Appendix: Equality Analysis and Due Regard

1. Name of the service, policy, project or proposal (brief description)

Community Hubs – Pre Consultation Business Case (PCBC)
The PCBC sets out the context, case for change and proposed future models of care that contribute to the development of 'Community Hubs' through which joined up community based services will be delivered across North Derbyshire.

Community Hubs are a critical element of the North Derbyshire system plan to improve how care is provided for the people of North Derbyshire. Fundamentally, the aim of the whole system plan is to keep people:

- ✓ Safe and healthy – free from crisis and exacerbation
- ✓ At home – out of social and health care beds
- ✓ Independent – managing with minimum support

This will be founded on building strong, vibrant communities.

'Community Hubs' is also the name of the work stream which is co-ordinating the development of the hubs. Crucially, it will link with, and be dependent upon, other work to develop joined up care services.

The development of Community Hubs should be seen as a 'progressive process' that will evolve over the coming years as the needs and expectations of people develop; this is not just a one off 'project'.

To ensure the proposed models and options were understood and owned by the public, clinicians and professionals and that they were supported by sound clinical evidence and opinion, over the last 12 months, the work to develop Community Hubs has been supported by a widespread engagement programme.

The focus this consultation is on Specialist Older Persons Mental Health and Community Bedded Care and the utilisation of community hospitals.

2. What is the aim of the service, policy, project or proposal? Why is it needed?

In developing our approach and considerations the approach has been to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex (gender), gender reassignment status, sexual orientation, marriage and civil partnership status, race, religion or belief, pregnancy and maternity status. Appropriate consideration will also be given to gender identity, socio-economic status, immigration status and the FREDA principles of the Human Rights.

Our Vision is to work in partnership to deliver a person centred, clinically led, evidence based approach to care.

Guiding Principles
These were identified during a series of 2012 events with patients, staff and the voluntary and community sector and general public and the changes at the time taking place in the NHS, the current challenges faced and how the CCG would approach difficult decisions it needed to make.

- **All Services will be person-centred -** We will work in partnership with people needing care

and their families and carers to provide care as close to the person's home as possible, and when appropriate support them to access the right care away from home

- **Care will be provided flexibly -** We will listen to and understand the person's complete needs and meet them by using all services and resources available. We will ensure that we will co-ordinate care across health, social care and voluntary services to ensure people receive the right care from the right service at the right time
- **Assumptions will be challenged -** We will have the courage to make changes for the better that will improve the patient experience and obtain the best value for money. We will embrace innovation and find new approaches to care based on sound evidence. We will commit to monitoring and publishing patient experience data to be accountable to those who use our services
- **People will be treated with dignity and respect -** We respect and value the people who use and work in health and social care services in Derbyshire and we will invest resources to support the health and well-being of our communities
- **We will plan and deliver services in partnership -** We will actively seek and listen to the views of people who use health services and work in health and social care in Derbyshire so that we can plan and deliver services in partnership and be accountable to them
- **Healthy lifestyles will be promoted -** We will support people to help them to make an informed choice about lifestyle and services and identify and provide extra support for those who need and want to make positive lifestyle changes

This analysis considers:

- Older Persons Mental Health (OPMH);
- Community Bedded Care and;
- Other Services provided in community hospitals.

Older Persons Mental Health (OPMH) - Case for Change:

The current model of care is caring for older people with moderate to severe dementia in times of crisis but this model is no longer fit for purpose.

- Improving the quality of care: Hospitalisation of people with dementia has negative impacts on both physical and mental health including:
  - Greater cognitive impairment as a result of taking people out of their usual place of residence
  - Decompensation due to reducing levels of activity, which sometimes results in a return to home becoming impossible.
- Improving the sustainability of the workforce: The current workforce (nursing in particular) is insufficient to meet the forecast increase in OPMH inpatient activity across the 3 current units, therefore increasing the risk of failing to meet safe staffing guidance.
- Improving service effectiveness and efficiency: Health spend across all North Derbyshire OPMH services is currently £3.3 to £1 inpatient: community. North Derbyshire remains behind the national trend for moving to community based interventions. Both commissioners and providers believe this is a key reason for failing to consistently meet the Quality Outcomes for people with Dementia.

Proposed future models:

The proposed service change would see half of the people currently treated in an inpatient hospital instead treated at home by a specialist community based team, known as Dementia Rapid Response Team. (DRRT)

Specialist OPMH beds would still be provided for those with the most severe symptoms, however these would be fewer in number and consolidated at one ‘centre of excellence’.

Community Bedded Care – Case for Change:
Elderly people, who require rehabilitation and reablement support, following an illness or injury, are often admitted to a community hospital bed, particularly following an acute hospital episode.

The current model of care can cause 'decompensation' for elderly patients as well as being clinically and financially unsustainable:

- Improving quality of care: Caring for older people in a hospital bed can be detrimental to such an extent that it can outweigh the benefit of care received due to the extent of physical, psychological, cognitive and social 'deconditioning'.
- Improving the sustainability of the workforce: The majority of community beds are provided from single stand-alone wards across 5 community hospitals which face continual workforce resilience challenges.
- Improving service effectiveness and efficiency: The mind set of health and social care is still too often hospital bed first, although people want to remain in their own home whenever possible. They are often cared for 'at levels of care' which are higher than required to meet their needs. Not only is this not what most people want it is also resource inefficient and increases the risk of iatrogenic (health and care induced) harm.

Proposed future models:
The default care setting for all patients should be the place they call home as this can significantly improve the quality of care received (due to a reduced likelihood of decompensation).

The proposed service change would see half of these people who currently receive reablement and rehabilitation support in a community hospital bed, instead cared for at home by a community based service, known as an Integrated Care Service (ICS).

The remainder will be cared for in a smaller number of local Intermediate Care Beds (also supported by ICS) or in higher intensity Specialist Rehabilitation Beds.

Other Services – Case for Change:
The proposals related to the other elements of the business case have a significant impact on the configuration of services within each of the communities.

This presents the need and opportunity to further consider how other community services, currently delivered from the sites affected, can be delivered most effectively in the future.

Site rationalisation opportunities have been considered taking account of the impact of the proposed changes, the impact of services currently delivered from the sites, the state of the site and its potential role within the development of community hubs.

