Equalities Impact Assessment

Name of policy or service to be assessed: Potential permanent closure of Fowey Community Hospital
Department or section: Community Services
Date of assessment: January 2025

Aims, objectives and purpose of the policy

Describe the aims, objectives, and purpose of the policy.
Equality impact assessment of the potential permanent closure of Fowey Community Hospital – 6 inpatient beds and a basic minor injury service.

Minor Injury services: Fowey Community Hospital originally provided a basic minor injury service which closed in 2015. It was rarely used before it close; about 1 person a week attended. Most people from the area chose to travel to the minor injury unit in St. Austell (8 miles away) which has X-ray facilities. People with basic minor injuries can now access equivalent treatment from the local GP practice in Fowey. The practice had always provided some minor injury provision prior to the closure of the hospital-based service in 2015 especially in the latter years as not all the nurses working in the hospital were minor injury-trained. Those with more serious injuries can still go to St. Austell, which also has x-ray facilities.

Inpatient beds: The hospital originally had 10 beds, which reduced to 6 in March 2016 due to fire safety concerns. This meant if there was a fire, people in a bed may not be able to get out of the building quickly enough. The remaining 6 beds were closed in August 2016 due to infection control concerns; specifically, that the layout of the building was not compliant with guidelines to stop the spread of infection. Only basic level care and support could be provided. People with more complex needs requiring doctor or therapist support were always supported in other hospitals with facilities better able to meet their needs.

The hospital has remained closed since 2016.

There are several reasons why Fowey Hospital is no longer suitable for inpatient care including:

- Modern inpatient care needs a greater standard of environment than the site can provide. Staff who worked there do not think the environment is appropriate to deliver good quality care.
- The site has been vacant since 2016 and requires significant investment to bring it close to being in a fit state for the delivery of modern healthcare.
- The hospital can only provide 6 beds. An independent clinical group called the South-West Clinical Senate recommends that 6 beds is too small. The expert senate clinicians say that a minimum bed number for safe, efficient and reliable staffing is 16.
- The building is old, and it costs a lot to maintain. This is not good value for money.

- The limitations of the age and structure of the site mean that it is not possible to address all the concerns with the current building.
- There is very little parking on site, with no segregation between vehicles and pedestrians and vehicle access to the site is difficult.
- The hospital is in a residential area. The estate footprint precludes extending the building.
- The wards are too small. They are below the national guidelines for good inpatient care. Having small rooms means that the space to move equipment and walk around the bed is reduced. This means people may be at risk of falling or tripping. Staff may also not be able to use equipment safely. Patient privacy and dignity is compromised, as is infection control.
- Toilet and bathing areas are not accessible to people with physical disabilities.
- The people most likely to need to use such a facility would be elderly and frail with a range of physical disabilities. The site would not enable staff to provide safe and dignified care
- Without extensive alterations the current environment does not meet the standards as set out for people with dementia within modern healthcare environments.
- There is no medical imaging such as an X-ray or CT scan. This means transfer to other facilities would be required for diagnostics.
- The site is too small. It cannot offer different types of services.

Who is intended to benefit from this policy, and in what way?
The population of Fowey and surrounding area and the wider population of Cornwall who require reablement following illness and injury and/or end of life care (majority likely to be older and frail) and people of all ages who require minor injury services.

A decision to permanently close Fowey Community Hospital would be predicted to benefit local people as follows:

- Minor injury and inpatient healthcare will continue to be delivered from environments that are safe and better able to meet people's individual needs and improve their chances of returning to independence. The Tour of Fowey Community Hospital highlights Fowey Hospital's estates limitations with the minor injury waiting and clinical areas, ward spaces that are too small, lack of disabled facilities and serious restrictions in providing safe and dignified care for those receiving inpatient care.
- Ability to focus resources on the development of the future model of care that is flexible and responsive to local needs, aligning to the national and local strategy to increase and improve community and home based reablement and redirecting resources to expand the number and range of people who can benefit increasingly enabled via technical solutions and in their own homes.
- Reduce the reliance on bed-based care and reduce the avoidable risk of harm from unnecessary or prolonged hospitalisation. Hospitals are often not the right environment for older people - especially if they have no medical or nursing requirement to be there. Evidence for this is below:
    - For older people, longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs as they can quickly lose confidence, their mobility and the ability to

do everyday tasks such as bathing and dressing once they're admitted to hospital.[i]

