



Partners in improving local health



North of England  
Commissioning Support



**Equality Impact Assessment**

**August 2017**

1

Introduction	3
Step 1 – Evidence Gathering	4
Step 2 – Impact Assessment	6
Step 3 – Engagement and Involvement	9
Step 4 – Methods of Communication	9
Step 5 – Potential Challenges	10
Step 6 – Action Plan	12
Sign Off	13

## Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- ✓ Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who do not
- ✓ Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

<b>Policy</b>	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
<b>Service</b>	A system or organisation that provides for a public need.
<b>Process</b>	Any of a group of related actions contributing to a larger action.



## **STEP 1 - EVIDENCE GATHERING**

<b>Name of person completing EIA:</b>	<b>Louise Dauncey</b> <b>Joint Commissioning</b>
<b>Title of service/policy/process:</b>	<b>Possible Changes to Operation and Delivery of Respite Services for People with Learning Disabilities and Complex Needs</b>
<b>Existing:</b> <input type="checkbox"/>	<b>New/proposed:</b> <input type="checkbox"/> <b>Changed:</b> <input type="checkbox"/>
<b>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</b>	
<p>We have an established, multi-agency Task and Finish Group to oversee the development of services under this project. The mapping exercise will support with:</p> <ul style="list-style-type: none"> <li>• Better understanding of the respite market and the needs of the current and potential cohorts of people who have or may have eligible needs</li> <li>• Better understanding of the role and function of respite and to agree some commonality around what respite services may be required in the future.</li> <li>• Better understanding of the impact of emergency provision (and identify clients who may be at risk) and to see where there may still be gaps in the services available (emergency respite information)</li> <li>• Planning and delivery of diverse services in the future</li> <li>• Identification of a basis for consultation and service development/reconfiguration/ commissioning</li> </ul> <p>Terms of Reference for the Task and Finish Group have been defined and agreed and the group is responsible for the creation of the following:</p> <ul style="list-style-type: none"> <li>• A Teesside respite needs and responsibilities paper in relation to people with learning disabilities and associated conditions (including complex needs and/or presentation that challenges services) to include data analysis of current utilisation/duplication and gaps</li> <li>• A broad literature and best practice review including market engagement to learn from potential providers of services</li> <li>• A communication and engagement plan to ensure broad and meaningful engagement and facilitate influence for stakeholders in the design and development of future provision</li> <li>• A service commissioning plan for future service provision</li> </ul>	

**Who will be affected by this policy/service /process? (please tick)**

- Consultants**       **Nurses**       **Doctors**  
 **Staff members**       **Patients**       **Public**  
 **Other**

**If other please state:**

**What is your source of feedback/existing evidence? (please tick)**

- National Reports**       **Internal Audits**  
 **Patient Surveys**       **Staff Surveys**       **Stakeholder groups**       **Focus Groups**  
 **National/Local statistics/Demographics**       **Previous EIAs**  
**Other**

**If other please state:**

**Evidence**

What does it tell me? (About the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)

<p>National Reports</p>	<p>Further exploration around legislation and national policy which is influential in this piece of work has been completed. Key themes are highlighted below:</p> <ul style="list-style-type: none"> <li>• Transforming care and the Five Year Forward View includes a strong emphasis on personalised care and support planning, personal budgets and personal health budgets to put people at the centre of their care to enable maximum choice and control about how needs are met.</li> <li>• There is a need to co-design and implement an effective, resilient and flexible community model of services and support to facilitate timely discharge from inpatient setting and to prevent admissions in the first place.</li> <li>• The Care Act 2014 strengthens LA and CCG obligations to Carers to ensure that they are supported in their roles.</li> <li>• The Five Year Forward View focuses on breaking down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.</li> </ul>
<p><b>Patient Surveys</b></p>	<p>We are in the process of a three phase pre-engagement exercise to help to use the experiences of people using respite services to determine the following:</p> <p>What respite is? Who it is for?</p> <p>What are people's experiences of respite? What is good? What is bad?</p> <p>Access and transport arrangements? What is important for the future?</p> <p>The findings of the initial engagement exercises are being considered in the development of the future plans, if</p>