Proposed future models:
As a consequence of treating more people at home, fewer beds will be required in community hospitals. Therefore it is proposed that Newholme Hospital situated in Bakewell and Bolsover Hospital is closed and the services delivered from these sites will continue to be delivered from a range of other Dales and Bolsover facilities instead. This will start to develop community hub approaches.

3. Which of the following equality groups is it relevant to? (Tick all that apply below)

The primary protected characteristics impacted by these proposals are age and disability. However this Equality report explores all protected characteristics that may be impacted in some way and is summarised below:

	OPMH	Community Bedded Care	Other Services
Age	✓	✓	✓
Disability	✓	✓	✓
Gender Reassignment / Transgender	✓	✓	✓
Marriage and Civil Partnership	✓	✓	✓
Pregnancy and Maternity	x	x	x
Race	✓	✓	✓
Religion or belief	✓	✓	✓
Sex	x	x	x
Sexual Orientation	x	x	x
Other (carers, socio-economically deprived, etc.)	✓	✓	✓

4. What impact could the service, policy, project or proposal have on any of the equality groups? Could it disadvantage anyone, and if so why or how? Could/does it address current inequalities?

For each negative impact identified, to demonstrate how we intend to respond, the corresponding reference number in the risk and mitigation log included in the PCBC appendices, is provided.

Age	Positive impact	Negative impact	No impact	Impact not known
	✓	✓	x	x

Population Data

The 2011 Census highlights that NHS Hardwick and NHS North Derbyshire have older age profiles and in particular:

- North Derbyshire has an over 75 age profile of 9.26% - overrepresentation compared to all CCGs in the county, overall and;
- Hardwick has an over 75 age profile of 8.5% - proportionate to the representation across all CCGs in the county, overall.

Older Persons Mental Health

The primary aim of the changes is to improve health outcomes for patients.

Positive Impacts of this proposal include:

- The majority of people will be treated at home by a dementia rapid response community based team, rather than having to travel to an inpatient hospital setting. This would have a positive impact on carers too who would also not have to travel to visit their loved ones.
- Care for the elderly patient in the place they call home can greatly improve the quality of care received and the outcomes achieved.
- Continuity, and therefore remaining at home, is key for all patients particularly dementia patients, in order to limit confusion and associated distress.
- Improved dignity would be helped if the patient remained in their own home.
- Reduced exposure to communal acquired infections would be helped if the patient remained in their own home.
- Again being in a familiar place - treated at home, would minimise the feeling of disorientation, loss of confidence and mobility and reduce risks of harm, falls, poor nutrition and infection.

- Studies have shown that 10 days in a hospital bed leads to the equivalent of 10 years ageing in the muscles of people over 80.
- The Dementia Rapid Response team (DRRT) will be available 365 days per year, between the hours of 8.00 and 20.00.
- The DRRT will support swift discharge home from A&Es, Medical Assessment Units and Acute inpatient beds.
- Having a specialist centre in one place at Walton will ensure there is a centre of excellence for North Derbyshire patients available when they most need it. Linking with the DRRT will then also allow patients to be discharged back to their homes.
- By being supported at home there are more opportunities to link to existing community networks for support of the person and carer.

Negative Impacts of this proposal include:

- There is a possibility that some carers and family members may have to travel further due to the removal of community beds closer to home but the overall impact on travel is that on average more would have to travel less as the majority of patients will be treated in their own home. *(OPMH Risk 5)*
- The potential impact on some carers and family members in accessing public transport may be negatively affected by the reduction in community transport and Derbyshire County Council (DCC) supported transport schemes through the DCC transport reforms. *(Other services Risk 7)*
- There may be a different service offered by the Out of Hours service when the DRRT team is unavailable. *(OPMH Risk 4)*
- Isolation – greater risk of isolation for patients and carers would need to include more voluntary sector organisations to support socialisation. *(OPMH Risk 13)*
- Require assurance that effective medicines management systems are in place and are adopted by all care staff in a home setting. *(OPMH Risk 8)*
- In being treated at home, carers may worry about not having sufficient support available for them to cope with their loved ones at home. *(OPMH Risk 7)*

Community based Intermediate Care Beds

Positive Impacts of this proposal include:

- Wherever possible the Integrated Care Service will care for older people in their own homes. This will enable patients to remain within their network of family, friends, neighbours and carers.
- However, if hospital care is needed then this model also offers a bed when you need it, just for the time you need it.
- Care for the elderly patient in the place they call home can greatly improve the quality of care received and the outcomes achieved.
- Improved dignity and reduced exposure to communal acquired infections would be helped if the patient remained in their own home.
- Being treated at home would minimise loss of confidence and mobility and reduce risks of harm, falls, poor nutrition and infection.
- Studies show that 10 days in a hospital bed leads to the equivalent of 10 years ageing in the muscles of people over 80.
- Beds will be distributed across the community and will be offered closer to home – with 44 beds offered across 8 communities as intermediate beds, 32 rehabilitation beds provided at Chesterfield and Buxton and 75 beds in people's homes.
- All Staff working within the Integrated Care Service are trained in safeguarding and when

assessing patients will be able to instigate safeguarding actions should this be necessary.

Negative Impacts of this proposal include:

- The data suggests an overrepresentation of unpaid carers in North Derbyshire and Hardwick and therefore the programme needs to take due regard that carers are adequately supported i.e. with Benefits Advice, Sitting Services and Respite Care and signposting to socialisation and help with small tasks. *(CBC Risk 9)*
- Derbyshire Dales has an over 75 age profile of 10.29% - Overrepresentation compared to its representation across all districts in the county, overall. *(CBC Risk 7)*
- High Peak has an over 75 age profile of 7.73% - Underrepresentation compared to its representation across all districts in the county, overall. *(CBC Risk 7)*
- The relevant data implies that fewer beds will be available in an area i.e. Derbyshire Dales that has an overrepresented number of elderly patients. However, the model will promote care at home and therefore go some way to negate the need for beds. *(CBC Risk 7)*

Other Services

Positive Impacts of this proposal include:

- Patients treated at home in the first instance by an Integrated Care Service, would greatly reduce the need for hospital based clinics and free up the care to be delivered in places more local to where the patient lives.
- Improved dignity and reduced exposure to communal acquired infections if services are delivered away from a traditional hospital setting.
- Care for the elderly patient in the place they call home can greatly improve the quality of care, flexibility and choice and so improve outcomes.
- In treating people at home there would be limited loss of confidence and mobility and reduced risks of harm, falls, poor nutrition and infection.

