

Equality Analysis

Section 1: Policy, Function or Service Development Details and Authorisation	
Name of Organisation:	West Kent CCG
Name of the policy, function or service development being assessed:	Edenbridge Future – New Delivery Models
Is this a new/existing/revised policy, function or service development?	Business Case/ Options Appraisal
Briefly describe its aims and objectives	<p>Options appraisal of New Delivery Models for Primary Care and Community Care in Edenbridge.</p> <p>Current facilities: Edenbridge Memorial hospital and Edenbridge Medical Practice both require expansion and modernisation to meet the needs of the population. Proposed that they are housed together to facilitate integration.</p> <p>Options:</p> <p>1a: New build, new site, new day care services, no inpatient beds</p> <p>1b: New build, new site with inpatient beds, no new services</p> <p>2a New build, on the hospital site, no inpatient beds, new services</p> <p>2b New build, hospital site, inpatient beds, no new services</p>
Analysis Start Date:	16/12/2016. Updated 18/01/2017

Lead Author of Equality Analysis:	Sara Shaikh
Equality & Diversity Lead Approved? Yes/No (please indicate)	
Equality & Diversity Lead Name:	
Date of approval:	
Have any financial or resource implications been identified?	Financial implications have been identified for each option within the business case.
Date of Governing Body Meeting where the Equality Analysis was ratified:	

Section 2 : Equality Analysis Checklist

For each of the nine protected characteristics in the table below, consider whether the policy/function/service development could have a positive or negative outcome on each of these groups. Involve service users where possible to obtain their opinion, use demographic/census data (available from public health and other sources), surveys (previous surveys or perhaps conduct one), ask PALS and Complaints for reports/data, obtain subject specific reports from providers and other published data. Ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely (SMART)

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Named Lead and Timeframe
<p>Age</p> <p>Think about different age groups and the policy/function/service development and the way the user would access it, is it user friendly for that age group?</p>	<p>Strategic Commissioning Plan 2014-19</p> <p>Although the age profile of the population in West Kent is broadly similar to Kent and Medway, West Kent has:</p> <p>-a smaller proportion of 15-19 and 20-29 year olds and a higher proportion of 35-54 year olds.</p>	<p>The engagement process was launched on 24 May 2016 at an invitation only listening event, attended by 49 people. This event was followed by a series of six drop-ins held at Edenbridge hospital attended by a total of 45 members of the public and some KCHFT staff.</p>	<p>Options 2a, 2b (Negative)</p> <p>The engagement process indicated that parking and access is an issue both at Edenbridge Memorial hospital site and Edenbridge Medical Practice. This may</p>	<p>Option 2a, 2b</p> <p>Parking and disabled access could be addressed in redesign. Distance from station and town centre and public transport links would remain</p>	

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<p>What is the age breakdown in the community/workforce? Will the change/decision have significant impact on certain age groups?</p>	<p>-a slightly higher proportion of males aged 0-9 and 65+ -a slightly higher proportion of females aged 5-15 and 65-79 -in the lowest age categories there are slightly more males than females, however this changes as age increases, particularly in 85+ years. -18.4% of the population is aged 65 or older -37 practices in West Kent have a higher proportion of their population aged 65 or over. - the population aged 65+ is projected to increase around 59% between 2015 and 2035 and in the same period the population aged 85+ is projected to increase by 127%.</p>	<p>The League of Friends extended their AGM to include a presentation and question session attended by 50 people. This called for additional public meetings and these were held on a Saturday morning and Tuesday evening, attended by 43 and 112 people respectively.</p> <p>The engagement document was distributed via schools, local churches, libraries, community venues, the GP surgery, the hospital and the town council office. Flyers about the meetings were widely distributed. Social media was used to promote the engagement exercise. A total of 307 people attended meetings and 434 people responded to the engagement document.</p> <p>2,000 copies of the document which included a tear off sealable reply paid section for comments were distributed. An Easy Read summary was produced and questions as well as a text only version. A</p>	<p>particularly affect the frail and elderly, and parents of babies and young children.</p> <p>Options 1a, 1b: (Positive) New site would present an opportunity to ensure there is adequate parking, transport and access</p>	<p>problematic. This has been highlighted as a concern in the options appraisal.</p>	

