

Full equalities impact assessment Final Document

Directorate: Strategy

Service: Intermediate Care

Piece of work being assessed: Commissioning the re-provision of Intermediate Care Services

Name of lead person: Margaret Gibson
Acting Intermediate Care Programme Manager

Other partners/stakeholders involved: Sheffield City Council
Sheffield Teaching Hospital, Sheffield Care Trust, Sheffield
PCT Provider Services and Independent Providers

Date of assessment: 9th July 2008

	<p>Baseline data and research – The aim of this EIA to assess the re-provision of IC services to ensure that services are provided on an equitable citywide basis within their own home or in a community facility</p> <p>Introduction The NSF for Older People (Department of Health 2001) defined Intermediate Care (IC) as “a new layer of care between primary care and specialist services” which would provide integrated services to;</p> <ul style="list-style-type: none"> • Promote faster recovery from illness • Prevent unnecessary acute hospital admissions • Support timely discharge • Maximise independent living <p>It goes on to say that these services should:</p> <ul style="list-style-type: none"> • Be targeted at people who would otherwise face unnecessarily prolonged hospital stays or avoidable admission to acute in-patient 	<p>Is there likely to be a differential impact? Potential for indirect discrimination</p>
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¹ Pathways for Intermediate Care in Sheffield, Report of recommendations” ¹, Dr Tom Downes, April 2008

	<p>care, long-term residential care or continuing NHS inpatient care</p> <ul style="list-style-type: none"> • Be provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active treatment and rehabilitation • Be designed to maximise independence and to enable patients/users to remain or resume living at home • Involve short term interventions, typically lasting no more than 6 weeks and frequently as little as 1-2 weeks or less • Involve cross-professional working, within the framework of the single assessment process, a single professional record and shared protocols <p>Demographic evidence</p> <p>“Pathways for Intermediate Care in Sheffield, Report of recommendations”¹, provides information on the Sheffield demographics, identifies the potential population who will receive this service, the geographical gaps in the service, inequality of service provision in parts of the city and makes a case for and recommendations re-provision of the service.</p> <p>The following organisations have been involved in this review, Sheffield PCT, Sheffield City Council, Sheffield Care Trust, the Voluntary, Community & Faith Sectors.</p> <p>Mixed ethnic groups of users and carers, expert elders, Afro-Caribbean community group have all been part of the pre consultation stages and their views have informed the report.</p>	
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<p>Gender</p>	<p>No evidence can be found to suggest there is any difference between males and females who would require or access this service.</p> <p>The services will be commissioned to provide equal access / opportunity between men, women and transgender people and prohibit sex discrimination.</p> <p>The providers of this service will, as part of their contractual arrangements, be required to collect information on the gender of people accessing the service to ensure equity of service</p>	<p>Yes indirect (at present there is no overall evidence of difference by gender in accessing the service. It is anticipated a higher proportion of older women than men will utilise the service due to higher life expectancy in women)</p>
<p>Race</p>	<p>Sheffield City Council figures for 2005² show that the population in Sheffield is 86% White British. Of the remaining 14%, 3% are Pakistani, 2% are Eastern European (mainly Polish and Slovak). Other minority populations are 1% or less each.</p>	<p>Yes indirect (we have no evidence that the 14% of the population access this service. The provider of the service will be required to collect data on ethnicity to ensure the PCT and the providers of services are able to understand who accesses the service and what their needs are)</p>
<p>Disability</p>	<p>A proportion of the population using this service potentially will have physical disabilities, learning disabilities (LD) (evidence of people with LD can be found in the General Practice case registers), visual impairments, hearing impairments, levels of cogitative impairment and are likely to have complex needs resulting from their potential co-morbidities.</p>	<p>Yes, direct, (historically there has been discrimination of access to the service for groups of people with LD, mental illness and potentially other groups). Access to the redesigned intermediate care will be based on assessed need and services will be provided appropriately to meet these needs.) Providers of the service will be required to collect data on access to service for these key groups, to ensure future services are appropriate.</p>

² www.sheffield.gov.uk/index accessed 23rd June 2008

Sexual orientation	The Sheffield population who access this service will include people who are gay, lesbian, bisexual, and heterosexual	Yes potential (we need to collect data of who is accessing the service to ensure the service meets all patients needs)
Age	<p>This service will be provided for all adults aged 18 to end of life³</p> <p>Sheffield PCT's 5 year strategy (Achieving Balanced Health 2007) reports that there is very substantial variation in life expectancy between different parts of the city. It is therefore important that future service developments attempt to address this inequality.</p> <p>Services for children and younger adults are commissioned on an individual needs basis.</p>	<p>Yes potentially</p> <p>This service has previously been provided for people over 65 years of age. It is recognised that predominantly it will be older people who access the service, but it is the intention of the service to provide for the adult population.</p>
Religion/belief	68.6% of the Sheffield population are Christian and 4.6% Muslim. Other religious represent less than 1% each. The number of people without a religion is above the National average at 17.9%, with 7.8% not stating their religion	Unknown