Negative Impacts of this proposal include:

- Access needs to be considered whether this is in relation to existing sites or new sites. The sites are required to be DDA compliant, including Fire, Health and Safety compliant, parking facilities and easily available by public transport. *(Other Services Risk 7 and 8)*
- With the new proposals, because more people will be cared for at home or in intermediate care beds within their own communities, travel will be significantly reduced. However, with reference to this it needs to be noted that Economy, Transport and Environment Cabinet (Agenda Item 7, 26.1.2016) agreed a consultation based on the removal of supported transport which includes many areas of North Derbyshire. This could have a negative impact on people visiting relatives and attending clinics and other services and in particular in the proposal to relocate some services from Community Hospitals. *(Other Services Risk 7)*
- Communicating the changes including the re-location of current services may be difficult for some people. *(Other Services Risk 9)*
- The views of the community should be taken into consideration for the most appropriate location of the sites, e.g. GP Practices, local for the patient. *(Other Services Risk 9)*
- Any transferral of services will be required to be the same or better than currently provided; otherwise there will be a negative impact. *(Other Services Risk 1)*

Disability	Positive impact	Negative impact	No impact	Impact not known
	✓	✓	X	x

Population Data

NHS Hardwick and NHS North Derbyshire have over representations of people whose day to day activities are limited a lot by disability or long term health.

- North Derbyshire has patients whose day-to-day lives are 'limited a little' and 'limited a lot' figures of 11% and 9.81% respectively – both of which are overrepresentations compared to all CCGs in the county overall.

- Hardwick has patients whose day-to-day lives are 'limited a little' and 'limited a lot' figures of 11.84% and 12.96% respectively – both of which are overrepresentations compared to all CCGs in the county, overall.

The section detailing impact for people with disabilities considers the 2 proposals (OPMH) and (Community based Intermediate Care Beds) together:

Older Persons Mental Health and Community based Intermediate Care Beds and Other Services

The primary aim of the changes is to improve health outcomes for patients.

Visual and Auditory Impairment

Positive Impacts of these proposals include:

- The delivery of care at home or in a place you call home helps people with sensory impairments to retain their independence, confidence and therefore wellbeing as opposed to being treated in an unfamiliar hospital setting.
- Retention of independence helps patients to remain in their place of usual residence for longer.
- A single service provider for interpretation has been commissioned. Interpreters are mobile workers making them available at home or in hospitals in the following formats:
    - Other languages
    - Large print
    - Interpreters
    - British Sign Language
    - Braille
- Continuity is key for all patients particularly people with sensory impairment and or dementia patients in order to limit confusion and associated distress.
- Wherever possible Integrated Care Service teams will care for patients with a disability in their own homes. This will enable patients to remain within the familiarity of their home surroundings and their network of family, friends, neighbours and carers.

Negative Impacts of these proposals include:

- Assurance that the Interpretation Service will be able to deliver in the new model, for example: delivering the service in people's home, additional capacity required particularly in the High Peak area. *(OPMH Risk 4, CBC Risk 4 and Other Services Risk 10)*
- Care Plans to have specific references to patients' communication needs with the Care Plan being presented in accessible, patient's chosen format. *(CBC Risk 10)*

Dementia

Positive Impacts of these proposals include:

- The delivery of care at home or in a place you call home helps people with dementia to retain their independence, confidence and therefore wellbeing as well as reducing confusion and disorientation for the patient opposed to being treated in an unfamiliar hospital setting.
- Retention of independence helps patients to remain in their place of usual residence for longer.
- Continuity is key for all patients particularly dementia patients to limit confusion and associated distress.
- More carers will be identified through working in an integrated and joined up way across all sectors.

Negative Impacts of these proposals include:

- Assurance is needed that all staff will be adequately trained in caring for dementia patients, e.g. OOH Staff. *(OPMH Risk 4)*
- The data suggests an overrepresentation of unpaid carers in North Derbyshire and Hardwick and therefore the programme must take due regard that carers are adequately supported i.e. with Benefit Advice, signposting services, Sitting Services and Respite Care and signposting to socialisation and help with small tasks. *(OPMH Risk 7)*
- Families/Carers may not be offered adequate information and signposting on supporting their loved ones with dementia. The programme needs to help carers to keep in touch with other dementia carers. *(OPMH Risk 7)*

Physical Health

Positive Impacts of these proposals include:

- The delivery of care at home or in a place called home helps people with physical difficulties to retain their independence, confidence and therefore wellbeing as opposed to being treated in an unfamiliar hospital setting.
- Retention of independence helps patients to remain in their place of usual residence for longer.
- Continuity is key for all patients particularly patients with physical ill health in order to limit confusion and associated distress.

Negative Impacts of these proposals include:

- Not all patients will necessarily have the correct facilities/adaptations at home to allow for the treatment of Long Term Conditions (LTC) and physical disabilities e.g. bathing facilities, stair lift and other adaptations. *(CBC Risk 11)*
- Potential loss of small VCS services due to financial constraints. *(CBC Risk 1)*
- With increased care in the community stretches the resources of VCS services. *(CBC Risk 1)*

Mental Health Patients and people with learning disabilities

Positive Impacts of these proposals include:

- The delivery of care at home or in a place called home helps people with mental ill health

and helps people with learning disabilities to retain their independence, confidence and therefore wellbeing as opposed to being treated in an unfamiliar hospital setting.
- Retention of independence helps patients to remain in their place of usual residence for longer.
- Continuity is key for all patients particularly patients with mental ill health and people with learning disabilities in order to limit confusion and associated distress.
- Being treated at home provides a greater connection to their communities which in turn improve a person's health and wellbeing.

Negative Impacts of these proposals include:

- Change of locations for some services currently provided/relocation of services has the potential to disorientate the patient making it difficult for them to navigate the system changes. *(Other Services Risk 9)*
- Isolation – greater risk of isolation for patients and carers would need to include more voluntary sector organisations to support socialisation. *(OPMH Risk 13)*

Note: From this point on all three proposals will be considered collectively under these protected characteristics.

