Appendix 8.3.4: Equality Analysis - Stroke

NHS

Oxfordshire
Clinical Commissioning Group

Oxfordshire CCG Equality Analysis Template for the Transformation Board Programme	
Clinical work stream:	**Acute and Integrated Care (Urgent Care) – Stroke**
EA Completed by:	William Tighe and James Limehouse
Date of EA:	21/09/2016
Partner sign off:	TBC
OCCG E&D Working Group- date signed off:	TBC
OCCG E&D Strategic Group- date signed off	TBC
Analysis Rating: please highlight	**Amber**
Type of Analysis Performed: Please Tick ✔ or Highlight	• Pre Business Case • Service re-design • Policy Analysis
Please list any policies or documents that are related to or referred to as part of this analysis	• Oxfordshire Joint Needs Assessment: Annual Summary Report 2015 • Oxfordshire Joint Health & Wellbeing Strategy 2015-2019 • Better Mental Health for All: A public health approach to mental health improvement, PHE 2016 • Transforming urgent and emergency care services in England. Safer, faster, better: good practice in delivering urgent care and emergency care. A guide for local health and social care communities • Commissioning Standards for Integrated Urgent Care • NHS Five Year forward View • STP aide-mémoire: Urgent and Emergency

	care and 7 day hospital services
Who does the policy, project or function affect? Please Tick ✔ or Highlight	• Children and young people • Families • GPs and primary care • Older people • Acute Urgent Care staff • Community staff • The public

Equality Analysis	
What are the aims and intended effects of this work stream? Please give a brief overview	The vision for Urgent Care within Oxfordshire is to ensure patients receive the most optimal outcome from their health care. We aim to provide services that ensure when a patient has an urgent health need there is always a place to go. We aim to provide: - An approach promoting "the best bed is your own bed" so that patient remain in an environment that is most comfortable for them, maintaining independence and reducing costly travel across the county - Clear and consistent pathways and accountability structure so that patients are always aware of what is happening with their care and who is responsible - Enhanced and need matched resources and infrastructure to ensure there is always a resource available to respond quickly to patients needs and manage demand for services in the future. - Fully integrated mental health services in all urgent care facilities

	- Work with patients and communities to support successful self-care for minor illnesses, injury and long term and/or life limiting conditions - Provide care as close to home as possible, when clinically feasible and when hospital inpatient care is the best option, enable the family to stay close to their child or relative and that their child or relative stays in hospital for as short a time as possible. - Deliver care through clinical pathways and multi-disciplinary teams - Develop the skills of our staff through working in multi-disciplinary teams
Is any Equality or other data available relating to the use or implementation of this work stream/ function? **Please provide details, sources and relevant links.**	In addition to the documents highlighted above: https://www.england.nhs.uk/statistics/statistical-work-areas/
Give full details of consultations undertaken e.g. with employees, service users, Unions, patients and patient groups or members of the public that have taken place as part of the programme. Highlight specific consultations with the 9 protected characteristic groups.	GP Patient Survey - The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK. The results show how people feel about their GP practice Healthwatch Oxforshire – Using Minor Injury Units in Oxfordshire (People's views and experiences). Oxford Health Foundation Trust commissioned Healthwatch Oxfordshire to assess people's experiences of their Minor Injury Unit (MIU). Final report was published in June 2016

	Transformation Big Conversation – Public Roadshows. A series of six public consultation events gathering the views and opinions of the residents of Oxfordshire

Equality Analysis Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010?*

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact (Potential adverse impact) :	Evidence of impact and if applicable, justification where a *Genuine Determining Reason exists*
Gender (Men and Women)			X	The new model of care for stroke will deliver more integrated care for all people regardless of gender and will support all patients to make effective and well informed decisions regarding their urgent health need. However, due to gender (and also religious belief) women may request a female health care professional, which, whilst preference will be respected, clinical need may mean that this cannot be guaranteed. Due to the nature of Stroke the services will be available 24 hours a day 365 days a year and therefore they reflect working patterns (e.g. unsocial hours) for both men and women.
Race (All Racial Groups)			X	Language can be a potential barrier to access for many people. Just over 9% of households in Oxford do not have anyone who speaks English as a main language. This is over double the figure for the county as a whole.

		To mitigate the risk of inequality for this group of patients, Staff need to be proficient in the use of the telephony interpreting service. All staff who are not familiar with using this service should be given training on how to access it. Any written materials should also be available in different languages, if appropriate..
Disability (Mental, Physical, Learning Disability and sensory disability)	X	In the proposed new model integrates physical and mental health services across the Urgent Care pathway, including 111, A&E and Urgent Care Centres. This means a flexible and open model that aims to provide all care, be it social or healthcare from one base. However, staff should to consider the needs of people with all disabilities, including Learning Disabilities and sensory impairments. This may require resources in appropriate formats (e.g. Easy Read) or accessing Deaf Direct interpreting services. The sites at which the service will be delivered will be required to be wheelchair accessible
Religion or Belief	X	The vision for the new model is for Healthcare professionals to treat patients with urgent care need regardless of religious belief. However, due to religious belief (and also gender) women may request a female health care professional, which, whilst

