

‘FIT FOR THE FUTURE’ - Improving Community Health Services for patients in Ashby

Assessment of progress against Due Regard (Equality Analysis) considerations

1. Background and purpose of our assessment

This paper presents an interim assessment of Due Regard (Equality Analysis) considerations and the extent to which they have underpinned the “Fit for the Future” - Community Health Services Review. This paper is not a final Equality Analysis Report but rather an interim assessment of how the current engagement and consultation process is being conducted in line with best practice and principles of Due Regard. The outcomes and recommendation of this assessment will provide the CCG with the confidence or otherwise to be assured that in delivering the Ashby Community Health Services Review is meeting its obligations under the Equality Act 2010.

The review is looking at whether the community health services provided from Ashby and District Hospital in Ashby de la Zouch is meeting the diverse health needs of the local population and whether any changes would result in improvements.

Two options have been put forward:

Option 1 – Make better use of the services in Ashby and District Hospital

Option 2 – Move services out of Ashby and District Hospital to other local places, increase the range of community health services, and provide more care in people’s homes

In developing these two options, West Leicestershire CCG has undertaken a number of engagement activities including talking to local members of the public, other interested parties and local clinicians.

The Equality Act 2010 requires all public authorities, including Clinical Commissioning Groups (CCGs), to have due regard in all activities for the need to:

- eliminate unlawful discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The protected characteristics outlined in the Equality Act 2010 are:

- Age

- Disability
- Gender re-assignment
- Marriage and Civil partnership
- Pregnancy and maternity
- Race
- Religion / Belief
- Sex (gender)
- Sexual orientation

Due regard (Equality Analysis) is an integral part of the decision-making process that should begin as soon as a public body begins to formulate or develop a policy. It needs to be carried out in respect of the following activities:

- Development of, or changes to a service, function or policy.
- Changes to the way a service or function is being delivered
- Changes to employment practice
- Financial decisions that affect services, functions or staff
- (De) commissioning and procurement of services.

Therefore, there are considerations WLCCG needs to undertake and be able to evidence to ensure that any decisions made with regard to the Ashby Community Health Services Review take a proportionate account of any impacts upon persons identifying with any of the listed protected characteristics.

2. Key areas of information gathering and engagement:

The information gathering and engagement programme should aim to use a range of data that is both qualitative (verbal, in-depth data) and quantitative (numerical / statistical).

All sources for the Review should wherever appropriate and available include:

2.1 Qualitative

- Conversations/feedback/consultation with those affected by, or benefiting from the policy
- Feedback from individuals or organisations representing the interests of key target groups and stakeholders
- The knowledge and experience of the staff implementing the changes / policy
- Advice from internal or external experts or specialists
- Outcome of local consultation exercises
- Relevant previous research (national, regional or local)
- Previous Equality Analyses (or Equality Impact Assessments) – these should have been published on the LCRPCT's previous website.
- Complaints, comments and compliments
- Press coverage

2.2 Quantitative

- Performance, service, survey, workforce data.
- Demand and capacity modelling studies.
- Potential future service mapping outcomes.
- Local area demographics.
- Joint Strategic Needs Assessment (this includes both qualitative and quantitative information).
- In-house data on local diverse health needs

3. Equality considerations during engagement

In seeking to engage with public, patients, local interest groups and all relevant stakeholders, it is important to ask questions about how future provision of community / home based health services should give due regard to the differential needs, perceptions and experiences of individuals who share one or more protected characteristics.

Of the nine protected characteristics the following four hold particular vulnerabilities and thus have a greater need for specific assurances to be in place during the proposed service reconfiguration process leading to the public consultation stage – it is recommended that when eliciting appropriate feedback / information, for the following factors to be taken into consideration when designing the detailed format for the forthcoming public consultation process starting in January 2014:

Age - specifically ensuring positive health and wellbeing outcomes for older people in terms of patients and their carers. There is a growing population of older people across most of the UK generally and the diversity of older adults needs to be considered in a range of areas, e.g. relationships with staff; accessibility of buildings; accessibility and cost of transport and overall experience of local healthcare. It is also important to ‘design out’ isolation of older people as this is known to be a major factor leading to common mental illness in this age group. Particular considerations for older people is required due to evidence showing lower levels of mobility and fixed (low) incomes for this age group.

