

EQUALITY ANALYSIS (IMPACT ASSESSMENT)

1. What is being assessed?

Impact of proposed changes to configuration of East Cheshire NHS Trust (ECT) patient services at Handforth Health Centre as a result of changes to rental arrangements.

Details of person responsible for completing the assessment:

Name: Steven Redfern
Position: Deputy Director of Operations
Team/service: Nursing Performance and Quality Directorate

State main purpose or aim of the policy, procedure, proposal, strategy or service:

A briefing paper was presented to Cheshire East Council's EC Health Overview and Scrutiny Committee (OSC) on 06 April 2017 by Director of Nursing, Performance and Quality and the Associate Director for Allied Health and Clinical Support Services. The paper described the changes in rental arrangements at Handforth Health Centre and the consequential withdrawal of consultant-led services. Community and block contract services are expected to be retained under funding proposal from Eastern Cheshire NHS Clinical Commissioning Group (CCG).

Updated 08/06/17

Further to the discussion that took place, the OSC requested additional information, which will be presented for consideration at the 15th June meeting by the Deputy Director of Operations.

2. Consideration of Data and Research

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age: East Cheshire and South Cheshire CCG's serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:

- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people)

and 1.2% of CWAC households have no people for whom English is their main language.

- Gypsies & travellers – estimated 18,600 in England in 2011.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:

- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:

- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (*The Lesbian & Gay Foundation*).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:

The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.

• Christian:	68.9% of Cheshire East	70.1% of Cheshire West & Chester
• Sikh:	0.07% of Cheshire East	0.1% of Cheshire West & Chester
• Buddhist:	0.24% of Cheshire East	0.2% of Cheshire West & Chester
• Hindu:	0.36% of Cheshire East	0.2% of Cheshire West & Chester
• Jewish:	0.16% of Cheshire East	0.1% of Cheshire West & Chester
• Muslim:	0.66% of Cheshire East	0.5% of Cheshire West & Chester
• Other:	0.29% of Cheshire East	0.3% of Cheshire West & Chester
• None:	22.69% of Cheshire East	22.0% of Cheshire West & Chester
• Not stated:	6.66% of Cheshire East	6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the **policy, procedure, proposal, strategy or service** or its effects on different groups?)

The briefing paper for OSC was presented on 06 April 2017. The project team to manage the transition has been in place since 21 March 2017. The next phase of the project will be to ensure patient and public engagement at which there will be opportunity to gather evidence of complaints or concerns on grounds of discrimination.

Updated 08/06/17

Further to the discussion that took place, the OSC requested additional information, which will be presented for consideration at the 15th June OSC meeting by the Deputy Director of Operations.

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

It is expected that for a proportion of patients attending the ECT clinics at Handforth an unidentified number of patients may be inconvenienced by increased travel time to location of the clinic. Equally other patients not resident in the area may incur reduced travel time. Access to clinics is not expected to reduce as equal capacity will be re-provided at other sites operated by ECT.

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the **policy, procedure, proposal, strategy or service** (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the **policy, procedure, proposal, strategy or service** on each of the strands listed below.

RACE:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, racial groups differently? Yes ☐ No ☒

Explain your response:

The proposed change affects all patients groups irrespective of race

GENDER (INCLUDING TRANSGENDER):

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, different gender groups differently? Yes ☐ No ☒

Explain your response:

The proposed change affects all patients groups irrespective of gender

DISABILITY

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, disabled people differently? Yes ☐ No ☒

Explain your response:

The proposed change affects all patients groups irrespective of ability or disability. For those patients with a learning disability, some of whom attend the community dental clinic, the service will be re-provided at Weston Clinic. Staff will move with the service, to ensure there is continuity in terms of patient experience and that patients are familiar with the clinician they are being treated by. All staff at Weston Clinic are trained in providing support to meet the needs of patients with learning disabilities and have developed a photographic journey resource which will help to support the transition. Car parking spaces for patients who are 'Blue badge' holders are available at all locations and there is no charge for parking.

AGE:

From the evidence available does the **policy, procedure, proposal, strategy or service**, affect, or have the potential to affect, age groups differently? Yes ☐ No ☒

Explain your response:

The proposed change affects all patients groups irrespective of age; there is a potential limited impact of travel and transport arrangements for elderly patients. This will be further assessed during the patient and public engagement phase.

LESBIAN, GAY, BISEXUAL:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes ☐ No ☒

Explain your response:

The proposed change affects all patients groups irrespective of sexual orientation.

RELIGION/BELIEF:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, religious belief groups differently? Yes ☐ No ☒

Explain your response:

The proposed change affects all patients groups irrespective of religious belief

CARERS:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently? Yes ☐ No ☐

Explain your response:

The proposed change could affect carers who are supporting travel and transport for patients.

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently? Yes ☒ No ☐

Explain your response:

The effect on people attending antenatal clinics will be minimal, as the service is expected to transfer to Oakenclough Childrens Centre, which is only a short distance (1.2 miles) from Handforth Health Centre.

4. Safeguarding Assessment - CHILDREN

a. Is there a direct or indirect impact upon children? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:
c. If no please describe why there is considered to be no impact / significant impact on children The community paediatric services will be unaffected, as the service will be retained on site and other consultant-led services re-provided in equal measure at other facilities operated by ECT.

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the **policy, procedure, proposal, strategy or service** will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc.?

Local engagement exercise(s) to be confirmed

6. Date completed: 08/06/17

Review Date: 31/08/17

7. Any actions identified:

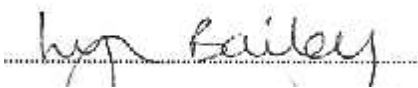
Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

ACTION	LEAD	DATE TO BE ACHIEVED
Patient and public involvement through a local engagement exercise and trust Patient Reference Group.	Steve Redfern Deputy Director Operations	31 August 2017
Equality Impact Assessment to be revisited following engagement	Steve Redfern Deputy Director Operations	31 August 2017

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by:

Equality and Patient Experience Manager:



Date: 6.4.17

Updated and approved by:

Deputy Director of Corporate Affairs and Governance

Date: 08/06/17