- There is 43% increased mortality after ten days being in hospital if people are admitted via a crowded emergency department. This is important as most people who are admitted to acute and community hospitals generally come via emergency departments.
- For every ten days of bed rest in a person over the age of 75, there is 10% loss of aerobic capacity and 14% loss of muscle strength – the equivalent of ageing ten years in ten days[ii]
- There's a risk of getting a hospital-acquired infection, which can cause serious complications or even death. [iii]
- If someone is already receiving regular care at home, sending someone into hospital can interrupt the relationship with their carer. This bond can be hard to reestablish.
- Older people are also at significantly increased risk of developing a state of acute confusion called delirium if they are admitted to hospital. It can have serious effects, such as accelerating or triggering dementia, and often leads to people spending a longer time in hospital and eventually ending up in a care home.
- Local evidence shows that current use of acute and community hospital beds is less than ideal and does not always meet people's needs - for 67% of people in community hospitals that is not the ideal outcome for them. (Embrace Care diagnostic 2019). When we discharge people from the acute hospital into another short-term setting (community hospital, residential or nursing care home) that is currently only the ideal outcome for half of the people. (Embrace Care Diagnostic 2019).
- People living in Cornwall and the Isles of Scilly do not want their hospital stay prolonged unnecessarily and find delayed transfers of care distressing.[iv]
- Permanent closure would also mean the system does not need to find multi-million capital and revenue investment nor divert this from other larger, operational facilities that serve large populations and the more patient-focussed delivery care models and programmes of work as detailed below.

- By focussing on developing the local model of care in Fowey and the surrounding area, the aim is to maximise the efficiency of the existing bed stock across the integrated care area and increase capacity in home/community based care. By not reinstating the 10 beds at Fowey community hospital we will not be exacerbating the current over reliance of beds with a high risk of beds becoming used as 'over spill' perpetuating traditional models of bed-based care where the national and local Embrace evidence above informs us that we have significant numbers of people in beds that have no clinical need to be there. Correct clinical utilisation of beds will release capacity to better support people in their own homes and improve outcomes and experience in Fowey and the surrounding area.

What outcomes are wanted from this policy?
Fowey Community Hospital was temporarily closed in 2016 due to infection control and fire safety concerns. The Tour of Fowey Community Hospital - YouTube highlights Fowey Hospitals estate limitations including its inability to support people with all types of disabilities.
The overarching outcomes desired from community services are for people to receive high quality safe, proactive, preventative and personalised care at the right time and place. Fowey Hospital has been evaluated as unable to provide safe care. Instead of the 6 inpatient beds, people will be supported to achieve their health and care outcomes by alternative and enhanced community services that have been put in place since bed closures in 2016. People can now receive equivalent and in some cases better minor injury provision than was provided prior to closure in 2015, and where required care in a community hospital bed from either Bodmin or St Austell, which provide amongst our best equipped community hospitals across Cornwall

What factors or forces could contribute or detract from the outcomes?
Since 2016, there have been significant community service developments that will **positively contribute to** the desired outcome of people receiving high safe, quality proactive, preventative and personalised care at the right time and place.
These changes include:

Bedded care

2 extra end of life beds at Mount Edgcumbe Hospice (10 in total) which provides expert, personalised care. Local GPs and community teams also provide more end-of-life care in people's homes (if they wish) rather than a hospital, hospice bed or care home. Between November 2023 and November 2024, 7 people from Fowey received continuing health care funded end-of-life care in a care home.11 people received care at home.

5 Dementia assessment beds at Hendra Court, Par (3.7 miles from Fowey). These have been commissioned to provide intermediate care for people following a hospital stay. Initially sourced from a care home in Truro, this service is now available at Hendra Court in Par, with medical support provided by Fowey River Practice. While accessible to individuals across Cornwall, the closer proximity of these beds to Fowey offers residents a more convenient option near home when they need it. Hendra Court provides 24-hour personalised care and assistance for those living with dementia, in a safe and comfortable environment.

24 Beds Bodmin Community Assessment and Treatment Unit. (12 miles from Fowey) 27 people from Fowey were seen between November 2023 and November 2024

People from Fowey can still use **other community hospital beds** at locations that offer a higher level of care than Fowey Hospital could provide. The closest community hospitals are St. Austell (8 miles away) and Bodmin (12 miles from Fowey).

A **Transfer of care hub** helps organise care for people in both the community and hospitals, making sure they get the right support in the right place. On average, the hub supports 63 people from Fowey each month.

Urgent Care

Falls Response Car - 10% of ambulance call outs are to respond to falls, many of them non injurious, but to respond to the frailer person who is simply unable to get up unaided and has no one to help them. The Cornwall Falls Response Car service has been commissioned to address this issue. Cars staffed by highly experience pre-hospital care professionals ensure the fallen person receives the right support wherever possible to stay at home. The service provided by Cornwall Ambulance Service has been rated by the Care Quality Commission as outstanding.

