NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Equality Impact Assessment

Durham Dales Easington and Sedgefield Clinical Commissioning Group

Integrating Urgent Care Services

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July 2014 – April 2017

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Contents

Step 1 - Document Ownership

Name of document being analysed		DDES CCG Integration of Urgent Care Outline Business Case	
Person completing analysis		Becky Haynes / Helen Stoker / Sarah Fountain	
Date of analysis		February 2016	
Function Area		**Reference**	
Is the document	**Proposal of new service or pathway**	**Strategy or Policy (or similar)**	**Review of existing service, pathway or project**
	YES		**YES**
Document updated	July 2016	Option 3 as proposed new model	

Step 2 - Establishing Relevance

Public Sector Equality Duties

To ensure compliance with the Equality Act 2010, all strategies or policies, proposals for a new service or pathway, or changes to an existing service or pathway, should be assessed for their relevance to equality – for patients, the public, and for staff. The general equality duty requires that when exercising its functions that the NHS has due regard to the need to:

- Eliminate unlawful discrimination, harassment , victimisation and any other conduct prohibited by the Act;
- 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.

Protected Characteristics

You need to analyse the effect on equality for all protected characteristics – namely: Age, Disability, Sex, Race, Gender reassignment, Sexual Orientation, Religion and Belief; Pregnancy and Maternity, Marriage and Civil Partnership. Please also consider other groups who are currently outside the scope of the Act, but who may have a significant relationship with NHS services (for example Carers, homeless people, travelling communities, sex-workers and migrant groups).

With reference to the Public Sector Equality Duties and the Protected Characteristics, is an Equality Analysis required? YES

Please summarise your conclusion if an equality analysis is <u>not</u> required: NA

If you have concluded that the document **is** relevant please continue with your equality analysis below; otherwise please send this part only to the Equality and Diversity Team together with a copy of your document.

Step 3 - Responsibility, Development, Aims and Purpose	
Who holds overall responsibility for the policy/ strategy/ service redesign etc.?	Sarah Burns, Director of Commissioning Clair White, Commissioning Lead
Who else has been involved in the development?	DDES Commissioning Team DDES Communications Team Primary Care Colleagues GP / Practice Manager Leads NECS CDDFT Local Authority

Purpose and Aims *(briefly describe the overall purpose and aims of the service – for a new service – describe the rationale and need for the proposal, referring to evidence sources. For a change in service or pathway – specify exactly what will change and the rationale/evidence, including which CCG/NECS priority this will contribute to):*

New Model of Urgent Care

A new model of urgent care is being proposed for Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) which has been designed based on an extensive service review and engagement exercise. The model proposed was a significant change and a formal public consultation was required and was confirmed by the Health Overview and Scrutiny Committee (OSC) in January 2016.

Following a national review of urgent care services (Bruce Keogh and Keith Willets) and the publication of new National Standards for Integrated Urgent Care, published in October 2015, DDES CCG are reviewing local urgent care service provision.

Following pre engagement consultation three proposed options for future service delivery in DDES were considered:

	Minor Injury Units	Urgent Care	Out-of-hours services	Existing GP services	Enhanced GP services
Option 1	MI units available 12 hours per day (instead of 24 hours per day)	No Urgent Care Centre in hours	OOH services (out of hours urgent care) remain local 8pm-8am weekdays and 24/7 weekends	GP practices open longer, 8am-8pm weekdays and 8am-1pm Saturday and Sunday (or provided in a hub arrangement)	
Option 2	MI units available 12 hours per day (instead of 24 hours per day)	No Urgent Care Centre in hours	OOH services (out of hours urgent care) remain local 8pm-8am weekdays and 24/7 weekends	GP practices open longer, 8am-8pm weekdays and 8am-1pm Saturday and Sunday (or provided in a hub arrangement)	**Option 1 PLUS** Enhanced GP Service - Urgent care provided from your GP practice or in a hub arrangement 8am–8pm
Option 3	**Option 1 + 2 PLUS** MI units available 24 hours per day	No Urgent Care Centre in hours	OOH services (out of hours urgent care) remain local 8pm-8am weekdays and 24/7 weekends	GP practices open longer, 8am-8pm weekdays and 8am-1pm Saturday and Sunday (or provided in a hub arrangement)	**Option 1 PLUS** Enhanced GP Service - Urgent care provided from your GP practice or in a hub arrangement 8am–8pm

Following the formal public consultation from 14th March to 6th June 2016, Option 3 was the preferred option chosen by the public. The Decision Making Business Case and DDES CCG proposals will be presented to our Governing Body for decision in September 2016.