Gender Reassignment / Transgender	Positive impact	Negative impact	No impact	Impact not known
	✓	✓	x	x

Positive impact of these proposals include:

- The delivery of care at home or in a place called home helps people to retain their independence, confidence and therefore wellbeing as opposed to being treated in an unfamiliar hospital setting.
- Retention of independence helps patients to remain in their place of usual residence for longer.
- Continuity is key for all patients particularly patients who are transgender or who have chosen gender reassignment in order to limit confusion and associated distress.

Negative impact of these proposals include:

- There needs to be an assured level of staff competency in caring for this protected characteristic in a person centred way.

Marriage or Civil Partnership	Positive impact	Negative impact	No impact	Impact not known
	✓	✓	x	x

Population Data

- 55.15% (overrepresentation) of people in the Derbyshire Dales (where 10.29% are over 75) are married (straight/same sex)
- 49.38% (average representation) of people in the High Peak (where 7.73% are over 75 are married (straight/same sex)

Positive impact of these proposals include:

- Many married older couples rely heavily on each other as the main carer, friend and companion. Intermediate Care Service teams will include the spouse in decisions about care planning for relatives.
- As part of the intermediate Care Service the approach will consider the needs of the spouse, e.g. accessing respite and accessing carer support networks.
- The delivery of care at home or in a place called home helps people to retain their

independence, confidence and therefore wellbeing as opposed to being treated in an unfamiliar hospital setting.
- Retention of independence, patients will be able to remain in their place of usual residence for longer.
-

Negative impact of these proposals include:
- Continuity is key for all patients particularly dementia patients to limit confusion and associated distress.
- With such a high level of older couples living in the Dales and High Peak considerations need to be given to the potential isolation a patient or carer my experience when a partner dies. *(OPMH Risk 13 and CBC Risk 7)*

Pregnancy or Maternity	Positive impact	Negative impact	No impact	Impact not known
	x	X	✓	x

An acknowledgement needs to be made with regard to family members, who are informal carers, particularly a female who may be pregnant, that 'The welfare and wellbeing of the family which is supporting the relative will always be considered.

Race	Positive impact	Negative impact	No impact	Impact not known
	✓	✓	x	x

Population Data

NHS North Derbyshire and NHS Hardwick have an over representation of White British people and under representation of most of the ethnic minority groups. From the engagement/pre consultation meetings it was identified that there is a Polish Community emerging in North Hardwick and North East.

Positive impact of these proposals include:

- The delivery of care at home or in a place called home helps people to retain their independence, confidence and therefore wellbeing as opposed to being treated in an unfamiliar hospital setting.
- Retention of independence, patients will be able to remain in their place of usual residence for longer.
- Continuity is key for all patients particularly dementia patients to limit confusion and associated distress.

Negative impact of these proposals include:
- Currently patients from BME Communities may need to make advanced appointments (not just GPs) to ensure that if required, interpreting services can be arranged. *(OPMH Risk 14, CBC Risk 10 and Others Services Risk 4)*
- Appropriate communication in relation to the changes *(Other Services Risk 9)*

Considerations
- Health Information leaflets need to be readily available to people in a range of common languages for NHS North Derbyshire and NHS Hardwick.
- Cultural awareness and sensitivity to the diverse needs of people within the community, e.g. at end of life care where many of the BME community cultures and traditions require open access for visiting family members.
- Care Plans to have specific references on how to respond to the patient and their cultural traditions.

- Care Plans in accessible formats.

The Travelling Community

- Public Health employs a Specialist Health Visitor who reaches to the travelling community. This specialist health visitor ensures any patients identified as requiring support are made known to the team. This ensures that patients will have access to the services.

- North Derbyshire CCG and Hardwick CCG have travelling communities of 0.03% (underrepresentation) and 0.07% (average representation), respectively.

- Assurance is required that staff have cultural awareness and sensitivity to the diverse needs of people within the travelling community, e.g. at end of life care where many community cultures and traditions require open access for visiting family members.

- The model of providing support closer to home will have a positive take up from the travelling Community.

Religion / Belief	Positive impact	Negative impact	No impact	Impact not known
	✓	✓	x	X

Population Data

NHS North Derbyshire and NHS Hardwick have a high proportion of Christians.

Positive impact of these proposals include:

- Care for patients will be personalised to ensure it meets all their medical, nursing and personal care needs.
- Care provided at home will be closer to the place of worship.
- Assurance that patients personal beliefs will be taken into consideration i.e.(jabs/injections and care planning)
- Particular consideration required to the End of Life Care Plans.
- Care Planning will also take into account any personal preferences of patients such as beliefs.
- Dignity and respect are a core component of care planning for patients within these services and decisions about care are taken in partnership with the patient, their family and, or carers to ensure an appropriate approach to care. This is a positive impact as care is specifically tailored to patients' needs.

Negative impact of these proposals include:

- There needs to be an assured level of staff competency in caring for this protected characteristic in a person centred way. *(OPMH Risk 4)*

Sex	Positive impact	Negative impact	No impact	Impact not known
	x	x	✓	X

From the Census 2011 figures it highlights that men and women are equally represented in North Derbyshire CCG.

Sexual Orientation	Positive impact	Negative impact	No impact	Impact not known
	x	x	✓	x

- Recognition and understanding of same sex couples.
- Ensure partners are not excluded.
- Include in the Care Plan process.
- Ensure people are treated with dignity and respect.

Other (e.g. Rurality, Carers, Homeless, Deprivation)	Positive impact	Negative impact	No impact	Impact not known
	✓	✓	X	x

<u>Rurality</u>

Positive impact of these proposals include:

- With the new proposals, because more people will be cared for at home or in intermediate care beds within their own communities, travel will be significantly reduced.
- The use of cross border facilities will assist in reducing negative impacts of rurality and poverty in terms of ability to visit.

Negative impact of these proposals include:

- It needs to be noted that from Economy, Transport and Environment Cabinet (Agenda Item 7, 26.1.2016) agreed a consultation based on the removal of supported transport which includes many areas of North Derbyshire. This could have a negative impact on people visiting relatives and attending clinics and other services and in particular in the proposal to relocate some services from Community Hospitals. *(Other Services Risk 7)*
- For a small proportion of patients living in the North West of the area being admitted to Walton OPMH will for these families pose a longer travel time and may impede their ability to visit their loved ones / hinder the recovery of the patient. However, it must also be noted that with the Rapid Response Dementia Team working 08.00 to 20.00 that patients should be less likely to need to be admitted to the Walton service. *(OPMH Risk 5)*

<u>Homeless</u>

- The concept of providing care at home could mean that the care needs to be provided in a hostel. But without a home this proposal may have a negative impact on those without a home.
- There needs to be awareness and training given to staff to enable they have the skills needed to respond to issues that are not every day occurrences.
- Treating patients with Dignity and Respect.