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		<p>dedicated page was set up on KCHFT's website with copies of the document and a link to the questions as well as answers to frequently asked questions, which had more than 3,000 views. 4,000 A5 flyers and 450 A4 and A3 posters promoting the engagement exercise were distributed.</p> <p>95% of respondents were white-British. 5% did not specify.</p> <p>Full details of engagement can be found in the embedded report below:</p> <div style="text-align: center;">  <p>Edenbridge Future Engagement Report J</p> </div>			
<p>Disability</p> <p>Think outside the box – you may not be able to see the disability. It could be physical (for instance hearing or visual impairment), unseen (for instance</p>	<p>KPHO JSNA Sensory impairment Approximately 5% of over 85s in Kent will have a profound hearing impairment. The number of people aged over 85 with a moderate or severe hearing impairment in Kent is set to increase by 110% between 2014 and 2030.</p>	<p>As above</p>	<p>Options 2a, 2b: (Negative) The engagement process indicated that public transport, distance from station and town centre, parking and disabled access are issues at</p>	<p>Options 2a, 2b – parking and disabled access could be addressed in redesign. Distance from station and town centre and public transport links</p>	

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<p>mental health) or a learning disability (for instance Autism). Consider for example:</p> <p>Accessibility – venue, location, signage, furniture and getting around</p> <p>Disability awareness training for staff</p> <p>Actively involve the service user and talk it through with them</p> <p>Mental Health – does this affect significant communities in the local population?</p>	<p>By 2030 the number of people with a profound hearing impairment in the KCC area will have increased by 42% for those aged 65-74 and 59.7 % for those aged 75-84.</p> <p>Between 2014 and 2030 there will be a 56.5% increase in the number of people aged 18 and over with a moderate or severe hearing impairment in the KCC area.</p> <p>Of the 2,243 people in Kent with Down’s syndrome, (Learning Disabilities Needs Assessment 2010) 1,570 have hearing problems.</p> <p>Kent’s population who have learning disabilities is estimated at 26,000, of which up to 8,000 people may have significant sight difficulties and 9,620 may have some degree of deafness.</p> <p>West Kent deafblind estimated population 1,439.</p> <p>KPHO JSNA Mental Health</p> <p>25% at risk of mental health problem</p>		<p>Edenbridge Memorial hospital site. Parking and disabled access is also an issue at Edenbridge Medical Practice.</p> <p>Options 1a, 1b: (Positive) New site would present an opportunity to ensure there is adequate parking, disabled access, and good public transport links for those who do not/cannot drive.</p>	<p>would remain problematic. This has been highlighted as a concern in the options appraisal.</p>	

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<p>Gender Reassignment</p> <p>Think about creating an environment within the policy/function/service development that is user friendly and non-judgemental. Does the organisation need to raise awareness / offer training?</p> <p>If the policy/function/service development is specifically targeting this protected characteristic, think carefully about confidentiality, training, and communication skills</p>	<p>Stonewall – Unhealthy Attitudes, Research 2015</p> <p>Trans people’s healthcare needs sometimes require more specific care.</p> <p>One in five patient-facing staff have heard their colleagues make negative remarks about people who are trans or use discriminatory language in the last five years</p>	<p>As above</p>	<p>(Negative): Current facilities are dated and do not allow proper provision for privacy and dignity. This may particularly affect this protected characteristic.</p> <p>Options 1a, 1b, 2a, 2b: (positive): New site or redevelopment would present an opportunity to ensure layout is conducive to privacy and dignity.</p>	<p>No further mitigation with current facilities. This has been highlighted as a concern in the options appraisal.</p>	
<p>Marriage and Civil Partnership</p> <p>Think about access and confidentiality, the partner may not be aware of involvement or access to the service</p> <p>Staff training to raise awareness of ensuring equal status to spouses and civil</p>	<p>2011 Census table DC1107EW</p> <p>For the 4 districts</p> <p>Single – 29.2%</p> <p>Married – 52.2%</p> <p>Same-sex civil partnership – 0.2%</p> <p>Separated – 2.5%</p> <p>Divorced – 9.0%</p> <p>Widowed – 6.9%</p>	<p>As above</p>	<p>Options 1a, 1b, 2a, 2b: none identified</p>		

