

Equality Analysis of the proposals for the future delivery of Adult Elective Orthopaedics services in Ipswich and Colchester

What is an equality analysis (EA)?

An equality analysis (formerly referred to as an Equality Impact Assessment) is a way to systematically and thoroughly assess, and consult on, the effects that a service is likely to have on groups. It identifies and addresses existing or potential inequalities, resulting from practice development. EA's should cover all the strands of diversity and help trusts get a better understanding of its functions and the way decisions are made.

This can be achieved by¹:

- considering the current situation;
- deciding the aims and intended outcomes of a function;
- considering what evidence there is to support the decision and identifying any gaps;
- ensures an informed decision is made.

Who contributed to this EA?

This EA was undertaken by Dr Steven Wilkinson, an independent academic consultant commissioned to work with this consultation. The EA was conducted in June and July of 2019. Additional advice was provided by:

- Dr Alistair Lipp, Medical Director & Responsible Officer, NHSE/I – East of England Region,
- Megan Haugh, Programme Officer, NHS Diversity and Inclusion
- Tendai Ndogwe Head of Equality, Diversity and Inclusion for East Suffolk and North Essex NHS Foundation Trust (ESNEFT).

Why do we need an EA?

This EA will consider the potential impact of the proposal for a planned orthopaedic surgery centre at Colchester Hospital on the protected characteristics as defined in the Equality Act 2010:

¹ <https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/tools-and-resources/external-resources/equality-analysis-and-equality-impact-assessments>

and

<https://www.royalwolverhampton.nhs.uk/about-us/equality-diversity-and-inclusion/equality-analysis/>

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Carers 'by association' with some protected characteristics e.g. disability and age

Equality data is not available in all areas, so we cannot say with certainty how some groups would be affected. Where data is unavailable, we have considered potential impacts to the best of our ability. This is based on local or national research that relates to the specific protected characteristic being considered.

The NHS Act 2006 (as amended by the Health and Social Care Act 2012) creates a legal duty on the Secretary of State for Health, NHS England and clinical commissioning groups (CCGs). This is to have regard to the need to reduce health inequalities. This duty co-exists with the Public Sector Equality Duty (PSED) to which all public bodies are subject.

The PSED requires public bodies to consider: eliminating discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010. They should advance equality of opportunities and foster good relations between people who share a protected characteristic and those that do not.

The Department of Health and Social Care's Equality Objectives Action Plan states that the new direction for health and social care requires some fundamental changes to functions across the health and care system. Equality remains an integral and vital part of this transition.

As an employer, the NHS has an on-going commitment to promoting and achieving equality and diversity in the workplace. We aim to attract, retain and develop people who are the best in their field, with the right skills and competencies from a diverse range of backgrounds.

The EA was developed before the proposed orthopaedic elective care centre had been finalised. It was considered that this EA would contribute to the process. This EA has been developed on the presumption that a single centre will be proposed at either Ipswich or Colchester Hospital, and that there may be implications for NHS staff and service uses.

Are we well led?

One of the questions the Care Quality Commission (CQC) asks as part of an inspection is 'Are you well-led?' with a focus on five key lines of enquiry:

- Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?
- Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?
- How are the people who use the service, the public and staff engaged and involved?
- How does the service continuously learn, improve, innovate and ensure sustainability?
- How does the service work in partnership with other agencies?²

Equality Analysis

Evidence

This EA links to the document '*Pre-consultation business (elective care) – building for better care clinical service reconfiguration*' which had been developed early in the pre-consultation stage of the project. NHS Employers' Equality, Diversity and Inclusion team have also provided advice. The CQC criteria for 'Well Led' organisations also provided guidance in this process. A similar consultation held by the Mid and South Essex STP – 'Your Care in the Right Place' 2018³ also provided insights to this EA.

In addition, ESNEFT has established a consultation working group which meets regularly to develop engagement activities with both staff and patient groups. These activities include public and staff meetings undertaken by members of this group. Details of this exercise and the communication strategy are available on request.

