

Oxfordshire CCG Equality Analysis Template		
Policy / Project / Function:	Integrated Respiratory Team Project	
PMO Reference Number		
Completed by:	James Scott	
Date of Analysis:	03/09/2018	
Equality Analysis signed off by:	Maggie James	Date 3.10.18
Analysis Rating: please highlight See Completion Notes at the end of this document	<ul style="list-style-type: none"> • Red • Red/Amber • Amber • Green 	
Type of Analysis Performed: Please Tick <input checked="" type="checkbox"/> or Highlight	<ul style="list-style-type: none"> • Business Case • Service re-design • Policy Analysis • Consultation • Meeting • Other <p>Please note that if you need to re-write or adjust your original document (e.g. a Business Case), your initial Equality Analysis may also need to be updated.</p>	
Please list any other policies that are related to or referred to as part of this analysis		
Who does the policy, project or function affect? Please Tick <input checked="" type="checkbox"/> or Highlight	<ul style="list-style-type: none"> • Employees • Service Users • Applicants • Members of the Public • Other (List Below) 	

Equality Analysis	
What are the aims and intended effects of this policy, project or function?	Enhanced Integrated Respiratory Team (IRT) with an aim to reduce acute diagnosis time, optimise clinical management over asthma, COPD, bronchiectasis, interstitial lung disease including sarcoidosis and airways clearance advice for patients with neuromuscular disease or on Non Invasive Ventilation.
Is any Equality Data available relating to the use or implementation of this policy, project or function? (See Completion Notes at the end of this document)	<p>Yes</p> <p>The Joint Strategic Needs Assessment (JSNA) identifies that there are high levels of deprivation within the North and City areas compared to other areas of Oxfordshire.</p> <p>Additional information within the JSNA also provides information on equality and protected characteristic groups which form part of this project.</p> <p>The Locality Plans, from the CCG website, also outline that the North and City areas have high levels of deprivation compared to other areas of Oxfordshire.</p> <p>It is known that areas of high deprivation also have an increased level of COPD and respiratory conditions. This information is available in the OCCG Board Report for the IRT Project. Public Health England show that the prevalence for COPD as 2.26% in the North and 1.92% for the city.</p>
List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or	Respiratory Project Group Meetings – Governance team, Clinical Staff (OCCG Clinical leads, OUH, Oxford Health)

implementation of this policy, project or function	Integrated Respiratory Team Joint Project Implementation Group Meetings – Clinical Staff (OCCG Clinical Leads, OUH, Oxford Health, Public Health)
---	---

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
Gender (Men and Women)	✓			The same level of care / service will be available regardless of gender.
Race (All Racial Groups)			✓	<p>There may be issues regarding English language skill levels for non-English speakers.</p> <p>This could impact from the initial referral process through to the actual completion of the session an individual is referred onto.</p>
Disability (Mental, Physical, Learning Disability and sensory disability)		✓		<p>There may be issues regarding disabilities in relation to individuals receiving care from this project.</p> <p>There will be a dedicated mental health element of the IRT (Integrated Respiratory Team) work force which will focus on respiratory patients with anxiety and depression.</p> <p>Services in this model will be delivered closer to home for those</p>

			✓	<p>whose condition limits their mobility. These locations will, where possible, be located close to residents' homes or in local areas which can be accessed easily with public transport. This will then have the potential for patients to be visited in home bringing care closer to them.</p> <p>There may also be issues with individuals with learning disabilities and the impact could be from the initial referral process through to the actual completion of the session an individual is referred onto.</p> <p>There may also be issues with individuals with sensory impairment and the impact could be from the initial referral process through to the actual completion of the session an individual is referred onto.</p>
Religion or Belief			✓	<p>There may be issues with individuals regarding their religion or belief.</p> <p>There may be some faith groups who will not accept care from a different sex clinician.</p>
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			The same level of care / service will be available regardless of sexual orientation.