	<p>required proposals will be drawn up and consulted on.</p> <p>Overview and Scrutiny Committees, Health and Wellbeing Boards and Local Authority Adult Services Committees and Service User forums will be briefed about the project initially and on an ongoing basis.</p>
<b>Staff Surveys</b>	
<b>Complaints and Incidents</b>	<p>There have been 2 concerns raised in relation to the process followed for the initial engagement activities. These concerns have been dealt with at the lowest possible level and assurance has been given that the process for engagement has been as robust and all-encompassing as possible.</p>
<b>Results of consultations with different stakeholder groups – staff/local community groups</b>	<p>The pre-engagement exercise will influence the development of formal proposals for consultation about how services can be delivered in the future. If consultation is an identified outcome following the pre-engagement sessions, then a robust and thorough consultation process will be undertaken to ascertain the views of stakeholders and of the wider public in relation to the project.</p>
<b>Focus Groups</b>	<p>The Pre-engagement programme has gathered focus groups to consider certain aspects of current service delivery and to define and describe important features for future services.</p>
<b>National/Local statistics/ Demographics</b>	<p>NECS have undertaken research into the information available from a variety of sources, as follows:</p> <ul style="list-style-type: none"> <li>• Public Health England</li> <li>• Office for National Statistics</li> <li>• Projecting Adult Needs and Service Information (PANSI)</li> <li>• Health and Social Care Information Centre</li> <li>• Improving Health and Lives Learning (IHAL) Disability Observatory</li> </ul>

	<ul style="list-style-type: none"> <li>• The North East has a disproportionately higher number of people than anywhere else in England who have potential needs by virtue of their Learning Disability.</li> <li>• PANSI information indicates that over the next four years the numbers of people who are likely to be in receipt of services will remain fairly static although will be slightly fewer in total. (Nb these are estimations and predictions only based on prevalence base rates and adjust these rates to take account of ethnicity and of mortality).</li> <li>• The reduction in numbers of people aged 18-64 with needs and in receipt of services could be due to the aging learning disability population, as it is estimated that the number of people aged 70+ who have Learning Disabilities and will be in receipt of services will be approximately double</li> <li>• There is a significant number (in excess of 10% of the total population of the Tees Valley areas) of people who provide varying levels of unpaid care to</li> </ul>
<b>Previous EIAs</b>	An EIA has been completed in relation to the proposal to undertake initial engagement activities.

 <b><u>STEP 2 - IMPACT ASSESSMENT</u></b>
<b>What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)</b>
<b>Age</b> A person belonging to a particular age

Any developments to services will impact upon the people who have been or who may be assessed as eligible for the services. The project focuses on respite provision for adults with learning disabilities, complex and/or needs described as challenging and as such will impact predominantly on working age adults (18-65). Services will continue to be made available to all adults who have eligible clinical needs for this service.

Further information about future population and potential demand has been obtained from Projecting Adult Needs and Service Information (PANSI) website which identifies a series of predictions.

Children and Young People in Transition (rising 18 within the next 4 years) have been considered in relation to this project and have been included within pre-engagement and will be included within any consultation and service development. Options as necessary.

The Office for National Statistics (ONS) identifies the 2011 population for the Tees Valley regions as set out in the table below. Based on the PHE fingertips information (14-15) and the ONS 2011 Census information, it could be reasonable to prepare estimations in relation to all age prevalence of Learning Disability and prevalence of children and young people who

		* People aged 18-64 predicted to have a severe learning disability, and hence likely to be in receipt of services	
LA Area	2011 Population (total)	2016 prediction *	2020 Prediction *
Hartlepool	92,000	81	79
Stockton	183,800	174	173
Middlesbrough	141,200	128	127
Redcar-Cleveland	139,200	113	110
All areas total	556,200	496	489
		*People aged 18-64 predicted to have a moderate or severe learning disability and be living with a parent	
LA Area	2011 Population (total)	2016 prediction *	2020 Prediction *
Hartlepool	92,000	111	108
Stockton	183,800	243	240
Middlesbrough	141,200	187	182
Redcar-Cleveland	139,200	154	147
All areas total	556,200	695	677
		*People aged 18-64 with a learning disability, predicted to display challenging behaviour	
LA Area	2011 Population (total)	2016 prediction *	2020 Prediction *
Hartlepool	92,000	25	25
Stockton	183,800	54	54
Middlesbrough	141,200	39	38
Redcar-Cleveland	139,200	35	34
All areas total	556,200	153	151
		*People aged 18-64 predicted to have autistic spectrum disorders	
LA Area	2011 Population (total)	2016 prediction *	2020 Prediction *
Hartlepool	92,000	548	542
Stockton	183,800	1177	1176
Middlesbrough	141,200	851	843
Redcar-Cleveland	139,200	766	749
All areas total	556,200	3342	3310

have severe or profound and multiple Learning Disabilities:

LA Area	2011 Population (all age)	2011 Population (0-19)	All age prevalence (based on % prevalence rate)	Children and Young People with severe Learning Disability (based on indications per 1000 population)	Children and Young People with profound and multiple Learning Disability (based on indications per 1000 population)
Hartlepool	92,000	22,900	561	Not available	Not available
Stockton	183,800	47,500	717	259	Not available
Middlesbrough	141,200	36,300	890	312	75
Redcar-Cleveland	139,200	31,200	766	152	Not available
All areas total	556,200	137,900	2934	-	-

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around age as a protected characteristic and emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will be required in future to implement their learning on a daily basis and will receive professional and clinical supervision and oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh their knowledge and understanding.

Staff who are employed in the delivery of respite services will be recruited in line with safer recruitment principles and will be employed on an equal opportunities basis. All staff will be required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes measures to ensure that recruitment processes for staff follow non-discriminatory practices. Staff who are employed to deliver the service will understand their duty of care, will follow professional codes of conduct and will participate in all necessary mandatory training. The age, disability, gender, marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies and qualification/certification (where applicable).

Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of age groups are given adequate opportunity to contribute to the determination of the potential impact of service developments on the all age groups. Appropriate provisions will continue be made to support and encourage participation from a cross section which will include consideration around location (access and egress issues) and timing of sessions and also how the opportunities are publicised.

The age range of the people who filled out the questionnaire range from 29 to 80. People of many different ages took the questionnaire, most of them being in their 50's.

**Disability** A person who has a physical or mental impairment, which has a

substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Hartlepool and Stockton CCG and South Tees CCG are aware that not all disabilities are visible and the developments to respite services will be in line with any relevant requirements to ensure that people with disabilities are able to contribute to the development of and to receive services appropriate to their needs.

The respite services will be available to all adults who have an assessed, eligible need and whose needs can be met safely within the respite provision. Information will be made available in a variety of formats to ensure equality of access to appropriate information, advice and guidance.

Provision will be made available to ensure that all types of disability can be supported within the service.

Individuals without a diagnosed Learning Disability or without complex and or needs described as challenging will not be able to receive complex needs services

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around disability as a protected characteristic and emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will be required in future to implement their learning on a daily basis and will receive professional and clinical supervision and oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh their knowledge and understanding.

Staff who are employed in the delivery of respite services will be recruited in line with safer recruitment principles and will be employed on an equal opportunities basis. All staff will be required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes measures to ensure that recruitment processes for staff follow non-discriminatory practices. Staff who are employed to deliver the service will understand their duty of care, will follow professional codes of conduct and will participate in all necessary mandatory training. The age, disability, gender, marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies and qualification/certification (where applicable).

Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of groups are given adequate opportunity to contribute to the determination of the potential impact of service developments on wider society including for people who have any type of disability. Appropriate provisions will continue to be made to support and encourage participation from a cross section which will include consideration around location (access and egress issues) and timing of sessions and also how the opportunities are publicised.

68 out of 86 people answered this question. 20 people who filled out the questionnaire considered themselves to have a long-standing illness or a disability.

**Gender reassignment (including transgender)** Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

The respite services will be available to all adults who have an assessed, eligible need and whose needs can be met safely within the respite provision, irrespective of their gender.

Information will be made available in a variety of formats to ensure equality of access to appropriate information, advice and guidance.

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around gender (and gender reassignment including transgender) as a protected characteristic and emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will be required in future to implement their learning on a daily basis and will receive professional and clinical supervision and oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh their knowledge and understanding.

Staff who are employed in the delivery of respite services will be recruited in line with safer recruitment principles and will be employed on an equal opportunities basis. All staff will be required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes measures to ensure that recruitment processes for staff follow non discriminatory practices. Staff who are employed to deliver the service will understand their duty of care, will follow professional codes of conduct and will participate in all necessary mandatory training. The age, disability, gender, marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies and qualification/certification (where applicable).

Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of people, representing a cross section of society are given adequate opportunity to contribute to the determination of the potential impact of service developments on the wider public. Appropriate provisions will continue to be made to support and encourage participation from a cross section which will include consideration around location and timing of sessions and also how the opportunities are publicised.

64 people answered the question about gender reassignment. None of the people who answered had undergone gender reassignment.

Impact Assessment:

**Marriage and civil partnership** Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as

married couples on a wide range of legal matters

The respite services will be available to all adults who have an assessed, eligible need and whose needs can be met safely within the respite provision, irrespective of their marital status. Information will be made available in a variety of formats to ensure equality of access to appropriate information, advice and guidance.

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around marital/civil partnership status as a protected characteristic and emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will be required in future to implement their learning on a daily basis and will receive professional and clinical supervision and oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh their knowledge and understanding.

Staff who are employed in the delivery of respite services will be recruited in line with safer recruitment principles and will be employed on an equal opportunities basis. All staff will be required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes measures to ensure that recruitment processes for staff follow non discriminatory practices. Staff who are employed to deliver the service will understand their duty of care, will follow professional codes of conduct and will participate in all necessary mandatory training. The age, disability, gender, marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies and qualification/certification (where applicable).

Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of people, representing a cross section of society are given adequate opportunity to contribute to the determination of the potential impact of service developments on the wider public. Appropriate provisions will continue to be made to support and encourage participation from a cross section which will include consideration around location and timing of sessions and also how the opportunities are publicised.

67 people out of 86 answered this question. 35 of them are married and 1 is in a civil partnership.

Out of the people who answered this question 9 people are single, 6 are divorced and 13 are widowed.

Impact Assessment:

**Pregnancy and maternity** Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

The respite services will be available to all adults who have an assessed, eligible

whose needs can be met safely within the respite provision, irrespective of pregnancy or maternity status. Information will be made available in a variety of formats to ensure equality of access to appropriate information, advice and guidance. Risk assessments and management plans will be developed and implemented to ensure the safety of the individual, staff and others.

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around pregnancy and maternity status as a protected characteristic and emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will be required in future to implement their learning on a daily basis and will receive professional and clinical supervision and oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh their knowledge and understanding.

Staff who are employed in the delivery of respite services will be recruited in line with safer recruitment principles and will be employed on an equal opportunities basis. All staff will be required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes measures to ensure that recruitment processes for staff follow non discriminatory practices. Staff who are employed to deliver the service will understand their duty of care, will follow professional codes of conduct and will participate in all necessary mandatory training. The age, disability, gender, marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies and qualification/certification (where applicable).

Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of people, representing a cross section of society are given adequate opportunity to contribute to the determination of the potential impact of service developments on the wider public. Appropriate provisions will continue to be made to support and encourage participation from a cross section which will include consideration around location and timing of sessions and also how the opportunities are publicised.

64 out of 86 people answered this question. One of the people is pregnant or has a child under two years old.

Impact Assessment:

~~We do not anticipate that there will be anything from a perspective of equality~~

**Race** It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

The respite services will be available to all adults who have an assessed, eligible need and whose needs can be met safely within the respite provision, irrespective of their race.

Information will be made available in a variety of formats and languages to ensure equality of access to appropriate information, advice and guidance.

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around marital/civil partnership status as a protected characteristic and emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will be required in future to implement their learning on a daily basis and will receive professional and clinical supervision and oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh their knowledge and understanding.

Staff who are employed in the delivery of respite services will be recruited in line with safer recruitment principles and will be employed on an equal opportunities basis. All staff will be required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes measures to ensure that recruitment processes for staff follow non discriminatory practices. Staff who are employed to deliver the service will understand their duty of care, will follow professional codes of conduct and will participate in all necessary mandatory training. The age, disability, gender, marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies and qualification/certification (where applicable).

Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of people, representing a cross section of society are given adequate opportunity to contribute to the determination of the potential impact of service developments on the wider public. Appropriate provisions will continue be made to support and encourage participation from a cross section which will include consideration around location and timing of sessions and also how the opportunities are publicised.

55 people out of 86 answered this question. The races of the people who answered were White, White British, and Asian British.