ESNEFT values are embedded with equality and diversity matters⁴.

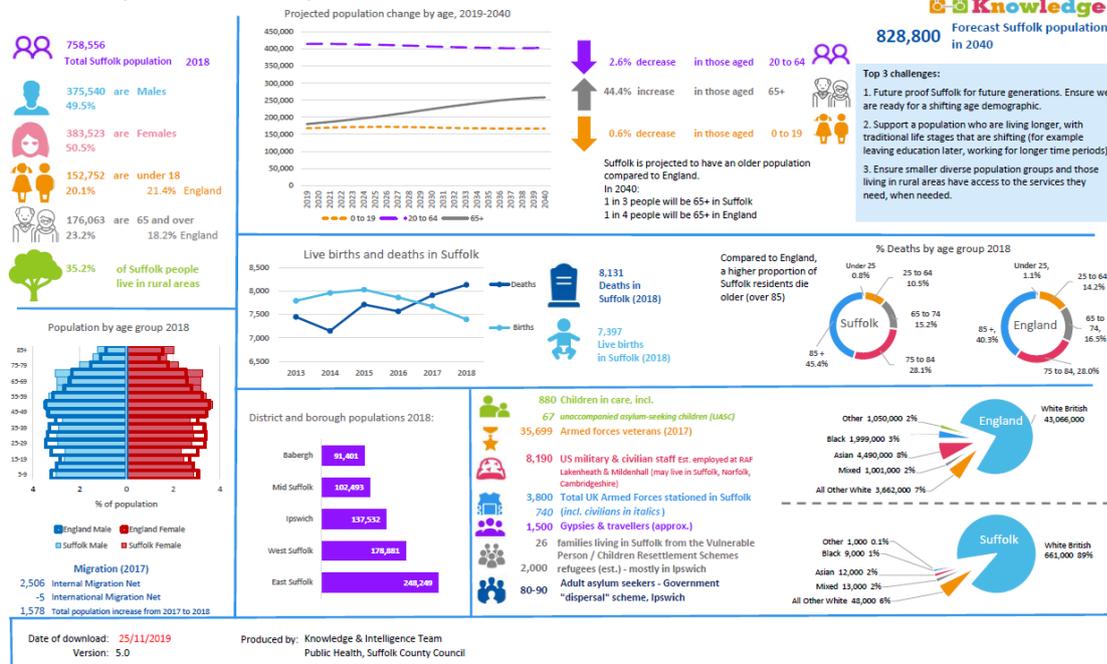
² <https://healthcare.radarsoftware.co.uk/media/1288/are-you-well-led-flyer.pdf>

³ <https://midessexccg.nhs.uk/about-us/the-library/consultations-1/your-care-in-the-best-place>

⁴ <https://www.esneft.nhs.uk/work-and-learn-at-esneft/learn-and-develop-at-esneft/our-values/>

Demographic data and health inequalities have been considered for our Joint Strategic Needs Assessment (JSNA) in regards to our communities and national research on the protected characteristics⁵.

Suffolk: Population Summary 2019



Protected characteristic: disability

ESNEFT are partnered with 'AccessAble'⁶ to provide information to support people that use the hospitals. Accessibility information has been mapped for both Ipswich and Colchester Hospitals.

Our current service user data does not monitor access by disability, and ESNEFT is looking to develop this as part of the Trust's wider EDI improvement plan. The Trust considers patient experience in terms of disability and this will be monitored for the orthopaedic centre once opened.

Patients

A patient's potential disability may raise issues around physical access to, and travel to and from the centre.

There is no evidence that patients with disabilities would be clinically disadvantaged by this proposed service. However, it is anticipated that patient experience will be

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https://www.healthysuffolk.org.uk/uploads/Population_Suffolk_on_a_Page_2019_v1-1.pdf

⁶ <https://www.accessable.co.uk/east-suffolk-and-north-essex-nhs-foundation-trust/>

significantly enhanced. Data will be captured in relation to our service user's experience of care with the Friends and Family Test (FTT) to support this.