X-Ray Car - CIOISCB has commissioned the Cornwall X-Ray Car service - an innovative, mobile radiography initiative that brings essential diagnostic imaging directly to people in their communities. A car with portable X-ray equipment and two operators are dispatched to people who need checking after a fall or injury, but are at low risk of a fracture negating the need for Fowey residents to travel to Treliske unnecessarily for x-rays.

Urgent Care and Acute Care at Home Services – In alignment with government policy to enhance community-based urgent care, Cornwall Partnership NHS Foundation Trust (CFT) has introduced a new Urgent Care Responder function and expanded its Acute Care at Home service, allowing more people to receive crisis support at home 147 people registered with the Fowey River Practice were seen by the Acute Care at Home service in the 12 months before Fowey closed. This increased to 193 people in a comparative 12 month period between 2023 and 2024.

Bodmin Same Day Emergency Care (12 miles from Fowey) – This service provides an alternative to attending the Treliske Emergency Department. In a 12 month period between 2023 and 2024: 9 attendances, 10 telephone consultations* from Fowey residents.

Virtual Wards - People receive hospital-level care in their homes, including monitoring of conditions like Chronic Obstructive Pulmonary Disease and heart failure. Virtual wards reduce the need for hospital visits and provide continuity of care in a familiar setting. Work is now underway to open virtual cardiology and respiratory wards. Between October 2024 and January 2025 41 people from Fowey used Virtual Ward service.

Additional reablement capacity - Multi-million investment into services that help people regain independence after illness or injury. These services offer short-term support at home. They include CFT's Home First service which has increased the number of support workers in its team since the hospital closed. The Cornwall and Isles of Scilly Integrated Care Board has also commissioned additional capacity from Stay at Home Cornwall, Humans and Age UK to support more people to receive reablement support in their own home. These services support the avoidance of a hospital admission and help them return home more quickly after a hospital stay. This is important because repeated audits show that many people are placed in

and/or delayed leaving community hospitals when they could recover in their own home.

Long-term care at home Cornwall Council launched a newly commissioned model of providing long-term home care on 18th October 2024. This new model is aimed at enhancing productivity and expanding capacity through the creation of 4 new Home Care Alliances across 11 geographical zones. This is intended to reduce referral transaction time and allow providers to improve the efficiency of home care delivery, which will increase the available market capacity from the existing workforce. Increased capacity in these services will allow people to leave acute and community hospital more quickly, in turn creating capacity in community hospitals where people require temporary bedded care.

Services available from the GP practice

More on the day appointments are available from a primary care hub in Bodmin (12 miles away) with plans being developed to allow access to the St.Austell hub (8 miles away) and potentially a service closer to Fowey.

2 social prescribers. Social prescribers work with patients to identify non-clinical support options that address broader health determinants, like housing or mental health support. This service links Fowey residents to a variety of community resources that support well-being and avoid crises

A new 1.4 WTE first Contact **Physiotherapist** supporting Lostwithiel, Fowey & Middleway practices

A **mental health practitioner** supporting Lostwithiel, Fowey & Middleway practices

Enhanced pharmacy support for people post discharge including medication reviews including for those who may be most vulnerable such as the frail and elderly and those in care homes. 2 WTE pharmacists and a pharmacy technician support the Lostwithiel, Fowey & Middleway practices.

Additional sexual health services provision – 1 WTE specialist nurse supporting all practices in the Bosvenna & Three PCN, which includes the Fowey practice.

Planned Care Services

St Austell Elective Surgical Hub (8 miles from Fowey) opened in October with 2 theatres with annual capacity to provide 5,000 planned day-case procedures.

Community Diagnostic Centre provision at Bodmin (12 miles away) including CT and MRI scans now negates the need for many residents to travel to Treliske Hospital (23 miles away). At least 1600 people registered at Fowey River Practice have been seen since January 2024.

Prevention and voluntary sector investment

The CIOISCB has provided investment to several voluntary sector organisations to develop the Kernow Gateway which provides a dedicated telephone line to facilitate

access to a range of voluntary sector support. Cornwall's charities and community groups have combined forces to support people.

Additional investment has been provided to support the development of Community hubs including the Cornubia Hub in Par (3.7 miles from Fowey) since October 2022 which offer a range of support for people who often seek help from general practice but do not require a medical intervention. They are a place to deliver practical support, preventative measures and social interaction helping people to find the support they need based on what matters to them.

