligence concerning patients' home addresses. The data for 2023/24 is consistent with 2019/20 and confirms that the majority of the patients accessing the bedded provision at Campion Ward are from the same areas as those patients who previously accessed the provision at Ellen Badger. The implementation phase will also revisit the postcode analysis completed for the review.
How often will the policy be reviewed and by whom? (Please also include action plan) The utilisation of this provision will be monitored on an ongoing basis by SWFT Out of Hospital. During contract review, service delivery in future needs to be assessed so patients are receiving a service aligned to the principles of the contract.
PUBLISHING
Important Note: Each Division/Directorate or Department is responsible for ensuring that all new/revised policies undergo the relevant Equality Impact Assessment. When this has been completed, it is a **legal requirement** to publish the results, consultation and monitoring and ensure that any action plans are comprehensive, monitored and followed up. Please state below when and in what forum this information will be published. Please forward your completed EIA to your Directorate/Divisional Equality and Diversity lead in your directorate who will provide an update on progress with EIAs at the Trust's Steering Group and also publish the completed EIAs for your area on the Trust internet.

DATE OF ASSESSMENT: **Version 4 updated 20/9/2021** **Version 5 updated 10/11/2021** **Version 6 updated 04/01/2022** **Version 7 updated 30/11/2022** **Version 8 updated 04/09/2023** **Version 9 updated 03/09/2024** **Version 10 updated 05/09/2024**
NAME OF ASSESSOR/S: **Community Hospital Steering group members.** **Anna Collins, Consultation Institute**
DATE POLICY RATIFIED:
DATE OF FIRST REVIEW:

	Internal		External
	ACP - Urgent care Response		Age UK
	ADO of Finance		Age UK Dementia Day Service

	Associate Director of Operations (Chair)		Alcester HWB
	Associate director- strategic estates and capital planning		Alzheimer's
	Business Development Analysis		Care Home Manager,
	Clinical Lead		Carers
	Clinical Nurse Lead		Carers Trust Heart of England
	Consultant Geriatrician		Carers Trust Heart of England
	Consultation Institute		Carers, Dementia Friendly Café 1of 2
	General Manager		Carers, Dementia Friendly Café 2 of 2
	Head of Acute Nursing		Chair of Stour Health and Well-being Partnership
	Head of Business Development		Chair of VASA, member of Stour Health and Well-being Partnership
	Head of Governance		Chaplain for SWFT
	Head of Nursing		Citizens Advice
	ICB Hospital Discharge lead for Urgent and Emergency Care board		Community capacity, WCC and member of Stour HWB Partnership
	ICB Senior Urgent Care Manager		Consultant in Public Health
	Locality Manager		Consultation Institute
	Nurse Consultant		Councillor - Stratford
	OT SWFT OOH		Dementia Café WRAP - Wellesbourne
	Palliative care Nurse Consultant		Equip
	Programme manager		Facebook - Alcester
	Programme Manager - Ageing Well		Faith Network
	Project manager		GP Warwick Medical Centre
	People & Workforce Business Partner		GP Shipston Medical Centre
	Speech and Language Therapy		Healthwatch Warwickshire

	Staff Representative/Staff Governor/Health Visitor		Healthy Ageing Work stream
	Stroke Clinical and Operational Lead		League of Friends, Ellen Badger Hospital
	Ward Manager - Nicol		Manager, Galanos House Care Home
	Ward Manager -Campion		Member of Public, member of senior citizen advice group, men's social club
	Senior People and Workforce Advisor		Member of Public, Senior Citizens Advice Group, Men's Social Club
	Senior HR Adviser		Patient Forum and Hindu Temple
	Quality Matron		Patient Forum and Hindu Temple
	Physiotherapist Manager		PCN GP lead
	Physiotherapist Lead		Policy Officer Older People
			Shipston Forum
			Social media and Vol Drivers
			Social Prescribers rep
			South Operational Manager for discharge – Social Care WCC
			Stour Health and Well-being Partnership
			Stratford DC (housing)
			Stratford Gypsy and Travellers Team
			SYDNI Centre - older people activities
			The Gap
			VASA
			Warwick DC
			Warwick DC (housing)
			Warwickshire CAVA
			Warwickshire County Council - Dom care

			WCC Community capacity
			WCC development Officers for Community Centres
			WCC Discharge Team Manager