<u>Carers</u>

Positive impact of these proposals include:

- With the new proposals, because more people will be cared for at home or in intermediate care beds within their own communities, travel will be significantly reduced for carers.
- Equally as a result of more people being cared for at home there will be less disruption to the carers routine and their loved ones will retain their independence, confidence and therefore wellbeing for longer.
- Integrated care planning will respond to personal preferences of patients as well as family and carers views to ensure that an appropriate approach to care is taken.

Negative impact of these proposals include:

- The data suggests an overrepresentation of unpaid carers in North Derbyshire and Hardwick and therefore the programme must take due regard that carers are adequately supported i.e. with Benefit Advice, Sitting Services, Respite Care and signposting to socialisation and help with small tasks. *(OPMH Risk 7 and CBC Risk 9)*
- Isolation – greater risk of isolation for patients and carers would need to include more voluntary sector organisations to support socialisation. *(OPMH Risk 13 and CBC Risk 9)*
- With the new proposals, because more people will be cared for at home or in intermediate care beds within their own communities that travel will be significantly reduced. However, the impact of the proposed Economy, Transport and Environment (DCC Cabinet, Agenda Item 7, 26.1.2016) consultation based on the potential removal of supported transport which includes many areas of North Derbyshire, must be considered. This could have a negative impact on people visiting relatives and attending clinics and other services and in particular in the proposal to relocate some services from Community Hospitals. *(Other services Risk 7)*
- Families/Carers need to be adequately offered information on supporting dementia patients and put in touch with other dementia carers. *(OPMH Risk 7 and 13, CBC Risk 2 and 9)*
- Many married older couples rely heavily on each other as the main carer, friend and companion. This needs to be reflected in the care planning process. *(OPMH Risk 7 and 13, CBC Risk 2 and 9)*
- The proposal to relocate the Day clinics at Newholme and Bolsover could have a negative impact on carers. Therefore if relocation of the services is agreed after the consultation then due regard and involvement of these carers will need to help shape the change. *(Other Services Risk 9)*

Deprivation

Population Data

- Bolsover, an area considered to be 'deprived' currently has a population density of 75,866 people, of which 8.85% are over the age of 75 – which is a high representation. (over 75 is 6714)
- Recent indices of deprivation data indicates that Chesterfield wards are amongst the most deprived in Derbyshire.

Positive Impact of these proposals include:

- The more local the services the greater the benefit to the patient.

Negative impacts of these proposals include:

- Consideration needs to be acknowledged with the effect of deprivation and the ability for travel costs to attend appointments or visit relatives. *(Other Services Risk 7)*
- Acknowledge the negative impact that the closure of Bolsover Hospital could have on an already deprived community and therefore affect their ability to access health services. Ensure the replacement of Bolsover Hospital remains local and accessible to the population. *(Other Services Risk 7)*

Cross Border

- Considerations of how the proposals will be implemented across all providers both in area and out of area, including discharge and additional local outpatient clinical appointments needs.

5. What evidence, research, data and other information do you have which will be relevant to this assessment? What does this information tell you about each of the equality groups?

(This question needs to be answered by considering relevant data and research (including demographic data), information (including anecdotal), results of consultation and surveys, the results of equality monitoring data, analysis of complaints)

- Evidence suggest that hospitalisation of people with dementia has negative impacts on both physical and mental health (King's Fund 2008: Paying the Price) and also leads to:
    - Increased risks of falls and urinary tract infections and delirium
    - Greater cognitive impairment as a result of taking people out of their usual place of residence and local community
    - Decompensation due to care received reducing levels of activity
    - Increased risk of depression due to isolation
    - A return to home becoming impossible
- The Alzheimer's society reported that 83% of people with dementia want to stay in their own home.
- The Emergency Care Improvement Programme (ECIP) reported the impact of bed rest in older people as follows: (see page 33)
- UK 2011 Census

EIA Data Analysis.docx

6. Have you consulted on this service, policy, project or proposal? Do the results of this consultation confirm any of the potential barriers identified at Q4? Outline any consultation undertaken and the outcomes below:

The CCG began its 21C conversation with the North Derbyshire community when it was running in shadow format prior to the official launch of CCGs in April 2013. During 2012 a series of events was held to discuss with our patients, staff and the general public both the changes taking place in the NHS, the current challenges faced and how we would approach the difficult decisions we needed to make. From these meetings a set of Guiding Principles was identified on which key decisions could be based in the future

- **All Services will be person-centred**
- **Care will be provided flexibly**
- **Assumptions will be challenged**
- **People will be treated with dignity and respect**
- **We will plan and deliver services in partnership**
- **Healthy lifestyles will be promoted**