Factors potentially detracting from the outcomes – and mitigation

Travel Impact
Public consultation through the drop-in event (7 December 2024) and survey responses (3 December 2024 - 5 January 2025) identified increased travel distance for basic bedded services as the primary concern. This particularly affects

- A small number of residents requiring basic temporary bedded reablement provision who may need to travel to:
    - St Austell Community Hospital (8 miles away)
    - Bodmin Community Hospital (12 miles away)
- A small number of residents from Polruan (4.2 miles from Fowey by road who face extended journeys to:
    - St Austell Community Hospital (12 miles, 36 minutes drive)
    - Bodmin Community Hospital (23 miles, 44 minutes drive)

This increased travel burden potentially impacts elderly residents without personal transport and their visitors, particularly those relying on public transportation.

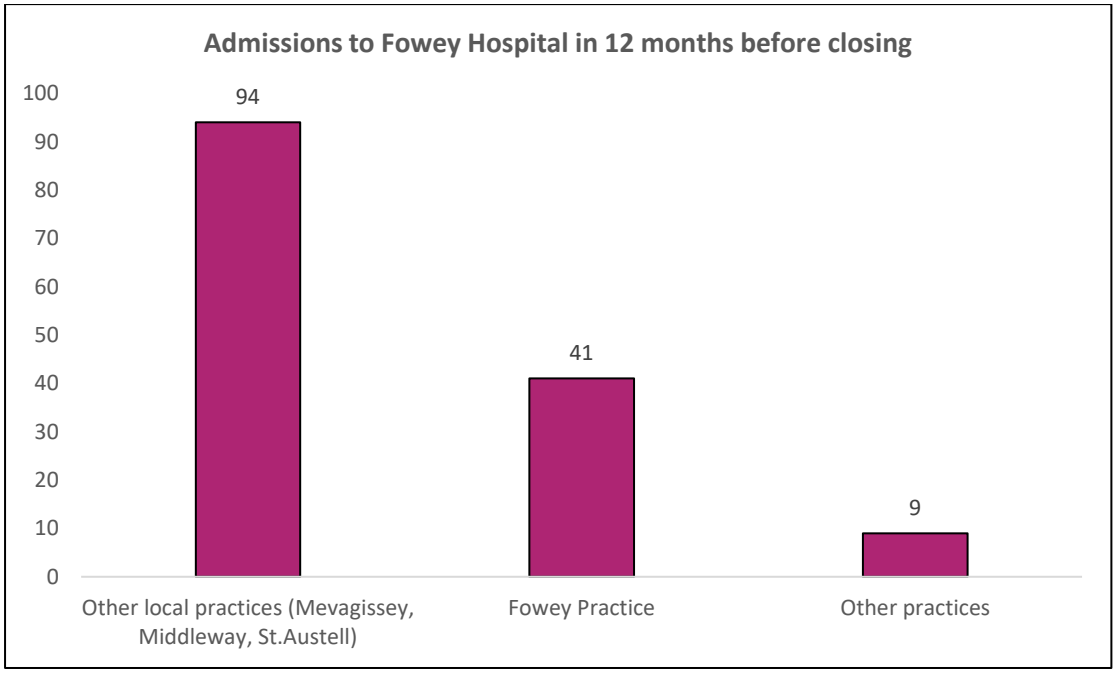
Mitigating Factors and Service Improvements
People with complex needs were not supported at Fowey historically and would have been supported in other community hospitals with better facilities. With the advances in community services described below, it is reasonable to conclude that some people historically treated at Fowey could now be supported at home.

The average distance that someone in Cornwall lives from a community hospital with inpatient beds is 12 miles. [v] so whilst acknowledging the transport challenges facing the rural Fowey population, travel distances to other community hospitals these are not significantly higher, and indeed will be lower than for people living in other parts of the county.

1. Transport Options. Whilst recognising it does not provide a solution for all, there transport options include
    - Volunteer transport schemes (including accessible vehicles) provided by TAP Cornwall and Volunteer Cornwall.
    - Some people may be eligible for NHS-funded patient transport if they meet the clinical and financial criteria for support or assistance on or after the journey
    - Advice is available via a centralised booking service (01872 252211) and online

We will continue to promote this information to the Fowey community

2. Enhanced Community Services
    - Significant community healthcare developments over the eight years since bed closure described above have reduced the need for hospital admission and provided increased step-down capacity supporting more people in their own homes.
    - Alternative bedded facilities offer improved environments with modern facilities better equipped to deliver care with enhanced diagnostic capabilities and access to nursing and medical staff with specialist skills, leading to better health outcomes.
    -
3. Historical Usage Analysis
    - In the 12 months before closure, the hospital had:
        - 144 total admissions
        - 130 unique individuals
        - Only 23% of admissions from Fowey practice patients
        - The majority (63%) were from other local practices
        - 14% from non-catchment practices



From January 24 to December 25, there were 33 admissions for people registered with Fowey River practice at other community hospitals rehabilitation wards demonstrating people can still access community hospital beds if needed.