Accessibility will be integral to the design of the centre and will meet the necessary standards required by the Equality Act 2010. Access audits will be undertaken by our Estates and Facilities team. The Trust will also encourage feedback from our patients, members and staff regarding any issues relating to access. Easy to read signage and hearing loops will need to be included. Accessible toilets and washroom facilities will be included in the design to ensure inclusive service delivery.

Considering access to services addresses local health inequalities taking into consideration the wide geographical area and key areas of deprivation. Travel matters will be identified in the public consultation and will need to be considered in the final decision making process. Travel, transport and parking concerns are anticipated during the consultation period, as these matters arose previously in similar consultations in the region. The cost of travel may affect our most deprived communities. Consideration will be given where appropriate that hospital transportation is provided.

Family and carers will also need to be considered as a group but are often overlooked. Previous and similar consultation feedback highlights this issue as highly significant. We will work with our Patient Experience team to ensure that matters relating to carers are addressed.

NHSE/I requires all NHS Trusts to comply with the Accessible Information Standard to ensure disabled people can access the information and format they require. We will ensure that we adhere to this.

Staff

Disabled staff may be affected by considerations and travel relating to the workplace.

As part of any organisational change programme, staff will be consulted and reasonable adjustments will be made.

Disabled staff could be asked to consider relocating from their current workplace. This will raise issues concerning travel and parking for consideration in the final design of the centre.

Work/life balance matters relating to additional travel and transport concerns with family or personal commitments will need to be addressed as part of the HR process on an individual basis.

The Trust will be implementing the NHSI Workforce Disability Standard to ensure that we improve the work place experiences for our staff.

Protected characteristic: sex

Men and women share many health risks. For this project, providers of NHS funded care are expected to prioritise the safety, privacy and dignity of all patients. Our service data indicates that there are no significant proportional differences to men and women accessing both Ipswich and Colchester hospitals. The issue will be to ensure privacy and dignity is maintained for both sexes. Once opened the Trust will ensure that the centre adheres to same sex accommodation requirements set out by the NHSIE (September 2019)⁷.

The new centre will treat those most in need taking into account protected characteristics to ensure the service is inclusive. We do not anticipate any adverse impact on the grounds of gender relating to this proposed centre. Issues relating to gender reassignment / gender identity would be considered separately. We will continue to analyze service user data in terms of sex to ensure equitable access.

Patients

Same sex accommodation regulations will be part of the centre design process.

It is not anticipated that matters of sex will have an impact on this proposed centre for patients. Gender Identity issues will be addressed under gender reassignment.

Staff

It is not anticipated that matters of sex will have an impact on this proposed centre for staff.

HR processes will ensure that issues relating to sex, such as flexible working considerations and equal pay can be raised with any formal consultation for staff who may be affected or relocated due the opening of the centre.