Pre-Consultation Activity

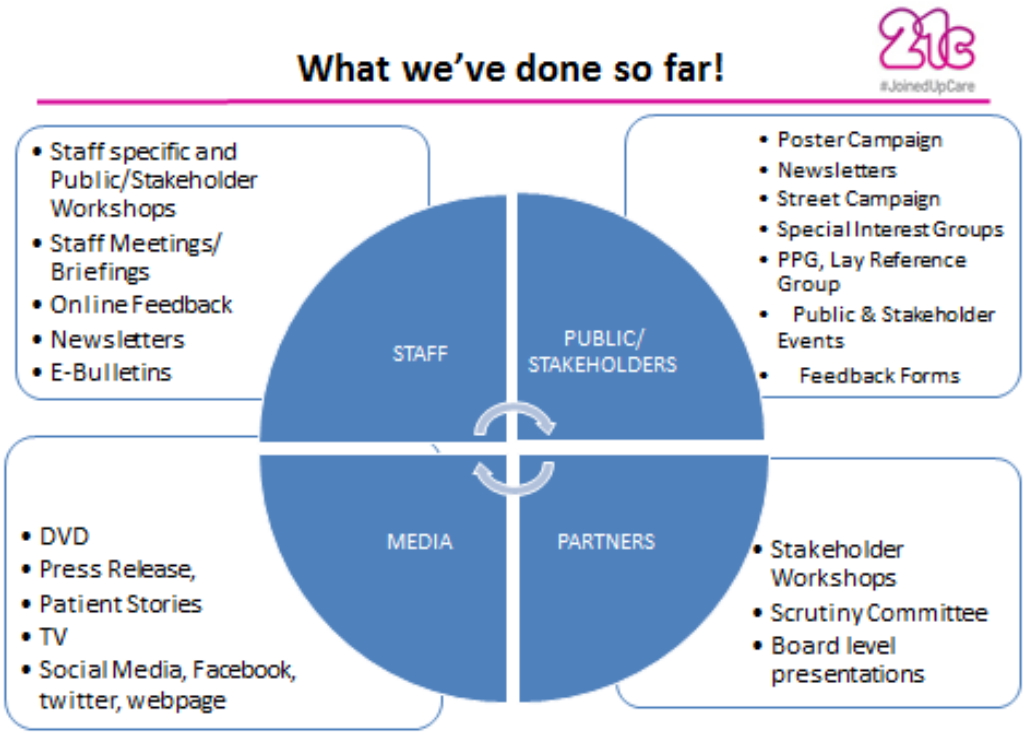
Over the last 3 years, NDCCG and partner agencies have been developing, engaging and co-producing with a range of stakeholders including the general public, specialist self-help groups, voluntary groups, Patient Participation Groups, Patient and Public involvement Groups, staff in all public sector partners, local and national politicians, Trust Governors, Lay reference groups and unions.

This has included holding public and stakeholder meetings, attending specialist groups (46) including a number of focus groups with:

- The Black and Ethnic Minority Forum;
- MASH – Mental Health Self-Help Group;
- Bolsover 50+ Forum;
- Sunnycroft Older people's groups;
- Chesterfield 50+ Forum;
- Chesterfield Deaf Club;
- Chesterfield Thursday Rendezvous Club;
- Fairfield Older Person's Club;
- Matlock 50+ Club and
- Derbyshire Learning Disability Partnership Board.

Also we have been listening and talking to the public in the street, and holding regular staff briefings. We have communicated to people using social media, through presentations, poster campaigns, showing short DVD film footage, sharing patient stories and having displays at health and care venues. As a result of this, the 21C programme has had the benefit of hearing from a very diverse group of North Derbyshire residents.

The diagram gives an overview of the stakeholder and engagement work carried out so far to inform and shape the 21C Community Hub programme.



Outcome of Engagement

Feedback from the engagement has been collated into reports along the way and has informed the 21C Project team. These are:

Testing the Principles 2012

Patient Feedback 2014

21C Intelligence Post Box 2015

A Good Patient Experience Report 2015


Testing the Principles 2012.pdf


Patient Feedback 2014.pdf


21c IPB ongoing live report v1.pdf


Patient Experience Report Final.pdf

Most specifically the comments made in relation to potential impact on the 9 protected characteristics plus additional criteria considered have included:

Elderly

Care homes are often good for some patients and their health can improve – regular meals/ heat / company (Public Feedback 2015)

Elderly/Disability

People need time to socialise, i.e. carers or health professionals popping in isn't fulfilling a social need. Recognition that the Voluntary Sector has a big part to play. (Public Feedback 2015).

To maintain older people in their own homes requires good bathroom facilities. Advice and support should be given to achieve this in a way that suits their needs. Councils need to make sure that they take this into consideration when refurbishing their stock. (Public Feedback for Community Hub Meetings)

Discharge - Must improve discharge arrangements and communication so that all parts of services, including patients informed and support services needed on discharge must be in place. Support in home should be continued until patient is settled. (Public Feedback for Community Hub Meetings)

Disability

Need to keep good local clinics with support group for patients and carers. Patients attending the clinic gives their carers a break. (Public Feedback for Community Hub Meetings)

Newholme Day Centre - Good example of local clinics for patients and carers at Newholme, or someone there at the end of a phone – WE DON'T WANT TO LOSE THIS IN YOUR CHANGES! (Parkinson's Group 2014). We have a Movement Disorders Clinic, regular reviews, therapy and a carers group all run from there. Patients attending the clinic gives their carers a break. Remember Carer's need breaks too.

Mental Health -Equal regard should be given to Mental Health not just dementia or physical health (Public Feedback for Community Hub Meetings)

Dementia and Learning Disabilities - People become more concerned when considering people with more complex conditions such as dementia or learning disabilities and discussed the difficulties and

confusion that could be introduced by care away from home.

Dementia - Must prepare to meet the need for dementia care, but this should be mainstreamed as much as possible. Staff should be trained to deal with dementia patients and family should be offered information on supporting patients and put in touch with other dementia carers (Public Feedback for Community Hub Meetings)

Learning Disability - Carers report a lack of consistency of approach across the NHS whereby some providers appropriately interpreted the 'reasonable adjustment' requirement of services to meet the needs of people with LD whilst others saw it as too difficult. What carers said they were seeking were small reasonable adjustments to the ways of working rather than major costly changes. A phrase often repeated was "we don't want preferential treatment, just some empathy"'. . (A Good Patient Experience Report 2015)

Make all staff aware of the impact of Learning Disabilities so that they can improve the patient experience of people with LD and their carers. . (A Good Patient Experience Report 2015)

Visual & Auditory Impairment

Deaf and Hearing support - needs to be planned in to everyday routine (Public Feedback 2015)

Confidence that BSL interpreter will attend appointments

BSL Signing - people admitted to hospital require timely access to a BSL interpreter. The patient interviewed described waiting for two hours at a hospital before the BSL interpreter arrived. During this time she just waited. Another example provided by the British Deaf Association (BDA) was of someone arriving at midnight at a hospital with a stroke and an interpreter arriving 6 hours later. .(A Good Patient Experience Report 2015)

It is inappropriate to expect family members to communicate on behalf of a deaf relative. A female patient described needing to speak to her GP about a gynaecological matter and that she really was not comfortable asking her son to be her interpreter on that occasion. .(A Good Patient Experience Report 2015)

Deaf Carers - A deaf person communicating using BSL can be a carer as well. BDA said that information is not provided in BSL to a carer. .(A Good Patient Experience Report 2015)