Race - especially those who have specific cultural needs as well as past experiences of discrimination / receiving less than best care. In general Black, Asian and Minority Ethnic (BAME) patients with long term conditions may be younger than their white counterparts; this is due to prevalence of some health conditions like stroke and dementia occurring at younger age, especially in Black Caribbean / African communities. Needs assessments of the BAME community in the locality should be incorporated into service re-configuration options.

Disability (inc. Long-term Conditions & Mental Health) – it is important to consider how the needs of individuals with Physical, Learning and / or Sensory disabilities are met across reconfigured services. It is also crucial to consider the roles and needs of carers. Improving the quality of healthcare in the locality to better support people with Long-term conditions will always remain a key consideration of any service reconfiguration. It is known that there are many people with long term conditions (for example, hypertension, diabetes, coronary heart disease and chronic obstructive pulmonary disease) who are undiagnosed and / or not

placed on disease registers. There are also great variations between GP practices in the extent to which they identify and treat their patients with long term conditions.

Pregnancy and maternity - it is important to take into account the diversity of women who become pregnant and require local maternity services e.g consider needs by ethnicity, age, sexual orientation and religion / belief. It is also important to support those who care for them - whether partners, guardians or next of kin. It is therefore a recommendation to consider more of the detail of service delivery and quality within the proposed reconfiguration options (which should have a positive impact overall if specific and cross cutting assurances are in place). It is a recommendation that some testing through 'mystery shopping' take place in elements of any ante-natal and post-natal services, particularly by women who identify as lesbian / bisexual, teenage mothers and those who are Black or Asian and speak English as a second language.

This paper is also recommending that consideration is given to designing more nuanced activities and events during the consultation stage addressing specific lines of questioning. There is potential to ask participants about reasonable adjustments required to support improvements to service delivery for those who share one or more of the remaining five protected characteristics:

Sexual Orientation – should sites be delivering to equally high standards in terms of service quality for individuals and their relatives who identify as Lesbian, Gay or Bisexual (LGB), including the provision of adequate training for all staff? Because this is an important area where service evidence is often lacking, how best can community health service provision better monitor on quality services to this group?

Gender Reassignment - As above

Sex – How can the process engage more men of working age in the formal public consultation stage process to inform how these proposals can encourage more men to understand and use community health services?

Religion and belief – what steps can be taken to encourage more faith groups to engage in the formal public consultation process? How can responses be analysed by religion & belief to better inform any of the options for change and service delivery, particularly in terms of minority religious and belief groups?

Marriage and Civil Partnership – When consulting staff about service reconfiguration and options for change, to what extent should they be specifically aware of the equal legal rights of those who are married and those same sex couples who have a civil partnership (e.g. information sharing, visiting, involvement in care planning etc)?

4. Scope of pre- consultation and public consultation engagement

The CCG consultation plan takes due regard to the nine equality strands that need to be considered comprising age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex (gender) and sexual orientation.

Throughout the consultation process and beyond, all communications and engagement activities have been designed and implemented in a manner which incorporated engagement mechanisms, messages and communication channels to ensure that due regard is taken. The aim has been to ensure that the following groups are actively encouraged and enabled to have their voices heard during the consultation process and that any feedback received is taken into consideration by decision makers at the end of the consultation process:

- Gypsy/Travellers

- Older people
- Younger people
- Carers
- BME groups
- Asylum seekers
- Parents of children with disabilities
- Lesbian, Gay, Bisexual and Transgender support
- Priority neighbourhood groups
- Homeless people
- People with disabilities including those with neurological and physical impairment, people with hearing impairment, people with visual impairment

Once the consultation process is complete, it is intended that all feedback will be properly analysed and reported to WLCCG board. There is a commitment in place to ensure that Due regard will be taken in informing the following groups of the findings of the report and the next steps to be taken:

- Age – Older persons engagement network
- Disability – Centre for Integrated Living
- Gender reassignment – Lesbian, Gay, Bisexual and Transexual Support
- Marriage and Civil Partnership
- Pregnancy and Maternity – Maternity Liaison Group
- Race, Religion and Belief
- Sexual Orientation
- Sex (gender) all of the above