**Religion or belief** Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

The respite services will be available to all adults who have an assessed, eligible need and whose needs can be met safely within the respite provision regardless of religion or belief. Information will be made available in a variety of formats to ensure equality of access to appropriate information, advice and guidance.

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around religion or belief as a protected characteristic and emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will

oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh their knowledge and understanding.

Staff who are employed in the delivery of respite services will be recruited in line with safer recruitment principles and will be employed on an equal opportunities basis. All staff will be required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes measures to ensure that recruitment processes for staff follow non discriminatory practices. Staff who are employed to deliver the service will understand their duty of care, will follow professional codes of conduct and will participate in all necessary mandatory training. The age, disability, gender, marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies and qualification/certification (where applicable).

Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of groups are given adequate opportunity to contribute to the determination of the potential impact of service developments on groups with religious beliefs. Appropriate provisions will continue to be made to support and encourage participation from a cross section which will include consideration around location (access and egress issues) and timing of sessions and also how the opportunities are publicised.

Out of the 55 who answered this question, these are the religions or beliefs that the people belonged to; Free Church, Church of England, Christian, Roman Catholic, Church of Scotland, and Islam. 10 of these people did not have a religion or belief.

Impact Assessment:

We do not anticipate that there will be anything from a religion or belief perspective that would discourage a service user from any protected group. At this moment in time it is important to note the stage of infancy of this Equality Impact Assessment

**Sex/Gender** A man or a woman.

The respite services will be available to all adults who have an assessed, eligible need and whose needs can be met safely within the respite provision regardless of their gender.

Information will be made available in a variety of formats to ensure equality of access to appropriate information, advice and guidance.

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around gender as a protected characteristic and emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will be required in future to implement their learning on a daily basis and will receive professional and clinical supervision and oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh

required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes measures to ensure that recruitment processes for staff follow non discriminatory practices. Staff who are employed to deliver the service will understand their duty of care, will follow professional codes of conduct and will participate in all necessary mandatory training. The age, disability, gender, marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies and qualification/certification (where applicable).

Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of groups are given adequate opportunity to contribute to the determination of the potential impact of service developments on men, women and transgender people.

Appropriate provisions will continue to be made to support and encourage participation from a cross section which will include consideration around location (access and egress issues) and timing of sessions and also how the opportunities are publicised.

70 people of both genders answered this question. 14 of these people were male, 54 were female and 2 preferred not to say.

Impact Assessment:

We do not anticipate that there will be anything from a gender perspective that

**Sexual orientation** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

The respite services will be available to all adults who have an assessed, eligible need and whose needs can be met safely within the respite provision regardless of sexual orientation. Information will be made available in a variety of formats to ensure equality of access to appropriate information, advice and guidance.

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around sexuality as a protected characteristic and emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will be required in future to implement their learning on a daily basis and will receive professional and clinical supervision and oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh their knowledge and understanding.

Staff who are employed in the delivery of respite services will be recruited in line with safer recruitment principles and will be employed on an equal opportunities basis. All staff will be required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes

marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies and qualification/certification (where applicable).

Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of groups are given adequate opportunity to contribute to the determination of the potential impact of service developments on people of all sexualities. Appropriate provisions will continue to be made to support and encourage participation from a cross section which will include consideration around location (access and egress issues) and timing of sessions and also how the opportunities are publicised.

64 people answered this question – 60 of them were heterosexual or straight, 1 of them was bisexual, and 3 preferred not to say. None of the people stated that they were gay or lesbian.

**Impact Assessment:**

We do not anticipate that there will be anything from a sexual orientation perspective that would discourage a service user from any protected group. At this moment in time it is important to note the stage of infancy of this Equality Impact Assessment as we are unable to describe the potential changes or the impacts on the group. Our initial assessments have been tested as part of our pre-engagement processes and there do not appear to be any changes to the initial assessment required at this time. The document will remain under review.

**Carers** A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

The respite services will be available to all adults who have an assessed, eligible need and whose needs can be met safely within the respite provision. Information will be made available in a variety of formats to ensure equality of access to appropriate information, advice and guidance.