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partners in all HR policies, terms and conditions and services.					
<p>Pregnancy & Maternity</p> <p>The policy/function/service development must be accessible for all e.g. opening hours</p> <p>Are the chairs appropriate for breast feeding? Is there a private area? Are there baby changing facilities and is there space for buggies?</p> <p>What are the future projections for birth rates, neo natal statistics? Will the service/decision have a significant impact on this protected characteristic?</p>	<p>KPHO JSNA Maternity chapter</p> <p>The percentage of women of childbearing age resident in West Kent districts is projected to increase by 2021, by over 6% in Maidstone and Tonbridge and Malling. West Kent CCG had the highest number of births in 2012 among Kent and Medway CCGs. The general fertility rate has increased steadily between 2006 and 2012. The teenage conception rate across Kent has been steadily decreasing over the last 10 years. The only districts in Kent and Medway to have an increase in under-16 conceptions between 1998/00 and 2010/11 are the four in WK CCG. The districts with the lowest under 18 conception rate are Tunbridge Wells, Sevenoaks and Maidstone.</p>	As above	<p>Engagement indicated that the public want more health services available in Edenbridge, particularly maternity services – as currently pregnant women must travel to Tunbridge Wells Hospital for appointments. Current facilities do not allow capacity/space for additional services to be provided.</p> <p>Options 1a, 2a: (positive): New site or redevelopment would present an opportunity to provide more services locally.</p> <p>Options 1b, 2b: these options do not provide the opportunity to provide more services locally</p>	Option 1b, 2b- No mitigation	
<p>Race</p> <p>You need to think carefully about the local demographics of the population who will</p>	<p>Strategic Commissioning Plan 2014-19</p> <p>9% of West Kent's population is non-white British, including 0.4% from a</p>	As above	Options 1a, 1b, 2a, 2b:: none identified		

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<p>be accessing the policy/function/service development. Talk to public health. Consider for example:</p> <p>Cultural issues (gender, clothing etc.)</p> <p>Languages Support to access Staff training on cultural awareness, interpreting etc.</p>	<p>gypsy traveller background and 3.6% from a white other background. Of the population of the four districts, 5% are of black and minority ethnic origin. The proportion is higher in those aged 0-15 than over 15.</p>				
<p>Religion or Belief</p> <p>Again, think about the local population and what religion or beliefs they may have. Consider for example: Staff training on respecting differences and religious beliefs Are you trying to implement a change/activity at an inconvenient time e.g. during a time of religious holiday such as Ramadan? Is there an area for prayer times, religious rituals e.g. washing area?</p>	<p>2011 Census table KS209EW WK CCG</p> <p>Christian 63.5% Buddhist 0.4% Hindu 0.6% Jewish 0.1% Muslim 0.9% Sikh 0.1% Other religion 0.4% No religion 26.6%</p>	<p>As above</p>	<p>(negative): Current facilities are dated and do not allow proper provision for privacy and dignity – e.g. meeting rooms that could be used as prayer rooms etc.</p> <p>Options 1a, 1b, 2a, 2b: (positive): New building would present an opportunity to ensure these facilities can be provided.</p>	<p>No further mitigation with current facilitates. This has been highlighted as a concern in the options appraisal</p>	

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<p>Sex</p> <p>This is the impact on males and females. For example same sex accommodation - are there areas for privacy? Is it accessible for both taking into account working service users? Would it be a venue they would go to? What does research show regarding the incidence of for example, mental health, cancers, early or late diagnoses for males or females?</p>	<p>KPHO WK CCG Population profile</p> <p>In the March 2015 registered population there was a higher proportion of males than females aged under 25, but from the age of 85 there is a higher proportion of females.</p> <p>The suicide and undetermined mortality rate is higher in males (increasing with each age band and peaking at 50-59) than females. Although not statistically so in WK.</p> <p>KPHO JSNA Cancer</p> <p>Men are more likely to have cancer and die from it than women.</p> <p>KPHO JSNA Mental Health</p> <p>Almost double the estimated number of females than males with depression over 65 in WK.</p>	<p>As above</p>	<p>(negative): Current facilities are dated and do not allow proper provision for privacy and dignity. This may particularly affect this protected characteristic.</p> <p>Options 1a, 1b, 2a, 2b: (positive): New building would present an opportunity to ensure these facilities can be provided.</p>	<p>No further mitigation with current facilities. This has been highlighted as a concern in the options appraisal</p>	
<p>Sexual Orientation</p> <p>Don't make assumptions as this protected characteristic may not be visibly obvious. Providing an environment that is welcoming - for example visual aids, posters, leaflets. Using language that respects LGB&T</p>	<p>ONS Sexual Identity by Region 2014, Integrated Household Survey</p> <p>There are no local estimates of sexual orientation, however regional figures for the South East show 1.8% are lesbian, gay or bisexual; 0.3% are other; 1.5% didn't respond and 3.9% don't know/refuse</p> <p>Stonewall – Unhealthy Attitudes, Research 2015</p> <p>In the last five years alone, 24% of patient-facing staff have heard colleagues make negative remarks</p>	<p>As above</p>	<p>Options 1a, 1b, 2a, 2b: none identified</p>		