Deaf Awareness - Staff should be more aware of the needs of Deaf people and why they need BSL signers if that is their method of communication. Basic signing should be taught in schools. .(A Good Patient Experience Report 2015)

Deaf Signing and Interpretation - Named Person in GP Practices - to take responsibility for arranging BSL Signing**.** .(A Good Patient Experience Report 2015

Patient record flagging system - Needs to be in place to identify that this patient requires a BSL signer to be organised. .(A Good Patient Experience Report 2015)

Written Record of every consultation - It is very important that Deaf people receive a written record after every consultation (primary and secondary care). .(A Good Patient Experience Report 2015)

Deaf Charter - Providers, including GP practices should identify how they appropriately respond to the needs of deaf patients and sign up to the BDA Deaf Charter. (A Good Patient Experience Report

2015)

Video BSL interpreting in consultations - This facility should be made available in Hospitals, GP Practices and clinics. .(A Good Patient Experience Report 2015)

Monitor the quality of interpreters - To ensure these are of a high standard and meet response times. .(A Good Patient Experience Report 2015)

Transgender

Humanity, Care and Compassion - Health professionals should show care and compassion in their patient interactions. . (A Good Patient Experience Report 2015)

Personal Autonomy and Involvement in Decision making - Patients should be given personal autonomy and be able to contribute to the decision making process. (A Good Patient Experience Report 2015)

Race

Language

A significant percentage of Eastern Europeans do not register with a GP because of language barrier (Shirebrook - Public Feedback for Community Hub Meetings)

Most people felt there was not enough information in order to make a choice of service but this issue was exacerbated when English was not a first language (A Good Patient Experience Report 2015)

There is recognition that language makes it difficult for people to describe their symptoms and the seriousness to prompt an appointment being made for the same day. (A Good Patient *Experience Report 2015)*

Patients from the BME communities expect to be able to make advanced bookings with a GP to ensure that if required, interpreting services can be arranged. (A Good Patient Experience Report 2015)

There is a difference in being able to converse in English at a basic level to being expected to do the same in a complex issue around your child or other person you are responsible for. (A Good Patient Experience Report 2015)

People said that health information needs to be readily available to all community languages that are spoken locally in Derbyshire. (A Good Patient Experience Report 2015)

Religion and Belief

There is an expectation that NHS staff will have some cultural awareness and sensitivity to the diverse needs of people within the community. One example offered was of end of life care where many of the BME community cultures and traditions require open access for visiting family members, many often travelling from countries of origin to be there at or close to the end of their loved ones life. People did not think that this tradition is catered for in the NHS. Cultural needs - The NHS should recruit staff and/or train them to have a good understanding of the issues and cultural needs of BME communities.

(A Good Patient Experience Report 2015)

Religious and gender considerations are a priority for some BME groups and the NHS system can be insensitive to the issues. People expect that their observances should be treated seriously, for example being able to answer questions to allow people to make choices. (A Good Patient Experience Report 2015)

People said that there were few culturally appropriate residential and nursing care facilities locally and so the NHS should be supporting people from BME communities by providing more care in the community so that the elderly can be cared for in their own homes. (A Good Patient Experience Report 2015)

Carers

Consideration for carers, support and understanding (Public Feedback 2015)

Informal Carers - Informal carers must be recognised and their needs responded to, to ensure there is continuity of care for their cared for. They need more respite particularly young carers (Public Feedback for Community Hub Meetings)

Choice - People need to remain in control with choice. For example, family carers don't want paid carers coming in at 7am or 11pm at night. Don't want different carers on different days. "Families want to be more involved in their loved ones care, that makes joined up care". (Public Feedback 2015)

Respite Care - There is a real need for a local hospice for carers to have respite and also to support patients/carers and families (Public Feedback 2015)

Carers Charter - A Carers Charter to be in place at each GP Practice containing practical information about what a carer can expect and from whom .(A Good Patient Experience Report 2015)

Carers Information - When people register as a carer at the GP practice they should be provided with relevant carers information rather than having to seek it out for themselves eg carer's allowance, attendance allowance, NHS transport reimbursement costs. . (A Good Patient Experience Report 2015)

Family - Important to focus on the role of the family as this is not mentioned in the project presentation (Public Feedback 2015)

Patient Discharge Plans - When a person is released from hospital (including A&E) there should **always** be a written discharge plan telling the patient **and carer** what they need to do and who to contact if they are worried about anything at all. . (A Good Patient Experience Report 2015)

Carers admissions - Need to think carefully about sending someone home who is a carer of another patient and expecting that other patient with a LTC (cancer) to care for them. Often not feasible.

Staff Awareness Training - Trainee Nurses in hospitals undertake training with Carers groups. This input should be extended to all professional groups particularly trainee doctors. (A Good Patient Experience Report 2015)

Homeless

Flexibility Awareness & Training - The issues raised by Homeless people at the Pathways Day Centre for Homeless people were similar to those raised by other patients but the negative effect on them was compounded due to their lifestyle. Those interviewed described trying to request a service but dealing with staff that had no appreciation of the issues faced by homeless people as well as an

unrealistic expectation of the individual fitting in around the system requirements. There was a feeling from those interviewed that they were being "set up to fail". .

Provide awareness training for front line staff to appreciate the issues facing homeless people and to ensure that they are treated with the same dignity and respect as other patients. . (A Good Patient Experience Report 2015)

Being able to make an appointment for the next day without being expected to phone back the next day. . (A Good Patient Experience Report 2015)

Dignity - One person with Mental Health needs said that they did not think they were listened to properly by their GP, probably because they did not have enough time in the consultation slot. Another person said that things would be better if those they interacted with regarding their health "showed us some respect". . (A Good Patient Experience Report 2015)

Transport and Deprivation - People need to be told how to claim back transport costs for attending clinics. One person said that they had been able to claim money back from the Hospital but another person did not know about that.

