

Equality Impact Assessment

Community Health Service Procurement 2014

1. Purpose of this Document

The focus of this Equalities Impact Assessment (EIA) is the procurement of South Gloucestershire Community Health Services for the period April 2014 to March 2020. This document describes the procurement project, how evidence has been used to assess its impact from an equalities perspective and the actions required to minimise any negative impact or to increase any positive impact. The EIA assesses the scope for ensuring that the future service eliminates any potential inequality and improves equality of opportunity.

The EIA considers the potential impact of the Community Health Service Procurement Project on the people groups who are protected under the Equality Act (2010) in relation to:

- Age
- Disability – vision, hearing, LD, autism, carers by association & physical impairment and Mental Health
- Gender reassignment
- Marriage & Civil partnership
- Pregnancy & Maternity
- Race, Nationality, Ethnicity
- Religious Belief
- Sex - Men & Women
- Sexual Orientation

The EIA has been undertaken by Rebecca Harrold, Project Manager for the Procurement Project in collaboration with Louise Winn, Head of Patient and Public Involvement and Nigel Roderick, Equalities and Patient and Public Involvement Officer on behalf of Kate Lavington, Urgent Care Programme Manager, NHS South Gloucestershire.

2. Project Description, Aims and Objectives

Community health services in South Gloucestershire currently include a wide variety of health services offered either in the patient's place of residence or in local facilities such as clinics and secondary care (discharge).

As part of the Transforming Community Services programme, community health Services in South Gloucestershire transferred to North Bristol Trust for a two year hosting arrangement from April 2011 after which point it was intended a longer term provider of community services would be appointed. The Community Health Service Procurement Project is progressing the work to appoint the longer term provider and the new contract is due to come into effect from 1 April 2014.

The project will procure Community Health Services:-

- The integrated provision of community health services for a 5 year term which delivers; urgent intervention, care post discharge from hospital, case co-ordination for people living in non care-home settings who meet the eligibility criteria for NHS Continuing Healthcare and ongoing care for housebound patients with chronic conditions. Specialist and overarching community services such as podiatry and speech and language services which very local services may need to access or offer intervention to patients.
- Nursing services to Henderson Ward for a 2 year term. Henderson Ward is a community hospital unit with 20 beds in Thornbury Hospital, specialising in short term/rehabilitation and palliative care.

The procurement project entails the following stages:-

- Patient and Public Involvement (PPI) in the service design and the following processes
- Specification of the services to be provided and definition of Key Performance Indicators (KPIs) to be reported and against which the service(s) performance will be monitored
- A Pre-Qualification Questionnaire evaluation process in order to assure the suitability of the organisations bidding and to shortlist bidders
- A Competitive Dialogue Process to explore the required service provision with shortlisted bidders (to ensure that requirements are clear, that the specification is unambiguous, potentially to invite bidders to submit an outline solution to determine the likelihood that tenders once received will be compliant and acceptable and generally to support production of high quality bids).
- A Final Tender Submission evaluation process to identify the preferred bidder.
- A 6 month implementation phase

The overall aim of the project is to appoint a provider(s) considered best able to deliver the defined services to the required quality within the available budget. As part of this, the quality of the specification and the definition of the KPIs are key to ensuring that any issues identified in this EIA are addressed.

3. Methodology

The following sources of information have been used to inform this assessment:-

- Demographic data (September 2011) including 2001 census data
- PPI conducted specifically for this procurement project
- Engagement reports compiled by the Local Involvement Network (LINK)
- Analysis of PALS and complaints

After 6 weeks of public engagement, the PPI responses received were reviewed to assess the extent to which equalities groups were represented and as a result, the engagement period was extended, the questionnaire was re-launched through a variety of fresh approaches and additional disability and minority groups were specifically targeted for disseminating the questionnaire to their communities.

4. Assessment

The procurement of this service is likely to have an impact on patients and carers in South Gloucestershire and on staff working in the community health services.

The procurement could result in provision by a non-NHS provider and the potential impact of this on different equalities groups has also been considered. Equalities feedback received from various sources and the involvement of a lay person with learning disabilities in the development of the Equalities, Patient Experience (Dignity, Communication, Patient and Public Involvement) and Accessibility sections of the specification have resulted in a specification which is now particularly strong in relation to these areas and also in the monitoring arrangements in support of them. All health providers are also required to monitor access requirements for people with learning difficulties and these have been incorporated in service requirements and monitoring arrangements. For these reasons the assessment is that the service specification is very clear about how different equalities groups should be supported and a change in type of provider should not have an adverse impact to any Equality group.