4. End-of-Life Care Improvements

Previous provision at Fowey Hospital: (Tour of Fowey Community Hospital)

- Limited facilities (small side room without natural light)
- Inadequate hygiene and personal care facilities

        - 13 total end-of-life patients in final year (7 from Fowey, 6 from surrounding areas)
    - Current enhanced provision:
        - Additional commissioned end-of-life beds at Mount Edgcumbe Hospice (increased to 10 beds)
        - Expanded home-based end-of-life care options
        - Recent data (November 2023-November 2024):
            - 7 residents received care home-based end-of-life care
            - 11 residents received home-based end-of-life care

5. **Ongoing Commitment**

CIOSICB maintains its commitment to co-developing integrated neighbourhood services for residents registered at Fowey and Middleway practices. This ensures continued service development based on community needs and feedback

Who are the main stakeholders in relation to the policy?
The population of Fowey and the surrounding area
The population of Cornwall
Fowey Town Council and County Councillors
Cornwall & Isles of Scilly Integrated Care Board
Cornwall Partnership NHS Foundation Trust
Healthwatch Cornwall
NHS Property Services

Who implements the policy, and who is responsible for the policy?
Cornwall & Isles of Scilly Integrated Care Board

Differential impacts

Does this have a positive or negative impact on people from an ethnic minority background? How will any negative impact be mitigated?
Due to the length of time since the hospital has been closed (8 years) historic information about the % of people admitted to the 6 beds at Fowey Hospital who identified as Black, Asian or an Ethnic Minority is not available. However, this has not been raised by stakeholders or survey respondents as an issue in the engagement process. The primary principle in proposed community services model of care is to deliver more personalised care that meets people's health, care and wellbeing needs in a more holistic way. Nor is there evidence that there has been any adverse impact on people from an ethnic minority background.

Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?
There is no evidence that closure so far has negatively impacted on people because of their identified gender. This has not been raised by stakeholders or survey respondents as an issue during engagement. The building and layout of Fowey hospital was not conducive to being able to offer consistent single-sex accommodation due to the small ward sizes. More people can now be supported at home or in facilities that can provide same-sex accommodation.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?
There is no evidence that closure so far has had an adverse impact on people who have a disability (physical, sensory, long-standing illness or condition, mental health or learning disability).

The building and layout of Fowey community hospital were not compliant with modern healthcare requirements to support people with complex needs including sensory disability, learning disabilities, who have bariatric requirments or dementia. The Tour of Fowey Community Hospital highlights

- small doorways (difficult to access for those in wheelchairs)
- lack of disabled toilet facilities in the former MIU area requiring people in wheelchairs to go to the inpatient area with an associated risk of infection spread
- no toilets of any kind in the side-room area,
- no disabled toilets in the inpatient area – those in wheelchairs had to use the toilet with the door open and a temporary curtain placed to provide basic privacy which was challenging due to its adjacent position to a main walkway.
- The ensuite shower adjacent to the side room used for end of life care was a domestic shower so not suitable for bariatric patients, people with limited mobility and/or risk from falls and those with complex health needs.
- This side-room was also very far away from the nurse's station which carried a risk of limited engagement and observation, and of delayed care and response.

Specific issues that would have affected people with physical disability include difficulties with fire evacuation and increased risk of infection spread. Disabled parking for staff, patients and visitors is limited. The building has deteriorated since closure in 2016 and would require capital investment of several millions to reach an appropriate building standard. Redirecting monies way from the programmes of work detailed below will impact on the other currently used operational sites requiring capital investment. More people can now be supported at home or in facilities that are more conducive to supporting people with all types of disability including virtual wards and specialist care home provision at Hendra Court, Par.

Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?
There is no evidence that closure has had an adverse impact. This has not been raised as an issue by stakeholders or survey respondents during the engagement. The primary principle in proposed community services model of care is to deliver more personalised care that meets people's health, care and wellbeing needs in a more holistic way.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?