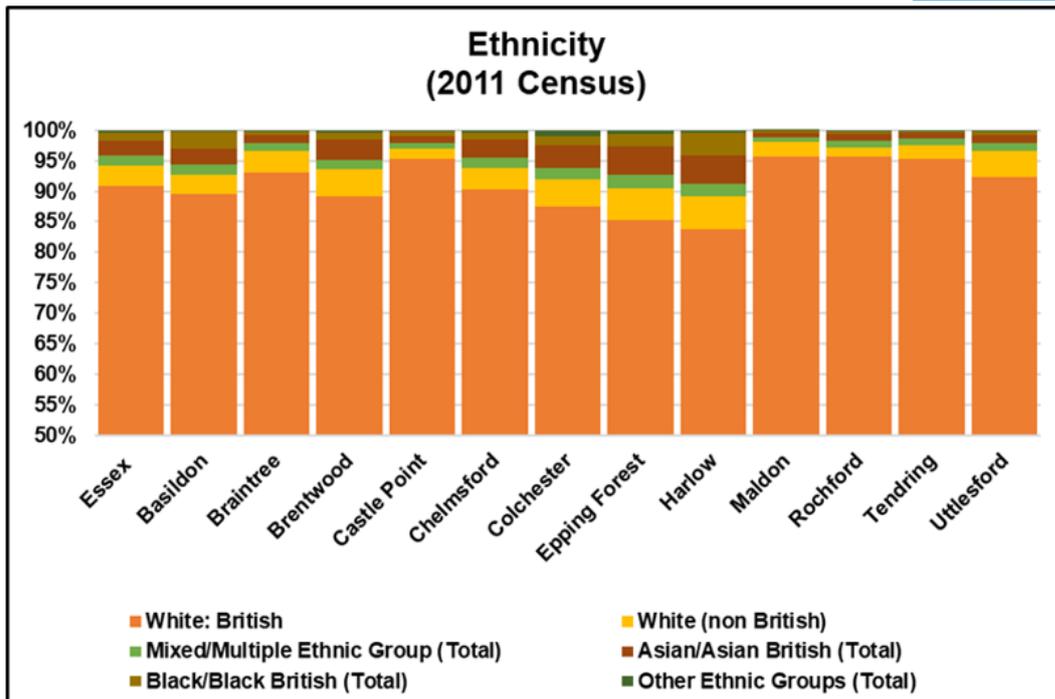
A summary of our Gender Pay Report is available online⁸.

Protected characteristic: race

According to the 2011 census approximately 11% of the Suffolk population is from Black, Asian and Minority (BAME) backgrounds and 89.9% is recorded as White British. . The population of the Colchester Borough was majority White British (87.5%) with the remainder (12.5%) of residents coming from Black and Minority Ethnic (BAME) ethnic groups including white non-British residents. The percentage of BAME residents was slightly higher than the average for Essex (9.2%), but was significantly lower than the average for England (20.3%). It was the third most ethnically diverse district in 2011.

⁷ <https://improvement.nhs.uk/resources/delivering-same-sex-accommodation/>

⁸ <https://i3a5v6j6.stackpathcdn.com/wp-content/uploads/2019/03/2018-Gender-Pay-Gap-PDF-Summary-Report.pdf>



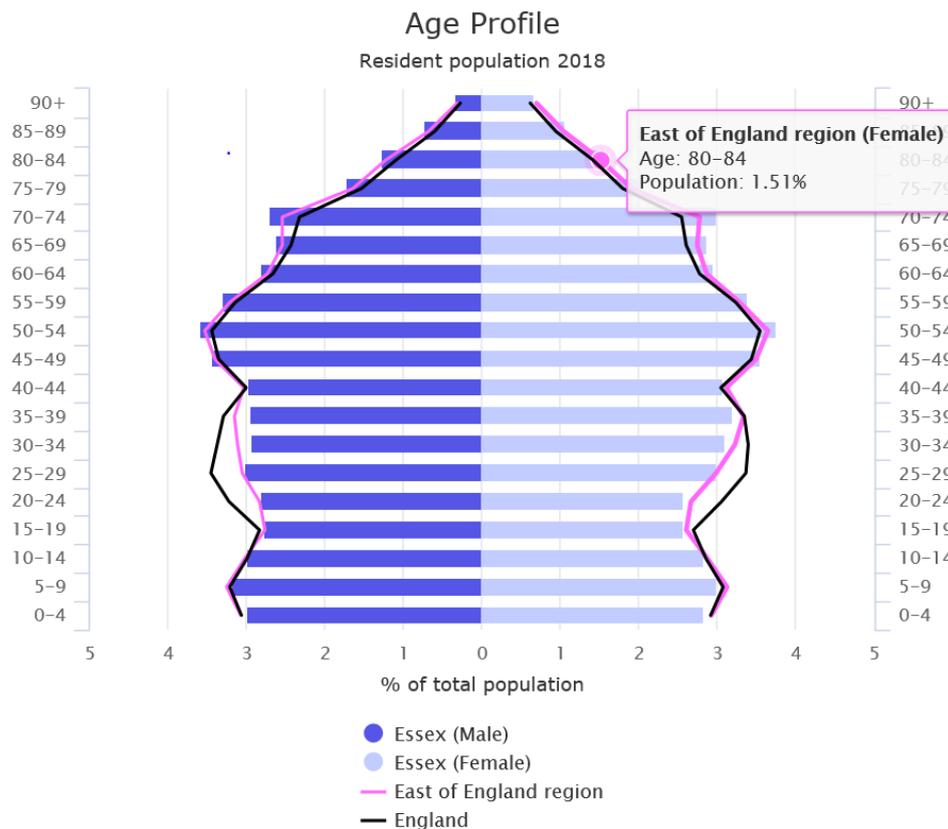
Evidence shows that some long-term conditions are more prevalent and have more severe consequences for some ethnic minority groups. The centre will be developed using a model of anticipated demand over the forthcoming 20 years using regional demographic data. It is imperative that we engage and involve our local ethnic minority communities. The anticipated changes include:

Language barriers and cultural differences

Ensuring race equality is key part of our approach to ensure we have diverse workforce that is fully inclusive. ESNEFT is currently working with NHSI to fully implement the NHS Workforce Race Equality Standard. The purpose of the standard is to ensure equality for our BAME staff.

It is not anticipated that matters of race will be negatively impacted by this proposed centre for patients or staff. However, we will use our public consultation to ensure we communicate with as diverse range of ethnic minority communities to ensure an inclusive approach and that our workforce reflects the communities it serves.

Protected characteristic: age



Colchester Borough is similar to the county average for children and young people aged 0-15 (18.8%), but with a higher rate of 16 to 64 years olds (64%) and smaller proportion of older people aged 65+ (17.2%) compared to the Essex average (18.9%, 60.6%, 20.5%). This was also the third lowest proportion of older people in Essex.

We know that the numbers of people aged 75 and over is increasing, it is predicted that the proportion of people in that age group will rise from 8% of the population in 2011 up to 11% of the population in 2026. We also know that this group access secondary healthcare more regularly – people aged 75 and over account for 29% of emergency admissions, 44% of unplanned bed days.

We believe that those aged 75 and over will see significant benefits with the creation of this proposed centre.

The Care for the Elderly department will provide hospital based services. With integration between health and social care becoming the norm, it is anticipated that out of hospital care, providing the capacity for safe discharge from the proposed centre, will be in place.

It is not anticipated that the protected characteristic of age will be negatively impacted by the proposed centre. As part of the development of this project active effort to consult and involve key stakeholder communities that promote age equality.

Protected Characteristic – Gender Reassignment and sexual orientation

There is currently no widely agreed national estimate available of the size of the LGBTQ+ population in England. Data available indicates that inequalities among minority sexual orientation groups can experience higher prevalence of poor mental health and low wellbeing.

According to Stonewall research, LGBT in Britain - Health⁹ which is based on YouGov research with 5000 lesbian, gay, bi and trans (LGBT) people across England, Scotland and Wales about their life in Britain today. This report, considered mental health and wellbeing of LGBT people and investigated the specific experiences of LGBT people when accessing healthcare services.

- Half of LGBT people (52%) experienced depression in the last year
- Research shows LGBT people face widespread discrimination in healthcare settings
- One in seven LGBT people (14%) avoid seeking healthcare for fear of discrimination from staff

The National Lesbian, Gay, Bisexual and Transgender Partnership has highlighted the importance of data security surrounding issues of sexual orientation and gender reassignment.

Safeguards are in place and are part of the management practice within ESNEFT. The organisation will not tolerate any homophobic or transphobic harassment towards our staff or our service users.

It is not anticipated that matters of Gender Reassignment (including transgender) will have an impact on this proposed centre for patients or staff.

