



<b>Oxfordshire CCG Equality Analysis Template</b>	
<b>Policy / Project / Function:</b>	Acute Bed Re-Alignment (DTOC) – Rebalancing the System
<b>PMO Reference Number</b>	
<b>Completed by:</b>	James Limehouse
<b>Date of Analysis:</b>	11/11/2016
<b>Equality Analysis signed off by:</b>	Maggie Dent <span style="float: right;"><b>Date 18/11/2016</b></span>
<b>Analysis Rating:</b> please highlight	<ul style="list-style-type: none"> <li>• Red</li> <li>• Red/Amber</li> <li>• <b><u>Amber</u></b></li> <li>• Green</li> </ul>
<b>Type of Analysis Performed:</b>	<ul style="list-style-type: none"> <li>• Pre Consultation Business Case</li> <li>• <b>Service re-design</b></li> <li>• Policy Analysis</li> <li>• Consultation</li> <li>• Meeting</li> </ul>
Please list any other policies that are related to or referred to as part of this analysis	N/A
<b>Who does the policy, project or function affect?</b>	<ul style="list-style-type: none"> <li>• <b>Employees</b></li> <li>• <b>Service Users</b></li> <li>• Applicants</li> <li>• <b>Members of the Public</b></li> <li>• Other (List Below)</li> </ul>

Equality Analysis	
<b>What are the aims and intended effects of this policy, project or function?</b>	<p>We are proposing to make permanent the current realignment of 194 acute beds (a reduction of 76 beds in phase one and then 118 beds in phase two of changes), subject to public consultation. This would formalise the temporary changes made as part of the 'Rebalancing the System' delayed transfer project that has been running since November 2015. This project has enabled patients who no longer need acute medical care to move from a hospital setting into a nursing home and the project has allowed patient needs to be met more appropriately while they wait either to be transferred home with community-based support or to a permanent care home placement.</p>
<b>Is any Equality Data available relating to the use or implementation of this policy, project or function?</b>	<p>An evaluation of the temporary project was completed including a patient and carer survey:</p> <p><a href="https://mycouncil.oxfordshire.gov.uk/documents/s34455/JHO_SEP1516R09-%20Rebalancing%20the%20System%20-%20Update%20and%20review%20of%20an%20Oxfordshire-wide%20initiative%20to%20addr.pdf">https://mycouncil.oxfordshire.gov.uk/documents/s34455/JHO_SEP1516R09-%20Rebalancing%20the%20System%20-%20Update%20and%20review%20of%20an%20Oxfordshire-wide%20initiative%20to%20addr.pdf</a></p>
<b>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</b>	<p>Approval was given by HOSC for phase 1 of the plan on 11<sup>th</sup> December 2015, and for phase 2 on 15<sup>th</sup> September 2016. HOSC approval was given on the temporary basis on the understanding that permanent changes only be made following formal consultation. It is intended that this formal consultation will take place during phase 1 of the STP programme.</p>



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 <i>The Equality Act 2010</i> ?				
Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact (Potential adverse impact) :	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
				<p><b>Statement</b> for all nine protected characteristic groups and including carers:</p> <p>OCCG should be assured that commissioned nursing home services, even if jointly commissioned, include a robust assurance framework for monitoring equality and diversity through the contract monitoring process. This needs to encompass patients placed in the nursing homes, their carer's and staff working in the nursing homes. OCCG should ensure that all nursing home staff have received up to date equality and diversity training and that equality policies are in place.</p> <p>The providers should not discriminate between or against service users or carers on the grounds of age, disability, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, gender reassignment, or any other non-medical characteristics, except as permitted by the Law.</p>



<p><b>Gender</b> (Men and Women)</p>			<p>Possible-see risks and actions</p>	<p>People of different gender should not be placed in mixed sex accommodation.</p>
<p><b>Race</b> (All Racial Groups)</p>			<p>Possible-see risks and actions</p>	<p>The providers should provide appropriate assistance and make reasonable adjustments for service users and carers who do not speak, read or write English. Many older people from certain Black and Minority Ethnic (BME) groups (e.g. older South Asian women) do not speak English and can be illiterate in their own language.</p>
<p><b>Disability</b> (Mental, Physical, Learning Disability and sensory disability)</p>			<p>Possible-see risks and actions</p>	<p>The providers should provide appropriate assistance and make reasonable adjustments for service users and carers who have communication difficulties, including hearing, oral or learning impairments.</p> <p>OCCG should verify whether nursing home providers have access to deaf interpreting services and which provider organisation is used.</p> <p>OCCG should verify that staff can provide necessary support to patients with learning disabilities and have relevant materials available in easy read format.</p> <p>OCCG to ensure that consideration is made for the most suitable nursing home that can give the best appropriate care</p>

				for people with dementia.
<b>Religion or Belief</b>	Yes			Any care notes transferred or produced, should highlight religious requirements (e.g. if a patient would like a visit from a clergy person, an Imam or other religious leader) and any other cultural or religious requirements e.g. specific religious dietary needs. Some patients may be nearing end of life and appropriate care plans with clear religious requirements need to be in place.
<b>Sexual Orientation</b> (Heterosexual, Homosexual and Bisexual)	Yes			As above <b>statement</b> .
<b>Pregnancy and Maternity</b>			Possible- see risks and actions	For patients: The plan does not involve transfers or discharge of maternity patients. For staff: Any nursing staff who are pregnant should be protected by their employer's employment, health and safety and equality policies.
<b>Marital Status</b> (Married and Civil Partnerships)			Possible- see risks and actions	Where married and civil partnership couples are both in-patients, discharge plans need to ensure consideration of discharge to the same location, if this is appropriate for each individual's care needs.

