

Equality Impact Assessment

Title of policy or service:	Care Co-ordination Centre and Integrated Rapid Response		
Name and role of officer/s completing the assessment:	Steph Watt, Strategic and Transformation Lead for Integrated Physical and Mental Health Projects		
Date of assessment:	20 September 2017		
Type of EIA completed:	Initial EIA 'Screening' ⊠ or 'Full' EIA process □	(select one option - see page 4 for guidance)	

1. Outline	
Give a brief summary of your policy or service	The Care Co-ordination Centre (CCC) and Integrated Rapid Response (IRR) teams are two Rotherham NHS Foundation Trust services. The CCC is commissioned to manage system capacity, carry out initial assessment and referral to appropriate teams to provide support to avoid potential hospital admissions and ensure people are in the most appropriate care setting. This includes: Single point of access for GPs, Community Matrons, ANP's community referrals, 111 and 999 Support for discharge pathways. Intravenous antibiotics in the community. Telehealth for chronic physical health conditions Supporting case management for long term conditions The Integrated Rapid Response service is a community service who work together to: Promote effective case management for those at high risk of admission or readmission
	to hospital
	Reduce length of stay in acute medical hospital beds

• Support timely discharge from the acute hospital

The service includes out of hours district nursing, care home liaison and advanced nurse practitioners.

The CCC and IRR services are being developed to incorporate mental health, learning disabilities and social care.

In phase one of the project:

- i. The CCC will receive mental health and learning disability new and unplanned contacts, record details and signpost them to the appropriate service. This will provide 24/7 administrative cover for the first time. Referrals will be triaged by specialist staff in the IRR. Referral routes are being developed into the voluntary sector to support 'just to talk' patients who require help but do not meet statutory thresholds.
- ii. IRR: Mental health and social care staff will be co-located with the physical health IRR team to provide a more co-ordinated response to patient need. This will include crisis and home treatment functions and Mental Health Act Assessments. The mental health Hospital Liaison Team will form part of the rapid response function will be located on the hospital site.

Phase 2 of care co-ordination will incorporate social care and the IRR team will be developed to a integrated mdt team.

Service users, carers and stakeholders from health, social care and the voluntary sector have been involved in the scoping, design and development of this proposal. This has included targeted engagement with underrepresented groups including REMA and Apna Haq.

Identifying impact:

- Positive Impact: will actively promote or improve equality of opportunity;
- Neutral Impact: where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of InformationThis is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General* Equality Duty.

Equality Daty.	What key impact have you identified?		For impact identified (either positive and or negative) give details below:		
(Please complete each area)	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights		\boxtimes			
Age					Mental health referrals were previously done by business division based on age. The new service is an all-age adult service which will enable patient needs to be better addressed.
Carers					Referrals were previously received by clinicians out of hours. If clinicians were not available calls would divert to Doncaster switchboard to take a message. There will now be 24/7 admin cover to ensure calls are logged and referred to a clinician as soon as they are available.
Disability		\boxtimes			
Sex		\boxtimes			
Race		\boxtimes			
Religion or belief		\boxtimes			
Sexual orientation		\boxtimes			
Gender		\boxtimes			

reassignment			
Pregnancy and maternity			
Marriage and civil partnership (only eliminating discrimination)			
Other relevant groups			
HR Policies only: Part or Fixed term staff			

IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	At the end of phase 1	Date of next Review:	April 2018

<u>llison.hague@rotherhamccg.nhs.uk</u>		

Once completed, this form **must** be emailed to Alison Hague, Corporate Services Manager for sign off:

Alison Hague signature:	
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EQUALITY IMPACT ASSESSMENT: Initial EIA 'Screening' and 'Full' EIA Processes