				preference will be respected, clinical need may mean that this cannot be guaranteed.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			The new model will be delivered consistently and regardless of sexual orientation.
Pregnancy and Maternity	X			The new model of care has been designed to deliver an enhanced level of Urgent and Emergency Care for all, this will apply equally to those with Urgent or Emergency pregnancy or maternity related conditions
Marital Status (Married and Civil Partnerships)			X	Stroke affects people in all types of relationships all of which will be acknowledged, respected and treated with dignity.
Gender re-assignment A person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. A reference to a transsexual person is a person who has the protected characteristic of gender identity.			X	The new model of integrated services and multi-disciplinary teams will be better placed to support patients who propose or are undergoing the process of gender re-assignment. A single "front door" means a flexible and open model that aims to provide all care, be it social or healthcare from that one base. Local data on the number of people undertaking gender re-assignment are not available. However, staff need to be aware and sensitive to which gender people wish to be addressed by (e.g Mr; Miss etc) and which toilet facilities are accessible.

Group			Description
Age (People of all ages)		X	The new model of care proposes a transformational change to the way adults and young people are cared for in Oxfordshire. An increased focus on prevention; improved access to urgent care and primary care, from a wider range of health professionals closer to home, in a range of different ways will all contribute to a more efficient and effective healthcare system for all patients.
Other groups nominated by OCCG which could experience inequality of access or treatment: **Carers**	X		Carers will benefit from more preventative and universal support in caring, easier access to healthcare when their Client/Patient/family member is ill and more integrated and coordinated care when their Client/Patient/Family Member has more complex or long term health needs.
Veterans	X		The new model of care has been designed to deliver and enhanced level of Urgent and Emergency Care for all.
Homeless		X	The new model of care has been designed to deliver and enhanced level of Urgent and Emergency Care for all.

However it is recognised that homeless people may not readily be able to access services even if they are made easily accessible. |
| **People living in socio-economic areas of deprivation** | X | | The new model of care has been designed to deliver an enhanced level of Urgent and Emergency Care for all.

Extensive travel time modelling has been carried out to ensure |

		that Urgent and Emergency Care services are accessible by all (by blue light, private care at peak and off peak times and by public transport) The nature of Stroke services is that the majority of those that access the service will do so via ambulance. Therefore the possible inequity of access due to public transport availability in areas of socio-economic deprivation is minimised due the likely mode of transport to access the service.

Sustainability:				The proposed service changes put forward as part of the Pre Consultation Business Case have at their foundation the principal of achieving sustainable health care models on the basis that the best bed is your own bed.
• Economic, Social and Environmental considerations in the design, procurement and commissioning of services for the people of Oxfordshire.		X		
• Delivery of an affordable healthcare service for improving population wellbeing and reducing health inequalities.		X		
• Have sustainable models of health care been considered?		X		

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Action Planning:			
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010?*			
Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Gender - due to gender (and also religious belief) women may request a female health care professional, which, whilst preference will be respected, clinical need may mean that this cannot be guaranteed.	OCCG to verify and assure that provision is in place for women to request care from a female health care professional. Acknowledging that clinical need may mean that this cannot always be guaranteed.			
Race - Language can be a potential barrier to access for many people. Just over 9% of households in Oxford do not have anyone who speaks English as a main language. This is over double the figure for the county as a whole.	OCCG to verify whether providers have access to language interpreting services and which provider organisation is used.			

Disability - staff need to consider the needs of people with all disabilities, including Learning Disabilities and sensory impairments. This may require resources in appropriate formats (e.g. Easy Read) or accessing Deaf Direct interpreting services.	OCCG to verify that staff can provide necessary support to patients with learning disabilities and have relevant materials available in easy read format. OCCG to verify whether providers have access to deaf interpreting services and which provider organisation is used. OCCG to verify that the premises of the service provider are wheelchair accessible
Religion or Belief - However, due to religious belief (and also gender) women may request a female health care professional, which, whilst preference will be respected, clinical need may mean that this cannot be guaranteed.	OCCG to verify and assure that provision is in place for women to request care from a female health care professional. Acknowledging that clinical need may mean that this cannot always be guaranteed.
Marital Status - All staff should be alert to the possible impact of domestic abuse issues or other safeguarding concerns which may be directly impacting on a child including their ability to access the healthcare they require.	All staff must complete safeguarding training to the appropriate level for their role and have good knowledge of the current policies and procedures. The Safeguarding Lead for the CCG will oversee compliance with safeguarding.

Gender Reassignment - Staff need to be aware and sensitive to which gender people wish to be addressed by (e.g Mr; Miss etc) and which toilet facilities are accessible. Staff should be sensitive to young people who are not sure of their gender identity, be supportive and avoid making judgements or presumptions about the young person.	OCCG to verify that provider staff are trained in equality and diversity and providers have appropriate equality policies.
Homeless - Stigmatization of homeless people by mainstream health professionals is the most significant barrier to providing appropriate healthcare for homeless people	OCCG to verify that provider staff are trained in equality and diversity and providers have appropriate equality policies.