<p><b>Gender re-assignment</b> 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.</p>		Possible-see risks and actions	<p>Providers need to ensure that patients are treated according to the gender they identify themselves as being.</p>
<p><b>Age</b> (People of all ages)</p>		Possible-see risks and actions	<p>Patients who will be affected by the plan are most likely to be older people. Many will be frail elderly and/ or disabled.</p> <p>Estimates by Oxfordshire County Council highlight that two thirds of the proposed cohort could be at risk of deteriorating in function and independence if they are discharged to a care home. However, where older people are delayed from being discharged from hospital, they are increasingly at risk from hospital acquired infections and becoming institutionalised and further dependent.</p> <p>Care plans need to be in place where patients are nearing end of life.</p>



<p><b>Other groups nominated by OCCG</b> which could experience inequality of access or treatment, such as carers, veterans, homeless people and people living in socio-economic areas of deprivation in Oxfordshire.</p>		Possible-see risks and actions	<p><b>Carers.</b> Consideration needs to be made for carers, to ensure that the place of discharge for a patient does not entail a carer having to travel a great distance. Carer's health needs also need to be taken into consideration, especially where and when patients are discharged home. It is likely that carers will also be older and with illnesses or disabilities.  Where patients are nearing end of life, ensuring that carers are involved in care plans.</p>
<p><b>Sustainability:</b></p> <ul style="list-style-type: none"> <li>• Economic, Social and Environmental considerations in the design, procurement and commissioning of services for the people of Oxfordshire.</li> <li>• Delivery of an affordable healthcare service for improving population wellbeing and reducing health inequalities.</li> </ul>	Yes		

<ul style="list-style-type: none"> <li>Have sustainable models of health care been considered?</li> </ul>		Yes		
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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:
<p><b>Gender:</b> People of a different gender should not be placed in mixed sex accommodation.</p>	<p>OCCG to verify and assure that single sex accommodation is provided</p>			

<p><b>Race:</b> Older BME patients may not speak English and/ or be illiterate in their own language.</p>	<p>OCCG to verify whether nursing home providers have access to language interpreting services and which provider organisation is used.</p> <p>Costs for this need to be built into the commissioning process.</p>		
<p><b>Disability:</b> Appropriate assistance and reasonable adjustments need to be made for patients and carers who have communication difficulties, including hearing, oral or learning impairments.</p>	<p>OCCG to verify whether nursing home providers have access to deaf interpreting services and which provider organisation is used.</p> <p>Costs for this need to be built into the commissioning process.</p> <p>OCCG to verify that staff can provide necessary support to patients with learning disabilities and have relevant materials available in easy read format.</p> <p>Costs for this need to be built into the commissioning process.</p> <p>OCCG to ensure that consideration is made for the most suitable nursing home that can give the best appropriate</p>		

	care for people with dementia and ensure that this is discussed with carers.			
<b>Religion:</b> Religious and cultural requirements need to be considered and documented on patient notes.	OCCG to verify that nursing homes can cater for religious dietary needs e.g. halal food.  OCCG to ensure that any end of life care plans comprise relevant religious requirements.			
<b>Pregnancy &amp; Maternity:</b> Any nursing staff who are pregnant should be protected by their employer's employment, health and safety and equality policies.	OCCG to verify that nursing home providers have relevant policies in place.			
<b>Marriage &amp; Civil Partnership:</b> Where married and civil partnership couples are both in-patients, discharge plans need to ensure consideration of this.	OCCG to provide assurance that providers will record and recognise patients as being in a partnership or marriage and ensure consideration of discharge to the same location, if this is appropriate for each individual's care needs.			
<b>Gender re-assignment/ Gender identity:</b> Ensure that patients are treated	OCCG to verify that provider staff are trained in equality and diversity and			

<p>according to the gender they identify themselves as being.</p>	<p>providers have appropriate equality policies.</p>		
<p><b>Age:</b> Patients affected by the action plan are most likely to be older people. Many will be frail elderly and/ or disabled. Patients could be at risk of deteriorating in function and independence if they are discharged to a care home. However, this is balanced against the fact that where older people are delayed from being discharged from hospital, they are increasingly at risk from hospital acquired infections and becoming institutionalised and further dependent.</p>	<p>Those patients discharged to a nursing home will receive appropriate support to enable them to return home rather than remain in a care home permanently. Patients will be case managed once in the nursing home. They will have intense therapeutic support, which will minimise this risk. Multi professional input will also enable any issues to be flagged at an early stage. Where patients are nearing end of life, OCCG to ensure that end of life care plans are in place.</p>		<p>After eight week recovery period in the nursing home.</p>
<p><b>Carers:</b> A place of discharge for a patient does not entail a carer having to travel a great distance. Carer's health needs also need to be taken into consideration, especially</p>	<p>OCCG to ensure that providers have relevant policies and / or plans which take into account carer's needs and issues. Where patients are nearing end of life,</p>		



where and when patients are discharged home. It is likely that carers will also be older and with illnesses or disabilities.	ensuring that carers are involved in care plans.		
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