Information on the volume of services delivered to the different equality groups is not available under the terms of the contract with the current provider of community health services. The specification and KPIs for the new contract will address this issue so that equalities monitoring data is available in the future – see section 5 of this report for more information.

A review of PALS enquiries and complaints made to NHS South Gloucestershire in respect of provider services found no issues to have been identified specifically for any of the protected groups.

The impact of the procurement on protected groups was assessed and rated using the following classifications:-

- **Positive impact** meaning that the procurement project will promote equal opportunities or improve relations within equality groups
- **Negative impact** meaning that the equality group could be disadvantaged or discriminated against as a result of the procurement
- **Neutral impact** meaning that the procurement project will have no effect currently on equality groups

The assessment of the impact of the procurement project on the protected groups and the actions that will be taken are as follows:-

Age (Children and Young people 0 to 19; Older People 60+)

The Minor Injuries Unit is the only part of the service which is provided for all age groups and is frequently used by children. All other Community Health Services have historically been available for all adults over the age of 18 with separate provision for children being arranged by Children's Services commissioners. However, feedback from Children's commissioners identified that this can have a negative impact on children who are approaching adulthood and where adult community health services support may be more appropriate than children's services. Consequently, this is addressed in the specification so that this group of people can expect to have access to

community health services if this is appropriate. There will be no specific age restriction, each child to be considered individually as to what is appropriate for them.

Older people are the main users of community health services as a result of being more likely to have a physical impairment or a long term condition or simply from being frail and housebound. 57% of PPI feedback for the procurement was received from people aged 65 and over whereas this group represents just 14.4% of the local population. 73% of these older respondents had used community health services. The key messages from them about this service in relation to their age were:-

- Ensure that the elderly are listened to properly and treated with dignity
- Ensure information is clear and available in leaflets rather than on the internet
- A request for treatment to be provided at home more frequently for the elderly
- A suggestion for a specialist service for elderly care patients only
- A compliment was received in relation to health practitioners at the Yate clinic who had helped '[this] old aged person' to stay exercised and moving

The draft specification will be reviewed to see whether it is helpful to include the first two of these points under sections for staff training or communications. They may also be a topic for exploring with potential providers during the procurement process.

This project is judged likely to have a **Positive Impact** on age groups.

Disability (Physical Impairment; Sensory Impairment; Mental Health; Learning Difficulty; Long-Term Condition)

Users of Community Health services are likely either to have a long term physical or sensory impairment or a long term condition that requires regular monitoring or treatment via the community health service, or they are likely to have had an incident or event which makes them temporarily physically impaired or requiring support. The service is therefore specifically set up to support such groups. However, people with mental health or learning difficulties may also use the services and these groups are more incidental to service delivery.

31% of the respondents to the PPI exercise considered themselves to be disabled whereas this group represented just 14.5% of the local population in the 2001 census. Respondents included a couple of people with mental health issues and one person with a learning disability. Twice as many of the respondents had used community service (68%) than non-disabled people (33%), half of them having used more than one of the community services. The key messages from them about this service in relation to their disabilities were:-

- Provide contingency plans with information about who to contact in given situations
- Request for regular classes designed at improving memory and hearing
- Specialist services need to be aware of patients overall health and be able to accommodate this in treatment plans. For example, people with poor mental health may have memory problems and difficulty following regimes set by, for example, a dietician.
- A suggestion for a walk in centre for diabetic advice
- A suggestion for physio/exercise sessions for wheelchair users in the community

Recommendations to commissioners from engagement studies conducted by the LINK included the following themes in relation to disabilities:-

- Provide consistent and holistic support (This is covered in the specification in Section 7 - Integration with partner organisations, Section 19 - care plans and Section 16 –training)
- Mechanisms are used to identify disabilities in patients' notes and at the bedside for staff information if relevant for patients in hospital. Any documentation provided by the patient about their care needs to be read by staff. (This is covered in the specification in Section 19 – care plans)
- Staff awareness and training in different disabilities, what the disability means for the individual and what additional support may need to be considered (This will be added to the specification in Section 16 – staffing)
- Communications to be provided in an appropriate format, via an appropriate medium, (in the case of learning difficulties) in accessible language terms, (in the case of autism) using unambiguous language without the use of idioms. That interpreters or advocates are appointed where appropriate. (This is covered in the specification in Section 19 – care plans and Section 12.2 – Effective patient communication and information)
- Dignity to be afforded to patients by addressing the patient rather than carers, involving them directly in their care planning, being non-patronising and not making any assumptions about levels of intelligence or insight (This will be added to the specification in Section 12.1 – patient dignity)
- Carers (of patients with Dementia or Alzheimer's) are involved in discharge planning (This is covered in the specification in Section 19 - care plans).
- That non time-limited physiotherapy is offered to people with Fibromyalgia or that the process for being re-referred is made easier and quicker

This project is judged likely to have a **Neutral Impact** on disability groups

Gender Reassignment

[Transgendered people]

The number of transgendered people in South Gloucestershire is unknown but there was one single response to the PPI exercise from someone identifying them self as transgendered. There were no comments or suggestions raised in this response.