Pregnancy and Maternity			✓	<p>There may be issues with individuals who are pregnant or are taking care of new born children.</p> <p>When the clinical service is going to be provided should be taken into account and also if additional private rooms are required for breastfeeding or child changing facilities.</p>
Marital Status (Married and Civil Partnerships)	✓			The same level of care / service will be available regardless of marital status.
Gender re-assignment 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>There may be issues with individuals regarding gender re-assignment.</p> <p>Individuals may wish to be seen by the same gender clinician which they identify as.</p> <p>Care must be taken that individuals are addressed correctly with the gender which they associate, this will be in verbal and written communications.</p>

Age (People of all ages)	✓			The project will only be looking at adults, individuals aged 18 years and older. The older population will be more likely to be part of the project due to the nature of COPD (Chronic Obstructive Pulmonary Disease) and respiratory conditions.
Other groups nominated by OCCG 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>The project will be operated in the areas of Oxfordshire which are classed as the most deprived, the North and City localities. These areas also contain the most ethnically diverse population cohorts.</p> <p>This will mean that the use of transport must be taken into account and that the location of clinical sessions held at locations easily accessible via public transport where possible.</p> <p>Carers and homeless individuals will also need to be taken into account regarding the use of transport and location of where the referrals and care will be taking place. Consideration will need to be made as to how homeless people access information about the service.</p>
Sustainability: <ul style="list-style-type: none"> • Economic, Social and Environmental considerations in the design, procurement and commissioning of 		✓		<p>As the project will be aiming to bring care closer to the home and hopefully into the homes of some patients this will reduce the burden on both patients and care providers. There will also be a reduction in the environmental impact due to this as distances which individuals have to travel will be reduced.</p> <p>The programme will be completed within the City and North</p>

<p>services for the people of Oxfordshire.</p> <ul style="list-style-type: none">• Delivery of an affordable healthcare service for improving population wellbeing and reducing health inequalities.• Have sustainable models of health care been considered?			localities first and this will then determine the sustainability of the project expanding to other areas within Oxfordshire.
--	--	--	--

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 <i>The Equality Act 2010</i>?				
Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Race – Language barriers Initial referral through to completion of the clinical referral. Individuals may be unable to read messages which are sent them for the referral or understand information given to them during the referral.	Where possible, patients with language barriers should be identified so that appropriate materials are used for invitation to appointments. For consultations, non-English speakers should be offered the telephony interpreting service (or a face to face interpreter if appropriate)	Paul Swan		
Disability – Location and accessibility There may be individuals who are unable or need additional	Where possible, patients with disabilities which will impact their ability to access the service should be identified so that appropriate concessions can be taken by the clinicians completing the referral and care. This information should be available to the	Paul Swan		

assistance to attend clinical sessions which are being held.	<p>Primary Care team completing the referral.</p> <p>The locations which are used for the clinical referrals should have appropriate disabled access.</p>			
<p>Disability – Accessibility of content</p> <p>There may be individuals who are unable or need additional assistance from the initial referral through to completion of the clinical referral.</p> <p>Individuals may be unable to read messages which are sent them for the referral or understand information given to them during the referral.</p>	<p>Where possible, patients with disabilities which will impact their ability to access the service should be identified so that appropriate concessions can be taken by the clinicians completing the referral and care. This information should be available to the Primary Care team completing the referral.</p> <p>The clinical referrals should cover the guidelines laid out in the Accessible Information Standard (AIS) guide. There is a requirement within the AIS for individuals with Learning Disabilities, mental incapacity and sensory impairment. This may include access to BSL interpreters and/or materials in other formats e.g. Braille or Easy Read.</p>	Paul Swan		

Religion or Belief – Individuals may not want to be seen by a clinician of the opposite sex due to their religious belief.	Where possible, patients with religious beliefs which require them to be seen by a clinician of their preferred gender should be identified so that suitable alternative arrangements can be made. This information should be available to the Primary Care team completing the referral.	Paul Swan		
Pregnancy and Maternity – Rooms for child care	Where possible, patients who are new parents / guardians and may require a private space to provide care their infant should be identified so that alternative arrangements can be made. This could be for breastfeeding or infant changing facilities. These arrangements should be made by the Primary Care team completing the referral.	Paul Swan		
Pregnancy and Maternity – Times of clinical sessions	The clinics which are offered to patients should endeavour where possible to be at a range of times over the week. This is to allow individuals with irregular work patterns to attend and also individuals who may have child care arrangements to be aware	Paul Swan		