All staff who provide services within complex needs respite settings will be required to complete mandatory Equality and Diversity training which will include provisions around carers and support to carers and ensuring emphasis around making sure everyone is treated with respect and dignity. All NHS respite services are and will in future be provided in line with core values and principles. Staff are now and will be required in future to implement their learning on a daily basis and will receive professional and clinical supervision and oversight together with performance appraisals. Ongoing training opportunities will be made available to staff to refresh their knowledge and understanding.

Staff who are employed in the delivery of respite services will be recruited in line with safer recruitment principles and will be employed on an equal opportunities basis. All staff will be required to demonstrate their (professional/personal) competency and aptitude to deliver services in an appropriate and compassionate way. The NHS takes measures to ensure that recruitment processes for staff follow non discriminatory practices. Staff who are employed to deliver the service will understand their duty of care, will follow professional codes of conduct and will participate in all necessary mandatory training. The age, disability, gender, marital/civil partnership status, pregnancy/maternity, race, religion, sexuality or caring responsibilities of potential staffing recruits will bear no relevance on any offer of employment, provided candidates have been able to demonstrate required competencies

<p>and qualification/certification (where applicable).</p> <p>Pre-engagement has (and future consultation programmes will ensure) ensured that a wide range of groups are given adequate opportunity to contribute to the determination of the potential impact of service developments on people who have caring responsibilities.</p> <p>Appropriate provisions will continue be made to support and encourage participation from a cross section which will include consideration around location (access and egress issues) and timing of sessions and also how the opportunities are publicised.</p> <p>Impact Assessment:</p> <p>We anticipate that the services will have a positive impact on people who are carers as they will benefit from enhanced or improved services which may support them in their caring role. At this moment in time it is important to note the stage of infancy of this Equality Impact Assessment as we are unable to describe the potential changes or the impacts on the group. Our initial assessments have been tested as part of our</p>
<p><b>Other identified groups</b> such as deprived socio-economic groups, substance/alcohol abuse and sex workers</p>
<p>At this moment in time it is important to note the stage of infancy of this Equality Impact Assessment as we are unable to describe the potential changes or the impacts on any group, or even if there are groups that we have not yet been able to identify. Our initial assessments have been tested as part of our pre-engagement processes and there do not appear to be any changes to the initial assessment required at this time. The document will remain under review.</p>



### **STEP 3 - ENGAGEMENT AND INVOLVEMENT**

<p><b>How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?</b></p>
<p>Consultation planning is currently underway and is dependent on a decision from CCG Executive Group Meetings</p>
<p><b>Please list the stakeholders engaged:</b></p>
<p>Pre-engagement has sought the views from the following stakeholders: Service Users/Patients  Carers  Providers  Potential Service Users and family members  (transitions) Current service provider and staff teams  CCGs  Tees Local Authorities</p>

Wider public will be encouraged to participate in formal consultation if this is taken forward.



#### **STEP 4 - METHODS OF COMMUNICATION**

What methods of communication do you plan to use to inform service users of the policy?

- Verbal – stakeholder groups/meetings       Verbal- Telephone
- Written – Letter       Written – Leaflets/guidance booklets
- Email    Internet       Other

**If other please state:**

In relation to the initial engagement activities, due to the profound and complex disabilities of the people who may use or who may need to use this service, additional considerations had been made in relation to translation, interpretation and advocacy as well as provision of culturally sensitive and accessible information to any individual who may have sensory loss.

Specialist VCISO providers and Service User Self Advocacy groups were engaged to take forward the engagement activities. Provisions have been made in relation to exceptional/additional needs and expense claims will be considered in relation to participation in engagement activities.

Consultation planning is currently underway and is dependent on a decision from CCG Executive Group Meetings. Any potential consultation will make the same considerations as described above in relation to the initial pre-engagement.

It is envisaged that a variety of forms of communication will be used to share information and seek views.

#### **ACCESSIBLE INFORMATION STANDARD**

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have you considered an agreed process for:

- Sending out correspondence in alternative formats.**
- Sending out correspondence in alternative languages.**
- Producing / obtaining information in alternative formats.**
- Arranging / booking professional communication support.**
- Booking / arranging longer appointments for patients / service users with communication needs.**

**If any of the above have not been considered, please state the reason:**

The above considerations have been made in relation to the initial engagement activities

At this stage in the process the consultation plans are being drawn up and will give due consideration to all relevant aspects from the list above.