Potential Negative Impacts:

1. Inpatient Services

- The closure of six reablement beds particularly affects older adults, who were the primary users of these facilities
- Historical data shows 144 admissions in the final 12 months of operation, predominantly older people
- Increased travel distance to alternative facilities may impact older adults and their visitors, particularly:
    - Those without personal transport
    - Residents from Polruan facing journeys of up to 23 miles to Bodmin Hospital
    - Those relying on public transport to visit family members

Mitigating Factors and Positive Impacts:

1. Enhanced Service Provision

- No evidence of negative impact from the transfer of minor injury services to Fowey River Practice (less than a mile away), which had been successfully providing these services prior to the 2015 hospital closure. Fowey River Practice offers an equivalent level of care to that provided by the former hospital service. It is available by phoning the practice or using their online econsult system to arrange a timed appointment at Fowey or Par daily and Poluran when there is a doctor clinic (usually a Monday afternoon). Most doctors in the surgery are able to do suturing, but those with injuries likely to need sutures, x-rays or plaster cast are referred on to be more appropriately supported at the St.Austell Minor Injury (8 miles away) or Treliske Emergency Department (23 miles away) if more specialist involvement is required
- Access to improved facilities at alternative sites offering:
    - Modern infrastructure
    - Enhanced diagnostic capabilities
    - Specialist nursing and medical expertise
    - Better equipped environments for complex care needs

2. Community-Based Services Development

- Introduction of new services particularly beneficial to older adults:
    - Virtual wards enabling monitoring and care at home
    - Mobile X-ray and falls response units reducing travel need
    - Reablement services supporting independence
    - Same-day emergency care services
    - Community assessment and treatment units

3. End-of-Life Care Improvements

- Expansion from previous limited facilities to:
    - 10 specialist end-of-life beds at Mount Edgcumbe
    - Enhanced home-based end-of-life care options
    - Recent data shows effective provision with 18 Fowey residents receiving end-of-life care (7 in care homes, 11 at home)

4. Evidence of Maintained Access

- Recent data demonstrates improved access to community hospital beds:
    - 65 admissions from Fowey residents in recent 12 months
    - 24 more admissions than before closure
    - Multiple location options available across the region

Ongoing Mitigation:

1. CIOSICB commits to:

- Continuing development of integrated neighbourhood services
- Monitoring access patterns and addressing emerging issues

- Working with community transport providers to support access needs
- Further developing home-based and community services

The evidence suggests that while there are some potential negative impacts related to travel distance for a small number of older adults, these are significantly mitigated by improved facilities, enhanced community services, and demonstrably better access to specialist care. The development of home-based services particularly benefits older adults who prefer receiving care in familiar surroundings.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?
There is no evidence that permanent closure has had an adverse impact. The shift towards providing care in people's homes through virtual wards and mobile services particularly benefits those with cultural or religious preferences for receiving care at home.
The primary principle in proposed community services model of care is to deliver more personalised care that meets people's health, care and wellbeing needs in a more holistic way. This has not been raised as an issue by stakeholders or survey respondents during the engagement process.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?
There is no evidence that permanent closure has had an adverse impact. The primary principle in proposed community services model of care is to deliver more personalised care that meets people's health, care and wellbeing needs in a more holistic way. This has not been raised as an issue by stakeholders or survey respondents during the engagement process.

Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?
This has not been raised as an issue by stakeholders or survey respondents during the engagement process. There is no evidence that permanent closure has had an adverse impact. The primary principle in proposed community services model of care is to deliver more personalised care that meets people's health, care and wellbeing needs in a more holistic way.

Does this have a positive or negative impact on people who are pregnant, breast-feeding mothers, or those on maternity leave? How will any negative impact be mitigated?
This has not been raised as an issue by stakeholders or survey respondents during the engagement process. There is no evidence that permanent closure has had an adverse impact. Minor Injury services are now provided by Fowey River Practice which has positive policies supporting pregnant and breast-feeding mothers.
The inpatient services primarily supported older adults.

Are they any other identified groups? How will any negative impact be mitigated?
No others identified by stakeholders.

Human rights values

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?
In developing the Equalities Impact Assessment for the closure of Fowey Community Hospital, core human rights values such as fairness, respect, equality, dignity, and autonomy were central considerations. The assessment ensures that all affected individuals, particularly vulnerable groups like older adults, have equitable access to quality care either at alternative locations or through enhanced home-based services. Respect for individual dignity and autonomy is upheld by supporting care closer to home wherever possible – the existing hospital environment is not conducing to providing care in a dignified manner, for example access to the day room required moving through a curtained inpatient bedded area (Tour of Fowey Community Hospital - YouTube) and the one side-room used for end of life care was small and had no natural light, the inadequate toilet and personal hygiene facilities, while fairness and equality are addressed by evaluating and mitigating any unintended impacts on different demographic groups, ensuring that service changes do not disproportionately affect anyone based on age, gender, or other protected characteristics.