	<p>of. The availability of the referral sessions should be determined by the Primary Care team completing the referral.</p>			
Gender Re-assignment – Gender associated titles	<p>Where possible, patients who have undertaken gender re-assignment or are planning on undertaking gender re-assignment should be identified so this can be taken into account during the initial referral process and actual referral. In particular the use of names and titles must be correct and must be the preferred preference of the individual. This information should be available to the Primary Care team completing the referral.</p>	Paul Swan		
Gender Re-assignment – Same gender clinician	<p>Where possible, patients who have undertaken gender re-assignment or are planning on undertaking gender re-assignment should be identified so this can be taken into account during the initial referral process and actual referral.</p> <p>There should be suitable alternatives available, where possible, for individuals so that they are able to be seen by a clinician of their preferred gender. These</p>	Paul Swan		

	arrangements should be made by the Primary Care team completing the referral.			
Other groups nominated by OCCG – Location and accessibility	The location which the clinical referrals are taking place needs to take into account individuals who may not have access to private transport. The locations should be in areas, where possible, which are accessible via public transport and located in areas close to the individuals home location, where possible. These arrangements should be made by the Primary Care team completing the referral.	Paul Swan		
Other groups nominated by OCCG – Times of clinical sessions	The clinics which are offered to patients should be at a range of times over the week. This is to allow individuals with irregular work patterns to attend. The availability of the referral sessions should be determined by the Primary Care team completing the referral.	Paul Swan		
Other groups nominated by OCCG – Homeless individuals	It needs to be taken into account that individuals with no fixed address may also need to access and attend	Paul Swan		

	<p>referral sessions. These individuals should be known to the Primary Care team and alternative correspondent pathways used such as text messaging, patient groups and face to face contact with clinicians.</p> <p>Discussions with the Practice which deals predominantly with homeless individuals, Luther Street, will need to be involved to determine the best route to referral for them.</p> <p>Consideration also needs to be made for carers of patients in regard to both the location of the referrals and also the referral itself.</p>		
--	---	--	--

Cut and paste this table if required.

Completion Notes

Completion Notes	
Analysis Ratings:	<p>After completing this document, rate the overall analysis as follows:</p> <ul style="list-style-type: none"> • Red: Risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the 9 <i>Protected Characteristics groups</i>. It is recommended that the use of the activity or policy be suspended until further work or analysis is performed. • Red Amber: Risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the 9 <i>Protected Characteristics groups</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this activity or policy and further professional advice should be taken. • Amber: Risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document. • Green: The policy or activity does not appear to have any adverse effects on 9 <i>Protected Characteristics groups</i> and no further actions are recommended at this stage.
Equality Data:	<p>Equality data is internal or external information that may indicate how the activity or policy being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'. Examples of Equality Data include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates by <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. Demographic data for <i>Equality Groups</i> 6. Health Intelligence for <i>Equality Groups</i>
Legal Status:	<p>This document is designed to assist organisations in "<i>Identifying and eliminating unlawful Discrimination, Harassment and Victimisation</i>" as required by <i>The Equality Act Public Sector Duty 2011</i>. An Equality Impact Analysis is not, in itself, legally binding and should not be used as a substitute for legal or other professional advice.</p>

Genuine Determining Reason	<p>Certain discrimination may be capable of being justified on the grounds that:</p> <ul style="list-style-type: none"> • <i>A genuine determining reason exists</i> • <i>The action is proportionate to the legitimate aims of the organisation</i> • Where this is identified, it is recommended that professional and legal advice is sought prior to completing an Equality Impact Analysis.
Sustainability	<p>Sustainable development is about balancing social, economic and environmental considerations, meeting the needs of people now and in the future.</p> <p>OCCG Sustainability Strategy and Management Plan: http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/09/Paper-15.84-Sustainability-Strategy-and-Management-Plan.pdf</p> <p>Sustainable Health Care – sustainable models based on prevention and efficiency; and targeted so that services are appropriate for the diverse population, and are used effectively and efficiently.</p> <p>A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage. Sustainable Health and Care Sector – efficient use of resources e.g. energy, clinical waste, use of medication etc.</p>

Once completed please send a copy of the Equality Analysis and the Policy/Activity to Maggie Dent, Equality and Access Manager, Governance team (Rachel Jeacock), and also to Sean Beeken (PMO) if it is for a Business Case.

For more information contact members of the Equality and Diversity Working Group:

1. **Delivery & Localities:** Maggie Dent, Equality and Access Manager and Chris Walkling, Senior Commissioning Manager
2. **Quality:** Cat D'Angelo, Safeguarding Support Officer
3. **Finance/PMO:** Sean Beeken
4. **Governance:** Rachel Jeacock, Governance Manager
5. **Communications team SCWCSU:** Sara Price, Senior Communications & Engagement Account Manager