Protected characteristic: religion or belief

It is not anticipated that matters of religion or belief will have a negative impact on this proposed centre for patients or staff.

It is expected that our staff be culturally aware to service-user needs that relate to faith. Service users and carers will be actively encouraged to access our Chaplaincy Service – which provides a multi faith provision.

However, as with race equality, as part of consultation programme an active effort to engaged a diverse range of faith communities as well as minority faith communities will be made.

⁹ https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Protected characteristic: pregnancy and maternity

For staff maternity support (paternity) leave and pay is covered by Section 35 of the NHS Conditions of Service¹⁰. As with any organisational change programme that affects staff, we will ensure that staff who are pregnant or on maternity leave have the same opportunity and will be formally consulted and employment rights will be protected.

It is not anticipated that matters of Pregnancy and Maternity will have a negative impact on this proposed centre for patients or staff.

Protected characteristic: carers

Carers play an important role in caring for older people who are in vulnerable circumstances and those with complex needs. The 2011 Census figures for England, Wales and Northern Ireland show an increase in the number of carers since the last Census in 2001, from 5.2m to 6.0m, an increase of 629,000 people who are providing care in 10 years.

Inequalities exist within the demographics of carers. Women are more likely to be carers than men, with 1 in 4 women between the ages of 50 and 64 being carers, and they are more likely to report poor health than men when caring for someone whilst working full-time. People providing high levels of care are twice as likely to be permanently sick or disabled, and some ethnic minorities are far more likely to be carers than other ethnic groups. Bangladeshi and Pakistani men and women, for example, are three times more likely to provide care compared with their white British counterparts.

Patients

There is an ESNEFT carers Hospital Support Service¹¹.

Staff

Matters concerning staff who are themselves carers will be considered on an individual basis and reasonable adjustments will be considered.

Engagement and involvement

This work is subject to the requirements of the cross-government Code of Practice on Consultation.¹²

¹⁰ <https://www.nhsemployers.org/tchandbook>

¹¹ <https://www.esneft.nhs.uk/get-involved/patient-and-carer-support-groups/colchester-support-groups/carers-hospital-support-service/>

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/2695/code-practice-consultations.pdf

While this project continues to evolve, matters concerning equality will continue to be revised and considered. This document will be updated prior to the decision making process.

Equality data will be collected from all respondents and participants in the consultation elements of this project.

Summary

This initial Equality Assessment has identified the following challenges and opportunities:

Staff

- Reasonable adjustments will be made concerning existing and newly appointed staff in the workplace with Disabilities.
- Some staff with disabilities may be asked to consider relocating from their current workplace. This will raise issues concerning travel and parking which will be considered in the final design of the centre.
- Additional travel and/or transport concerns and/or family or personal commitments relating to work/life balance will need to be considered on an individual basis.
- Matters concerning staff who are themselves carers will be considered on an individual basis and reasonable adjustments will be considered.

Patients

- The matter of disability access will be integral in the design of the centre and will meet the necessary standards.
- Travel matters including transportation and parking will be identified in the Public Consultation and will need to be considered in the final decision making process. Previously these matters arose in consultations in this region and are anticipated again.
- Considerations should also include family and carers. Previous and similar consultation feedback highlights this issue as highly significant.

To ensure disabled people can access the information they need, the NHS will be encouraged to offer support to people who need help in accessing and understanding information, so that no part of society is unfairly disadvantaged. Healthwatch¹³, will have a signposting function and should connect to and involve local groups and organisations. This will mean that, locally, people can have access in different ways to the information they need. This will include by definition, 'hard

¹³ www.healthwatch.co.uk

to reach' and 'seldom heard' groups.

- Matters concerning gender specific in-hospital facilities will be part of the centre design process.
- While this project continues to evolve, matters concerning equality will continue to be revised and considered.
- Equality data will be collected from all respondents and participants in the consultation elements of this project.
- This document will be reviewed and updated prior to the decision making process.