Which of the human rights articles does this document impact?

☐ To life
☐ Not to be tortured or treated in an inhuman or degrading way
☐ To liberty and security
☐ To a fair trial
☐ To respect for home and family life, and correspondence
☐ To freedom of thought, conscience, and religion
☐ To freedom of expression
☐ To freedom of assembly and association
☐ To marry and found a family
☒ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☐ To peaceful enjoyment of possessions

What existing evidence (either presumed or otherwise) do you have for this?
Existing evidence for this policy's alignment with the right "not to be discriminated against" under the European Convention includes the Equalities Impact Assessment, which systematically evaluates potential impacts on all protected characteristic groups. This assessment process ensures that service changes do not disproportionately affect any specific group, thereby upholding the principle of non-discrimination in access to healthcare services.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?

1. **Mandatory Training Requirements:**

- All staff complete annual Equality, Diversity and Human Rights training which specifically covers the Human Rights Act and its application in healthcare settings
- Additional specialised training on Mental Capacity Act and Deprivation of Liberty Safeguards for clinical staff
- Regular safeguarding training that incorporates human rights considerations for vulnerable adults and children

2. **Documentation and Guidance:**

- Comprehensive policy documents with clear human rights guidance
- Decision-making frameworks that explicitly consider human rights implications
- Easy-access reference materials for staff
- Regular policy reviews to ensure continued alignment with human rights legislation

These measures ensure staff are equipped to deliver services in a way that respects and protects service users' human rights while providing high-quality care in community settings.

Public Sector Value Act 2012

NHS Cornwall and Isles of Scilly is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

Please describe how this will support and contribute to the local system, wider system, and community.
The temporary closure of Fowey Community Hospital has been approached with a commitment to the Public Sector Social Value Act 2012, aiming to positively impact the local community and the wider health system.
This closure is accompanied by service adjustments that prioritise patient-centred, accessible, and sustainable care models, such as enhanced home reablement services and virtual wards, which help support people in their own homes, reducing the need for hospital stays.
By reallocating resources to these community-based services, the NHS is enhancing the social wellbeing of residents by fostering independence and continuity of care within familiar environments.
Economically, these models contribute to cost efficiency and resource optimisation within the local health system, benefitting more people and potentially reducing pressures on acute and community hospitals across Cornwall and the Isles of Scilly.
Environmentally, supporting local care delivery reduces the need for patient travel, thus lowering the carbon footprint associated with health services. This approach aligns with the wider system goals of sustainability and resilience, enhancing long-term health outcomes and accessibility for the community.

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.
The assessment around the proposed permanent closure of Fowey Community Hospital actively contributes to eliminating discrimination, harassment, and victimisation by embedding principles of equity and fairness in service planning and

delivery. The Equalities Impact Assessment evaluates and addresses potential differential impacts on protected groups, ensuring that service changes do not disproportionately affect individuals based on age, disability, gender, or other protected characteristics. By prioritising equitable access to alternative care options and community-based services, the assessment fosters an inclusive and personalised approach that respects the rights and needs of all individuals, thereby reducing risks of discrimination or disadvantage.

Describe how the policy contributes towards advancing equality of opportunity.

The proposed permanent closure of the hospital, which has been temporarily closed since 2016, has enabled the development and investment in more accessible and equitable healthcare services across the community. This transformation has advanced equality of opportunity in several important ways:

1. I**ncreased Access to Services**: The investment in new models of community care, including but not limited to 2 additional hospice beds, virtual wards, reablement services, and mobile X-ray and falls response cars, has significantly expanded the reach of healthcare services. These services can support far more patients than the previous hospital-based model and can do so in patients' own homes, removing transportation barriers that disproportionately affect elderly, disabled, and economically disadvantaged individuals.
2. **Enhanced Flexibility of Care Delivery:** The introduction of same-day emergency care services and community assessment and treatment units provides more flexible options for accessing healthcare, making it easier for people with work commitments, caring responsibilities, or mobility challenges to receive care at times and locations that better suit their needs.
3. **Home-Based Care Options:** The shift towards providing care in people's homes through virtual wards and mobile services particularly benefits:
    - People with disabilities who may struggle with travel
    - Elderly individuals who prefer to receive care in familiar surroundings
    - Carers who would otherwise need to arrange alternative care to accompany loved ones to hospital
    - People from lower socioeconomic backgrounds who may face transportation costs
    - Those with cultural or religious preferences for receiving care at home
4. **Digital Inclusion:** While virtual wards and remote monitoring services create new opportunities for accessing healthcare, the model ensures that digital services are complemented by in-person options, ensuring that those who cannot access or use digital technology are not disadvantaged.
5. **Geographical Equity:** Mobile services and community-based units help distribute healthcare resources more evenly across the area, reducing geographical inequalities in access to services that can particularly affect rural communities and areas of deprivation.
6. **Resource Optimisation:** By redirecting resources from maintaining a physical hospital building to providing flexible, community-based services, we can reach and support a larger number of people, advancing equality of