Key channels used to support communication and engagement programme:

1. Direct marketing and e-marketing to the global database consists of 1,159 stakeholders including 222 marginalised and excluded groups
2. Face to face engagement through public meetings across West Leicestershire
3. Printed and online surveys including easy read versions
4. Information provided at practices and via GPs and practice staff
5. Information delivered through media and engagement through social media
6. Information delivered through partner organisations and mechanisms set up to engage with the nine protected strands including:
 - Reviewing organisations such as Overview and Scrutiny Committees and Health and Wellbeing boards
 - Representative organisations such as HealthWatch
 - Cultural organisations both individual and collective
 - Learning disability organisations
 - Disability support groups

- Age support groups such as Age UK
- Drug, alcohol and homeless organisations
- Carers support organisations
- Organisations supporting the deaf and visually impaired
- Travellers support groups
- Gay and transgender support organisations

Pre-Consultation Engagement

“Fit for the Future” - Ashby Community Health Services Review Project Board

The Project Board reports to the WLCCG governing body and has been set up to pay due regard the Equality and Diversity Act 2010. Project Board members include a PPG chair and a member of HealthWatch Leicestershire to ensure that the patient and public voice is represented. The WLCCG governing body also has a lay board member representative for public engagement and a member of Leicestershire HealthWatch.

The Ashby Patient and Public Panel was also formed to pay due regard to the patient and public voice including marginalised and excluded communities. This panel is made up of 15 members ranging from 16yrs to over 70yrs. The purpose of the panel is to act as a critical friend to the pre -consultation engagement and public consultation process. During the pre-consultation engagement period the panel has met twice.

Additional pre-consultation activities to consider due regard

The listening booth was taken out into the community to encourage people to come and talk to members of staff and patient representatives providing face to face contact. During pre-engagement and consultation WLCCG spoke to members of the public and fed back their views on the Ashby Community Health Services Review. All feedback was collated and fed into the engagement and consultation process.

The Listening Booth visited:

Ashby Hospital
Therapy Department
Teen Clinic
Coalville Hospital
Measham Medical Centre
Measham Leisure Centre
Ashby Health Centre
Staunton Harold Garden Centre
Woodlands Garden Centre
Hood Park Leisure Centre
Snibston Discovery Park
Conkers outdoor Adventure Park

In addition, the wider team has engaged with the following stakeholders:

- Leicestershire Partnership NHS Trust senior managers
- Healthwatch
- Members / GPs
- Health Overview and scrutiny
- Primary and secondary care clinicians
- North West Leicestershire MP Andrew Bridgen
- NHS Area Team

Below is a list of meetings attended during the engagement pre consultation phase:

Stroke Support Services	Carers group	Brown Court, Atkinson Road, Ashby
Locality Group (Learning Disabilities)	Learning disabilities	NWL District Offices, Coalville
Willesley Estate	TARA (tenant and resident association)	The Cabin, Ridgway Road, Ashby
Friends of Westfields	TARA	Brown Court, Atkinson Road, Ashby
Linford And Verdon	TARA	Greenacres
Riverview	TARA	Robins Nest, Eagle Close, Measham
Vista	People with visual impairment	Marlene Reid Centre, Coalville
Older Person's Working Group	Older people	The Council Chambers
Riverview	TARA	Robins Nest, Eagle Close, Measham
Vista	People with visual impairment	Marlene Reid Centre, Coalville
Friends of Westfields	TARA	Brown Court, Atkinson Road, Ashby
Willesley Estate	TARA	The Cabin, Ridgway Road, Ashby
Linford And Verdon	TARA	Greenacres
Older Person's Working Group	Older people	The Council Chambers

TARA (Tenants and Residents Association)

Public consultation period

A Due Regard Baseline Assessment of the Ashby Review engagement programme recently presented by the Communications and Engagement Team on 24.12.13, highlights a detailed plan to meet with a comprehensive range of public, patient and wider stakeholder groups starting on 06.01.13 and ending on 04.04.13

The engagement programme includes a range of activities which aim to gain feedback on both options from stakeholders representing all 9 protected characteristics. This will occur through arranging group meetings and attending existing events. The plan includes the extensive use of on-line consultation as well as face to face engagement.