Reasons for reviewing the local services

CCGs cannot allow contracts to continue in perpetuity as there is a legal requirement to re-procure services when current contracts have expired, this is the case for DDES. The CCG also need to understand if services best meet the needs of patients. Urgent care services have transformed since existing contracts commenced therefore the service specification no longer defines the service being delivered.

In September 2015 NHS England published a further report '*Integrated Urgent Care Commissioning Standards'.* The document outlines the standards which commissioners should adhere to in order to commission a functionally integrated 24/7 urgent care access, treatment and clinical advice service (incorporating NHS 111 and out of hours services). The document aims to bring urgent care access, treatment and clinical advice into much closer alignment through a consistent and integrated NHS 111 service model.

The document outlines NHS England vision for urgent care as follows:

For those people with urgent care needs we should provide a highly responsive service that

delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families.

For those people with more serious or life threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.

In response to national direction, DDES CCG has been reviewing local urgent care services for almost 2 years. Very detailed work has been undertaken to understand the use of services locally and to determine current local challenges around urgent care delivery, these include:

- There are many ways to access the system and this can be confusing. There are a number of different services with a variety of opening times making it difficult for patients and carers to navigate the system.
- The system is complex to manage. There are a number of different providers which creates the inability to share patient care records between organisations which can lead to a lack of continuity care.
- Demand on urgent care services is increasing.
- There is duplication in the system. Different services are providing similar treatments at the same time.

Rationale from member practices

The cost of services in DDES is high – this prevents funding being used on other priority areas. DDES also have duplication in services which needs to be reviewed to ensure the CCG are receiving the best value for money. New National policy direction is for 7 day working from 8:00am - 8:00pm therefore the CCG need to review how services are being used, and whether they can provide services in a different way which will benefit patients and ensure public money is being spent efficiently.

DDES CCG is also part of the regional Vanguard project for urgent and emergency care more information provided in the Outline Business Case.

DDES CCG's mission is working together for excellent health for the local communities. In order to deliver a new and innovative healthcare system, the CCG know that working in partnership with local partners, patient, carers and the general public is crucial. The CCG continues to build meaningful relationships with a range of local organisations including hospital and mental health trusts, local authorities, and the voluntary and independent sectors.

Changing the location of and service model for urgent care services would ensure greater accessibility across the three CCG localities. A new model would deliver care closer to

home for patients and ensure a more integrated approach to urgent and emergency care, enabling GP's to manage patients with long term conditions more effectively.	
Who is intended to benefit from the implementation of this piece of work?	Durham Dales, Easington and Sedgefield (DDES) comprises of one Local Authority (Durham County Council) and one Clinical Commissioning Group serving a population of approximately 289,670 (91,600 in Durham Dales, 101,900 in Easington and 96,200 in Sedgefield). The integration of urgent care services aims to benefit every patient throughout the localities of DDES. The scope of urgent care means every patient, regardless of their protected characteristic including age, gender, religion, race or sexuality, can access the services available.
What are the key outcomes/ benefits for the groups identified above?	• An improved patient pathway resulting in enhanced patient experiences • More efficient process for booking GP appointments • Better clinical outcomes for the patient • Better alignment within localities – there is currently inequity of service provision in the localities of DDES in terms of Urgent Care Centres (UCCs). The integration of urgent care provision across the DDES area, will deliver on the CCGs commitment to provide services that are geographically located to provide equality of access to the local population. • Better value for money - Potential cost savings for reinvestment into a new models of care • Familiar services for patients • Offers an alternative to A&E services • The patient is in the right place at the right time, the first time they access a service • Potentially, a more efficient service with specialist workforce on one site • Simplifies system, reducing confusion for patients • One stop shop – diagnostic to treatment covered • Eases workforce/ recruitment pressures • Convenient for people working full time (patient-centred) • Increased choice of working pattern for GPs • Provides more primary care capacity • Reduces repeat attendees • Supports patient choice