opportunity through broader service coverage and more efficient use of healthcare resources.

These new models of care delivery actively promote equality of opportunity by removing traditional barriers to accessing healthcare services and creating more inclusive, flexible, and responsive healthcare provision that better meets the diverse needs of our community.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.

A public engagement exercise ran from 3 December 2024 to 5 January 2025 which included the option to respond to an online or paper survey. An information booklet was made available online, in hard-copies and in easy-read format. People were invited to contact the ICB if another format was required.

Survey respondents were given the option to answer the following questions about their protected characteristic

- Ethnicity where it refers to your background, heritage, culture, religion, ancestry or sometimes the country where you were born.
- Sex (Male, Female, Intersex, Gender fluid, non-binary, Prefer not to say, other)
- Is your gender identity the same as the sex you were assigned at birth?
- Do you consider yourself to have a disability – If yes, select from physical or mobility impairment, sensory impairment, longstanding illness or condition, mental health condition, learning disability, other condition, prefer not to say,
- Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term ill health, disability or problems related to old age?

The collection of this demographic information demonstrates our commitment to understanding and considering the diverse needs of our community. By actively seeking input from people with different protected characteristics, we acknowledge their lived experiences and perspectives as valuable contributions to the decision-making process. This inclusive approach helps build trust between different community groups and the healthcare system.

The data gathered has informed our broader Equality Impact Assessment, ensuring that potential impacts on different groups are thoroughly understood and considered. This transparent process promotes dialogue between different communities and helps identify where additional support or modifications may be needed to meet specific needs. By making the survey available in multiple formats (online, paper-based, and easy-read), we have demonstrated our commitment to accessibility and ensuring all voices can be heard, regardless of their circumstances.

This approach to engagement supports integration by bringing together perspectives from across our diverse community and helps educate both service providers and the wider public about the varied needs and experiences of different groups. The insights gained will help shape service delivery in a way that promotes understanding and respect between people with different protected characteristics.

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.
The assessment advances equality of opportunity by identifying and mitigating any barriers that specific groups may face due to the potential permanent closure of Fowey Community Hospital.
By analysing the potential impacts on protected groups, such as older adults and individuals with limited mobility and access to transport, the assessment informs targeted adjustments, like enhanced community-based care including mobile services.
This approach ensures that all individuals have fair access to healthcare services and opportunities for high-quality care, regardless of their circumstances, thereby promoting equitable health outcomes across the community.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
Not applicable

If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following equality impact assessment action plan.
Continued work to co-produce new models of place-based community services in partnership with the Fowey and the surrounding area, incorporating feedback from the December 24 to January 25 public engagement exercise in line with the CIOISCB's approach to public engagement is the primary mitigation to issues raised.

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[i] Discharging older patients from hospital, National Audit Office, Department of Health, 2016.

[ii] The Journals of Gerontology (2008). Functional Impact of 10 Days of Bed Rest in Healthy Older Adults. Kortebein et al

[iii] Nuffield Department of Population Health: Hospital or 'hospital at home' – what's best for older people? 2019

[iv] Delayed Transfers of Care: What it's like for patients and families. A snapshot of people's experiences of delayed transfers of care from hospitals in
Cornwall, during July 2019. Healthwatch Cornwall

[v] Based on 10 community hospitals with inpatient beds including West Cornwall Hospital and excluding Isles of Scilly. Cornwall's area: 3,563 km² (1,375 sq miles). Assuming even distribution, average distance calculation:

- Square root of area divided by sqrt(number of hospitals)
- Rough estimate: $\sqrt{(1,375)} \div \sqrt{(10)} \approx 11.7$ miles

Average person would be approximately 11-12 miles from a community hospital.
Caveats:

- This is a mathematical approximation
- Actual distances vary due to geography, road networks
- Coastal location affects precise calculations