5. Assessment and recommendations

As this paper presents an interim assessment only of Due Regard principles as they apply to the engagement process in terms of where we are currently at, we must be mindful not to expect a full assessment of the overall engagement process until we have completed the process in April 2014 and are ready to write up the full Equality Analysis Report for the Community Health Services Review.

It is suggested that the following recommendations be considered in order to ensure the project team is guided towards the continuing need to widen both engagement channels and tools to maximise contact with public, patients, carers, clinical practices, partners in the statutory sector, stakeholders and voluntary and community groups. The process of engagement should continue to seek information from and relating to all 9 protected characteristics and ensure on-going compliance with the duties of the Equality Act 2010, therefore leading to a working model of best practice:

- Ensure there is an embedded and evidence-based process for proportionate consideration of the impacts for protected groups in all future stages of the project which builds on evidence already used.
- Keep under review those protected characteristics where impacts are not currently thought to be apparent.
Ensure that the project links with the CCGs values, i.e. *reducing inequalities in access to healthcare and health outcomes – targeting areas of deprivation and groups with particular health needs*.
- Ensure a continual dialogue with local communities as this project continues that is representative across all 9 protected characteristics in line with the communities being served. It would be considered prudent, if not best practice, to continue to involve and engage all local community groups in listening exercises so that public concerns and opinions are taken into proper consideration for any future decisions.
- Will need to justify evidence and feedback relating to engagement activities with all 9 protected groups. Whilst a lot of contact and pre-engagement work has already taken place, actual evidence of contact and feedback should exist in relation to each protected characteristic i.e. faith. This is not only a matter of best practice, but it is also about ensuring that the engagement process can stand up to challenge in the event of public scrutiny.
- In terms of assurance, it would be helpful if information was made available to show specific levels of engagement with particular protected characteristics / groups, and to then dig down deeper to highlight whether any culturally appropriate engagement was undertaken in for example, specific places of worship? Was there any use made of translated materials into different languages and / or the use of interpreters, sign language, large print, braille, loop systems etc? Did we promote any engagement events / activities through targeted advertising methods or special media outlets such as 'community radio'?
- Although in some instances, some community organisations will be working with a range of protected groups, 'best practice' in terms of Due Regard (Equality Analysis) requires that we identify specific feedback from specific groups representing all protected characteristics wherever possible. This consideration should be built into the remaining plan for public consultation phase.

- It is recommended that the project board considers how it has involved local interests and ensured that representative voluntary and community sector input has been achieved throughout the process so far. This consideration becomes even more important now that we are approaching the public consultation stage.
- The fact that information is being collated provides evidence that Due Regard has been undertaken before decisions were made. Information is being gathered in the form of results from proactive communications, public event attendee lists and feedback, telephone calls logged, one to one meetings, survey returns and other forms of contact with individuals and organisations targeted. It is recommended that this continues and that the final consultation feedback report is aligned with and provides underpinning evidence to support the final Due Regard (Equality Analysis) Report.
- Equality considerations must be built into any contract with an external independent body which may be commissioned to analyse and summarise the consultation feedback.
- That a small working group be set up immediately to include relevant members of staff within the CCG and appropriate stakeholders to oversee, manage delivery and publication of the Due Regard (Equality Analysis) Report for the Ashby Community Health Service Review. In addition, the group will provide both assurance and challenge where necessary.

It is critical that the CCG can produce evidence that Due Regard has been conscientiously and proportionately undertaken across all 9 protected characteristics throughout the process of engagement and when compiling the Equality Analysis Report, and that all the necessary views have been considered before any decisions agreed.

6. Conclusion

- The CCG engagement process so far has sufficiently met its 'Due Regard' considerations, however this level of assurance must remain in place and recommendations must be implemented and continually acted upon with care and due diligence
- The process to date has been mindful of preventing discrimination and inequality
- The engagement process so far has been conducted in a manner which promotes equality and fosters good relations.

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