Advise people what transport costs they are entitled to. (A Good Patient Experience Report 2015)

Rural

Transport - Transport across Dales is terrible. Getting experts out into the community is good. rather than having to go to them given the rurality (Public Feedback 2015)

Older People - Dales have 'orphans' – old people retire to the area and lose a partner. Often living in inaccessible areas/homes – children move away and leave parents and one dies. (Public Feedback 2015)

Technology - concerns about use of technology eg telehealth in rural community as signals are not good (Public Feedback for Community Hub Meetings)

Transport

Want ease of access for the community to be able to use local services: free parking; public transport availability; access for disabled people; open when needed; less clinical environment – more patient centred/focused (Public Feedback for Community Hub Meetings)

Public and community transport needs to be part of the considerations when making any changes (Public Feedback for Community Hub Meetings)

Inpatient rehabilitation and reablement should be delivered as near as possible to a person's home to ensure that friends and family can visit and while there the patient should have access to social activities to ensure the transition back home is as smooth as possible (Public Feedback for Community Hub Meetings)

Cross Border

Any initiatives that get set up with CRH should be pursued with Stepping Hill (Public Feedback for Community Hub Meetings)

CB initiatives in general should be improved eg discharge arrangements, equipment availability,

transport arrangements (Public Feedback for Community Hub Meetings)

Like the idea but need to ensure we work across the boundaries – such things as equipment and people need to be treated as though there are no borders (Public Feedback 2015)

Would like consultants to come out of Stepping Hill to run out-patients appointments in the High Peak. (Public Feedback for Community Hub Meetings)

General

Navigating services - People were concerned that the NHS and Social Care was a very complex system and often staff working within them were unfamiliar with elements so patients and carers would have extreme difficulty without a navigational system. It was suggested that the services should be designed around the behaviours of patients instead of expecting them to fit into complex systems. (Testing the Principles 2012)

Medication Management - Medication management should be a priority and people should be supported (Public Feedback for Community Hub Meetings)

Mental Capacity - Although people felt this was a principle they could support the overwhelming response echoed that from the survey calling for family and carer involvement as not everyone has the capacity to make decisions about the health or care. Lots of concerns were raised about the people likely to have complex needs are more likely to be frail and elderly or have learning difficulties and that they may feel pressured to make decisions they were ill-equipped to make. At every event there was a strong call for advocacy and support for the less able. (Testing the Principles 2012)

Patient Isolation - Although most people agree that home or close to home, care is important for many people there are those for whom hospital based care provides a level of security and confidence and for some an alleviation of loneliness which can be frightening during vulnerable times of illness. (Testing the Principles 2012)

Technology - A number of considerations were raised, including; the recognition that not all members of the public have someone who can help, or access technology which may be important for self-care and therefore may be less confident, also that there are certain conditions that are difficult to self-manage such as mental health conditions and therefore it is important to understand how these patients should manage. (Patient Feedback Report Phase 1).

7. What key actions do you intend to take (or have you taken) to address the findings arising from this assessment? (Actions could include changes to service, policy, project or proposal, consultations with equality groups, making reasonable adjustments).

As with any negative impacts identified as part of this Equality Impact Assessment; the corresponding reference number in the risk and mitigation log included in the PCBC appendices is provided. The risk and mitigation log will form a 'live' document to enable the ongoing monitoring and updates to the actions identified as part of this assessment; oversight will be the responsibility of the 21C Plan Delivery Group.

Action	By when	Responsibility
Mitigate the risk that the reduction in social care budgets may have a detrimental effect on the success of the integrated care service and that the system will be able to 'cope' with more care and support provided at home. (Across both Local Authority and Voluntary sectors) *(Risk 1 CBC))*	Immediately	Mark Smith, Andy Gregory, Andrew Milroy, Jacqui Willis
Develop a joint protocol for seamless medicine management approaches to support patient and carers at home. *(Risk 4 OPMH)*	Post consultation	Tracey Allen, Andrew Milroy, Jayne Stringfellow
Ensure all GPs and providers are signed up to the carer charter and carers are identified on IT systems. *(Risk 7 OPMH)*	During consultation	Jayne Stringfellow
Undertake a mapping activity in order to reference sitting services and respite facilities available. *(Risk 7 OPMH)*	During consultation	Beverley Smith
To positively engage with carers and carer groups during the consultation process and ensure seldom heard groups are included in all engagement.	During consultation	Louise Swain
Support GP practices to be Dementia Friendly.	During Consultation	Marie Scouse
Develop a checklist for sites in each locality as to their DDA status in relation to access in collaboration with patients and carers*(Risk 7 other services)*	Post Consultation	Susanne Pickering, Will Jones, Beverley Smith
Develop a communication and implementation plan for post consultation for all service changes to enable vulnerable groups to be able to navigate and feel included in the transformation. Utilise the learning from the Good Patient Experience Report 2015. *(Risk 8 other services)*	Post consultation	Communication and engagement Enabler Group
Monitor the interpretation service through patient experience. *(Risk 10 CBC, Risk 8 OPMH, Risk 2 other services)*	During and post consultation	Susanne Pickering, Louise Swain
Explore ways of using mobile technology in order to deliver the interpretation service. *(Risk 10 CBC, Risk 8 OPMH, Risk 2 other services)*	Post consultation	Beverley Smith
Develop a programme of training and skill competences for all staff to ensure that they deliver services in a dementia friendly way.	Post consultation	Amanda Rawlings
Develop a programme of training and skill competences for all staff to ensure that they	Post consultation	Amanda Rawlings

deliver services in an appropriate and person centred way. To engage and work closely with all relevant VCS orgs and equality groups including BME groups to ensure the local issues, knowledge and relevancy are reflected in developing and delivering the training programme that addresses the specific needs of the 9 characteristic protected groups. Develop an engagement plan across the 9 characteristics before, during and after the consultation.	Before Consultation	Louise Swain

8. Who will be affected by this work?

Staff, patients, services users, partner organisations etc.

Current workforce (nursing in particular) configuration is insufficient to meet increasing OPMH inpatient activity and acuity across the 3 units and therefore may fail to meet safe staffing guidance and attain compliance with national benchmarks.

How will the Advanced Nurse Practitioner (ANP) led model fit across all protected characteristics?

The ANP model is believed to have particular benefits in communities that don't have local access to EDs, MISs and Walk-In Services (Could be applicable to Bakewell, Dronfield, Eckington & Killamarsh, Clay Cross, Hartington, Hope Valley and North Bolsover.

This Equality Impact Assessment is based on proposals which are at a formative stage and subject to public consultation. Depending on the outcomes of the consultation exercise and subsequent decisions in relation to the preferred options, it is understood that this process will need to be repeated with more detailed consideration as part of the implementation process.

Date of Assessment: 13 February 2016
Lead: Louise Swain, Head of Patient Engagement