³ NSF for Older People DH 2001

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Single Equality Scheme strand	Reaching all groups of the population to ensure their needs are met	<p>Staff needs</p> <ul style="list-style-type: none"> • Ensure staff are fully aware of Equality impact assessment (EIA) methodology <p>Assessing need by:</p> <ul style="list-style-type: none"> • Service specifications and contracts written requiring providers to undertake ethnic monitoring • Agreed what, how and when performance monitoring and the evaluation will take place of the people accessing the service • Monitoring there is a mixed picture of access to services 	<ul style="list-style-type: none"> • EIA training for all staff • Evidence recorded on each service that this has been undertaken. • Services recording the all ethnicity of people accessing the service • Analysis of data 	<p>2008 onwards</p> <p>all new contracts</p> <p>6/12 monthly reports</p>	<p>Providers & commissioners</p> <p>Service & specification managers Providers</p> <p>Providers of services & Account Manager</p>
Gender	The need for a balance between understanding access to mainstream services and understanding the nature	<ul style="list-style-type: none"> • Collection of patient gender information on levels of use of services • Individuals to be fully 	<ul style="list-style-type: none"> • Analysis of data • Monitor 	<p>2008 /09 monitoring information</p> <p>Yearly as</p>	Commissioner Contract Manager & providers

	<p>and extent of the need the provision</p> <p>Services need to be appropriate both men and women</p>	<p>involved in their assessment and how best their needs can be met</p> <ul style="list-style-type: none"> • In bed based facilities ensure the respect of dignity and respect of individual gender requirements • Trans people to be treated in accordance with their self identified gender 	<p>complaints</p>	<p>part of contract meetings</p>	<p>Commissioner Account Manager</p> <p>Provider Services</p>
<p>Race</p>	<p>Improved understanding of the race equality dimension in the commissioning process⁴⁵</p>	<ul style="list-style-type: none"> • Work in collaboration with procurement staff to devise solutions to promoting race equality in commissioning and procurement • Assemble a multi-disciplinary team to understand the relationship between race equality and the commissioning process and service provision • Collection of patient ethnicity information 	<ul style="list-style-type: none"> • Commissioners and Providers meet to discuss and record actions to be taken during meeting • Analysisi of service uptake with community profiles 	<p>all new contracts</p>	<p>Commissioner Contract Manager & providers</p>

⁴ Beyond Procurement: Connecting Procurement to Practices to Patients, DH June 2007

⁵ A new Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People. 2006

		on levels of use of services			
Disability	Consider the evidence in terms of appropriateness of access to services for people with a disability and the barriers.	<ul style="list-style-type: none"> Ensure all commissioners and providers of services are fully aware of the evidence to improve the access to services for individuals and meet the needs of people with a Physical or learning disabilities⁶ 7 8 Information will be available in a number of formats Individual Impact Assessments will be required on all services commissioned and provided New build services in 	<ul style="list-style-type: none"> Evidence of staff training log or during PDR Views of patients, carers and others sought (service questionnaire or interviews) and are taken account of in designing , planning and delivering health services Copies of information Impact assessments 	<p>Yearly 2008/09 service evaluation</p> <p>2009/2011</p>	<p>Line managers</p> <p>Providers of services</p>

⁶ Improving the Life Chances of Disabled People, 2005, Department of Work and Pensions, Department of Health, Department for Education and Skills, Office of the Deputy Prime Minister

⁷ Valuing People with Learning Disabilities for the 21st Century, DH 2001

⁸ Valuing people now: from progress to transformation - a consultation on the next three years of learning disability policy, Dec 2007

		<p>Intermediate care will be designed with the engagement of individuals and disability groups on access and specific requirements of the buildings</p> <ul style="list-style-type: none"> • Collection of patient disability information on levels of use of services 		2009/2011	Estates, the LIFT company and Commissioners
Sexual orientation	The need for a balance between understanding access to mainstream services and understanding the nature and extent of the need of specialist services	<ul style="list-style-type: none"> • Commissioners should ensure that no services are commissioned that discriminate against anyone on the grounds of sexual orientation • Collection of patient sexual orientation information on levels of use of services 	<ul style="list-style-type: none"> • Copies of the contracts. • Commissioner Service reviews • Evidence from providers that EIA's have been completed and are submitted for examination during the tender process 	2008/2009	Procurement Service PCT Commissioner
				2008/2009	Providers

Age	NHS services will be provided, regardless of age, basis of clinical need alone ⁹¹⁰	<ul style="list-style-type: none"> • Commissioners to ensure service specifications and contracts reflect the notion of access to services regardless of age service and are delivered based on individual need • Ensure provider services access to service criteria do not restrict access to services based on age • Collection of patient age information on levels of use of services 	<ul style="list-style-type: none"> • Commissioner Service reviews • Implement mechanisms to record age profile of patients accessing service 	<p>March 2009</p> <p>March 2009</p>	<p>Commissioner Account manager</p> <p>Performance</p>
Religion/belief	Ensure any services commissioned within Intermediate Care respect the religion or beliefs of individuals	<ul style="list-style-type: none"> • Each element of the IC service is subjected to an EIA • Services commissioned and provided in building must respect the need for accommodation for prayer/ worship or belief activity during their stay. Provision 	<ul style="list-style-type: none"> • EIA on PCT website • Evidence from providers that EIA's have been completed and are submitted for examination during the tender process • Patient 	<p>July 2008</p> <p>2008/09</p>	<p>Commissioner Account Manager</p> <p>Providers (this may be multiple providers as the service develops)</p>

⁹ NSF for Older People, Standard One, DH 2001

¹⁰ A New Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People. 2006

		<p>should be made to meet individuals dietary requirements associated with their religious belief</p> <ul style="list-style-type: none"> • Staff who commission service in the community must ensure providers of such services respect the individuals needs with their own home e.g. removing their shoes on entry to the home to respect the individual's religious customs • Collection of patient religion/belief information on levels of use of services 	<p>questionnaire /survey</p> <ul style="list-style-type: none"> • Commissioner Service reviews 	<p>2008/ 2009</p>	
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