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<p>people. Staff training on how to ask LGBT&T people to disclose their sexual orientation without fear or prejudice.</p>	<p>about lesbian, gay and bisexual people, and one in five have heard negative comments made about trans people. Lesbian, gay and bisexual staff echoed this, with a quarter revealing they had personally experienced bullying from colleagues over the last five years. KPHO JSNA Mental Health 39.4% are at risk of mental health problems</p>				
<p>Carers</p> <p>Does your policy/function/service development impact on carers? Ask them. Do you need to think about venue, timing? What support will you be offering?</p>	<p>KPHO JSNA Carers In 2011 10.4% of Kent's population provided unpaid care. For the WK CCG districts the proportions range from 9.2% to 10.4% and total 50,126 people. In Kent, the majority of unpaid carers provide less than 20 hours of care (64.2%), but 23.6% provide 50 or more hours a week. KPHO JSNA Mental Health 18% are at risk of mental health problems</p>	As above	Options 1a, 1b, 2a, 2b: none identified		
<p>Other</p> <p>Does your policy/function/service development impact on for example, those on low incomes, who are homeless etc.?</p>	<p>KPHO JSNA Mental Health Released prisoners 90% at risk Gypsies and travellers 35% at risk KPHO JSNA Gypsy Travellers In the school census for Spring 2014, Sevenoaks district had 1.6% gypsy traveller population KPHO JSNA Housing and homeless In Kent, there were 3,255 homeless</p>	As above	Options 1a, 1b, 2a, 2b: none identified		

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Named Lead and Timeframe
	<p>applications made to local housing authorities in 2012, of which 1,262 applications were accepted as homeless and in priority need.</p> <p>KPHO JSNA Offenders</p> <p>50% have no GP on release. Kent has six prisons and an Immigration Removal Centre. Within WK CCG area, Blantyre House has 122 capacity, Maidstone has 600 capacity and East Sutton Park has 100 capacity.</p> <p>KPHO JSNA Veterans</p> <p>The districts within WK CCG have the lowest percentages of veterans in the 16 and over population amongst Kent districts. Across the four districts there were an estimated 25,055 veterans in 2010.</p>				

Section 3 : Action Plan

For any negative outcomes identified in Section 2, it is important to identify the steps you will take to mitigate consequences on the nine protected characteristics. Complete the Action Plan below to identify and record how you will address these.

Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Named Lead and Timeframe
Age	<p>Options 1,2,3: disabled access, parking and transport links at current site. Options 2a, 2b (Negative)</p> <p>The engagement process indicated that parking and access is an issue both at Edenbridge Memorial hospital site and Edenbridge Medical Practice. This may particularly affect the frail and elderly, and parents of babies and young children.</p>	<p>Option 2a, 2b Parking and disabled access could be addressed in redesign. Distance from station and town centre and public transport links would remain problematic. This has been highlighted as a concern in the options appraisal.</p>	
Disability	<p>Options 2a, 2b: (Negative)</p> <p>The engagement process indicated that public transport, distance from station and town centre, parking and disabled access are issues at Edenbridge Memorial hospital site. Parking and disabled access is also an issue at Edenbridge Medical Practice.</p>	<p>Options 2a, 2b – parking and disabled access could be addressed in redesign. Distance from station and town centre and public transport links would remain problematic. This has been highlighted as a concern in the options appraisal.</p>	

Gender Reassignment	(Negative): Current facilities are dated and do not allow proper provision for privacy and dignity. This may particularly affect this protected characteristic.	Options 1a, 1b, 2a, 2b address this	
Marriage & Civil Partnership			
Pregnancy & Maternity	Engagement indicated that the public want more health services available in Edenbridge, particularly maternity services – as currently pregnant women must travel to Tunbridge Wells Hospital for appointments. Option 1b, 2b: (negative): facilities will not allow for additional services to be provided.	Options 1a, 2a address this	
Race			
Religion or Belief	(negative): Current facilities are dated and do not allow proper provision for privacy and dignity – e.g. meeting rooms that could be used as prayer rooms etc.	Options 1a, 1b, 2a, 2b address this	
Sex	(negative): Current facilities are dated and do not allow proper provision for privacy and dignity. This may particularly affect this protected characteristic.	Options 1a, 1b, 2a, 2b address this	

Sexual Orientation			
Carers			
Other			

Section 4 : Submission

On completion of all sections of the Equality Analysis Form, submit your draft along with the policy, function, or service document to your Equality & Diversity Lead. Once reviewed, you will be provided with feedback and any recommended amendments. Having made any necessary changes, the final version should then be submitted to the CCG Equality and Diversity Working Group for quality assurance. The policy can then proceed to ratification at the required Board meeting. The completed EA Template should be appended to the policy, function or service development documentation. The completion of Equality Analysis Forms will be monitored by the Company Secretary.