This project is judged likely to have a **Neutral Impact** on the gender reassignment group.

Race

According to the Office for National Statistics Population Estimates, South Gloucestershire has a 94.3% white population and a small but growing number of black and minority ethnic population (5.7%).

Feedback to the PPI questionnaire was received from different groups as follows:-

- 23.0 % did not specify race
- 74.4 % white (or 95.6% of those who stated their race)
- 3.4% minority ethnic (or 4.4% of those who stated their race)

The percentages for those who stated their race match the estimated profile for South Gloucestershire fairly closely.

The minority ethnic responses were received from 1 Chinese person, 2 Anglo-Indian and 1 Moravian. None of their responses raised any issues that were specific to race.

The Chinese Local Involvement Network (CLINK) reported that language support for non-English speakers was available over the phone but is not necessarily used and that if a family member is not available to translate then communication is sometimes achieved through mimes.

Recommendations to commissioners from engagement studies conducted by the LINK included the following messages in relation to race:-

- Asian Community: lack of cultural and religious understanding amongst (hospital) staff
- Traveller Community: Some Travellers have no or limited literacy making written communication less effective. Most Travellers have mobile phones and no land line making contacting Health Centres expensive. Travellers lifestyles can be chaotic and appointment notifications (postal) can be mislaid or not read.
- Refugee Community: Some refugees have low levels of literacy. People who have some or reasonable English may decline interpretation services but may subsequently be unable to understand language used by health professionals. Advice and information needs to be provided in appropriate formats and languages and the patient's understanding should be checked. The UK health system can be complex and confusing: information should be available explaining the role, capacity, location and hours of the services with examples of when to use services and what to expect.

These messages will be addressed through strengthening the section on staff training and awareness and the section on communication.

This project is judged likely to have a **Neutral Impact** on race groups.

Religion or Belief

Feedback from the PPI exercise was received from different groups as follows:-

- 29% did not specify religion
- 11% said that they had no religion
- 60% were from Christian denominations

None of the responses raised any issues that were specific to religion.

Recommendations to commissioners from engagement studies conducted by the LINK included the following messages in relation to race:-

- Asian Community: lack of cultural and religious understanding amongst (hospital) staff

These messages will be addressed through strengthening the section on staff training and awareness and the section on communication.

This project is judged likely to have a **Neutral Impact** on religion and belief groups.

Sex

[Male or Female]

60% of the respondents to the PPI exercise were female and 40% were male whereas 50.5% of the population is female in South Gloucestershire and 49.5% is male.

However, women represent 55% of the over 65 population and 68% of the over 75 population in South Gloucestershire and female respondents in these groups accounted for 51% and 55% of responses respectively. Three times as many women under the age of 65 responded to the survey than men.

Of those who responded to the questionnaire, 23 men and 28 women had used or were using community health services (45%:55% respectively). This shows either a higher usage of the services by women, possibly because there are more older women than men in South Gloucestershire, older people being the main users of community health services, or it could simply show that women have a higher inclination to complete questionnaires than men.

Several responses were received from younger women using midwifery services which are outside the scope of the procurement project. It is therefore possible that the questionnaire was available in clinics where women were more likely to attend and to have access to the questionnaire than men.

There were no responses that related to issues of gender.

Although the services to be procured may be used more often by women, this procurement project is not expected to change this ratio and therefore is judged likely to have a **Neutral Impact** on the different sex groups.

Sexual Orientation

[Lesbian, Gay or Bisexual]

Using Government estimates that 5 to 7% of the UK population are lesbian, gay, bisexual or transgendered people (LGBT), this would equate to 15,000 LGBT residents in South Gloucestershire. It is recognised that this statistic includes transgendered people the impact on whom is assessed under the Gender Reassignment section above, but a separate population estimate for transgendered people is not available.

There was only one PPI survey response from someone identifying them self as gay and transgendered. They had not used Community Health Services and they provided no comments on the services nor the changes they would like to see. There were no comments relating to sexual orientation from any of the other respondents either.

This project is judged likely to have a **Neutral Impact** on LGB groups.

Pregnancy & Maternity

Community Health Services do not include maternity services, nor health visiting services.

Several responses to the PPI questionnaire were from people using midwifery services and there were comments suggesting more home visits should be available. This is outside the scope of the procurement and the comments will be passed on to the appropriate services.

Marriage & Civil Partnership

There is no data available regarding this group and this was not a characteristic that was recorded on the PPI questionnaire.

The procurement project is not considered likely to impact on this group any differently than current service provision and is therefore judged likely to have a **Neutral Impact** on Marriage and Civil Partnership groups.

All Groups

A comment was received in the questionnaire saying that there was no privacy in treatment areas with curtains between beds and so conversations could be overheard. Although a general issue, this could also have some relevance in respect to several of the above equality groups where privacy may be particularly valued. This will be addressed in the Dignity section of the specification.

5. Monitoring Equality Performance

The specification includes five Key Performance Indicators (KPI's) designed to monitor equality performance. These are:-

- To provide evidence of compliance with core equality clauses
- Monitoring access to services by protected characteristics
- Monitoring outcomes by protected characteristics
- Evidence of providing Equality and Diversity training for front-line staff
- Data on the number of different interpretation services provided by different language and the number of patients this is provided for.

6. Conclusion

The Community Health Service Procurement Project offers an opportunity to improve access to community health services as identified in the Assessment section above. It therefore has an overall positive impact on protected characteristics.

Equalities issues raised from various sources are reflected in the EIA Action Plan at Appendix 1 which groups the issues that are to be addressed by theme.

The specification is now considered to be particularly strong in relation to equalities.

Completion Date

November 2012

Review Date

At point of contract award, or sooner if significant change is introduced

Please forward an electronic copy of this assessment to the Equalities and Patient and Public Involvement Officer for publication on the website at nigel.roderick@sglos-pct.nhs.uk

This assessment will form part of the Procedural document required for policies being submitted to the Policy and Guideline Ratification Group (PGRG).

ACTION PLAN

Ref	Issue	Action Required	Milestone	Lead Officer
1	Age			
1.1	Access for older children to adult community services where this is more appropriate than children's services	To be addressed in the specification.	Completed	
1.2	Ensure that the elderly are listened to properly and treated with dignity	In hand - new Dignity section to be included in the specification and to cover this issue	Completed	
1.3	Ensure information is clear and available in leaflets rather than on the internet	In hand - new Communication section to be included in the specification and to cover this issue	Completed	
1.4	A request for treatment to be provided at home more frequently for the elderly	Provision already exists for treatment to be provided at home when appropriate. Commissioner to consider how to monitor that this is being delivered appropriately.	End of Nov 2012	Kate Lavington
1.5	A suggestion for a specialist service for elderly care patients only	Response to this issue to be considered by the commissioner.	End of Nov 2012	Kate Lavington
2	Disability			
2.1	Provide contingency plans with information about who to contact in given situations	To be addressed in the specification.	Completed	
2.2	Request for regular classes designed at improving memory and hearing	Outside the scope of this procurement project	n/a	
2.3	Specialist services need to be aware of patients overall health and be able to accommodate this	To be addressed in the specification	Completed	

Appendix 1

Ref	Issue	Action Required	Milestone	Lead Officer
	in treatment plans. For example, people with poor mental health may have memory problems and difficulty following regimes set by, for example, a dietician			
2.4	Request from LINK for staff awareness and training in different disabilities, what the disability means for the individual and what additional support may need to be considered	To be addressed in the specification	Completed	
2.4	Request from LINK for dignity to be afforded to patients by addressing the patient rather than carers, involving them directly in their care planning, being non-patronising and not making any assumptions about levels of intelligence or insight	To be addressed in the specification	Completed	
3	Race			
3.1	Level of use of language translation services by telephone is unknown	To be specified for monitoring	Completed	
3.2	Asian Community: lack of cultural and religious understanding amongst (hospital) staff	To be addressed in the Dignity section of the specification	Completed	
3.3	Traveller Community: limited literacy, no land lines, chaotic lifestyles impacting on appointment notifications (postal)	To be addressed in the Communication section of the specification	Completed	
3.4	Refugee Community: Some low levels of literacy, possibly unable	To be addressed in the Communication section of the specification	Completed	

Appendix 1

Ref	Issue	Action Required	Milestone	Lead Officer
	to understand language used by health professionals. Information to be available explaining role, capacity, location and hours of the services with examples of when to use services and what to expect			
4	General			
4.1	Privacy in treatment areas is important	To be addressed in the Dignity section of the specification	Completed	