	• Makes better use of established community services • Ensure a seamless service for patients • Improve outcomes and patient safety by effectively sharing patient information electronically between urgent care providers. • Educate patients around self-care and alternative urgent care provision – increasing the use of services such as pharmacy and NHS 111 and encouraging patients who are not registered with a GP to do so. • Potentially achieve an overall reduction in the number of unnecessary A&E attendances (particularly those related to primary care conditions).
Does it meet any statutory requirements, outcomes or targets?	This analysis has considered DDES CCG's equality objectives to ensure that any risks associated with breaching equality and employment legislation are mitigated. It also supports the CCG's (requirement) in meeting legal requirements with regards to equality (Equality Act 2010) and its responsibility on, duty to consult the public, Section 242(1B) of the National Health Service Act 2006. This equality impact assessment and overall project will also take consultation guidance into consideration particularly around the Safeguarding of vulnerable people, procurement rules, information governance and data protection. The proposal fully meets the accessible information standard. The consultation document includes information in how to obtain the information in other languages and formats such as Braille and large print on request. The top five languages were sought for DDES and these are displayed in the consultation document. The posters advertising the events and flyers ask people to let the CCG know if they have any special requirements to be able to accommodate their needs. Throughout the consultation, needs are clearly and consistently recorded and correspondence can be sent out in alternative formats or languages upon request. Professional communication support is available upon request and longer appointments can be provided for those with communication

	needs.
Does it contribute to the Equality Delivery System Goals? (specify goals and related outcomes)*	The current equality objectives for DDES CCG are as follows: **Objective 1 -** Ensure that hard to reach groups are engaged in any changes across services through appropriate consultation and engagement and that services are commissioned, designed and procured whilst taking into account these groups. **Objective 2 -** That DDES CCG uses a wide range of information to assure and improve the safety of patients and this is regularly reported and discussed. **Objective 3 -** That DDES CCG has sufficient organisational data to demonstrate that staff from all protected groups are paid equally and in line with pay levels for the organisation as a whole and that appropriate training has been given on equality and diversity matters. **Objective 4 -** That the Governing Body receives adequate assurance around equality and diversity including the equality objectives, strategy and progress towards achievement. DDES CCG uses the Equality Delivery System (EDS) to assist in fulfilling their legal obligations outlined in the Public Sector Equality Duty (PSED). There is currently a piece of work underway to review and refresh the current Equality Objectives using EDS2. This process involves engaging stakeholders from all protected characteristics to ensure their views are captured on where improvements are needed.

*Equality Delivery System goals are fully explained in the Equality analysis guidance notes

Step 4 - Protected Characteristics – analysis of impact

Please provide analysis of both the positive and negative impacts of the proposal against each of the protected characteristics providing details on the evidence (both qualitative and quantitive) used. If the work is targeted towards a particular group(s) – provide justification e.g. women only services. Any gaps in evidence should be accounted for and included in your Action Plan.

Age

Impact and evidence: *Consider and detail impact and evidence across all age groups.*

Population

DDES CCG currently serves a population of approximately 289,670 (91,600 in Durham Dales, 101,900 in Easington and 96,200 in Sedgefield). The table below shows population data taken from the 2011 census. The population of all age groups has increased since 2001, with the exception of those aged 5 to 15. The biggest increase is in those ages 85+.

	Aged 0 to 4		Aged 5 to 15		Aged 16 to 64 (Working Age)		Aged 65+ (Retired)		Aged 85+	
Locality	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**
Durham Dales	4,850	4,462	10,610	11,911	57,189	53,880	17,448	15,544	2,221	1,829
Easington	5,740	5,342	11,555	14,153	61,092	58,478	16,744	16,024	1,794	1,486
Sedgefield	5,157	4,788	10,682	12,740	55,822	55,403	16,109	14,281	1,879	1,286
Total	15747	14592	32847	38804	174103	167761	50301	45849	5894	4601

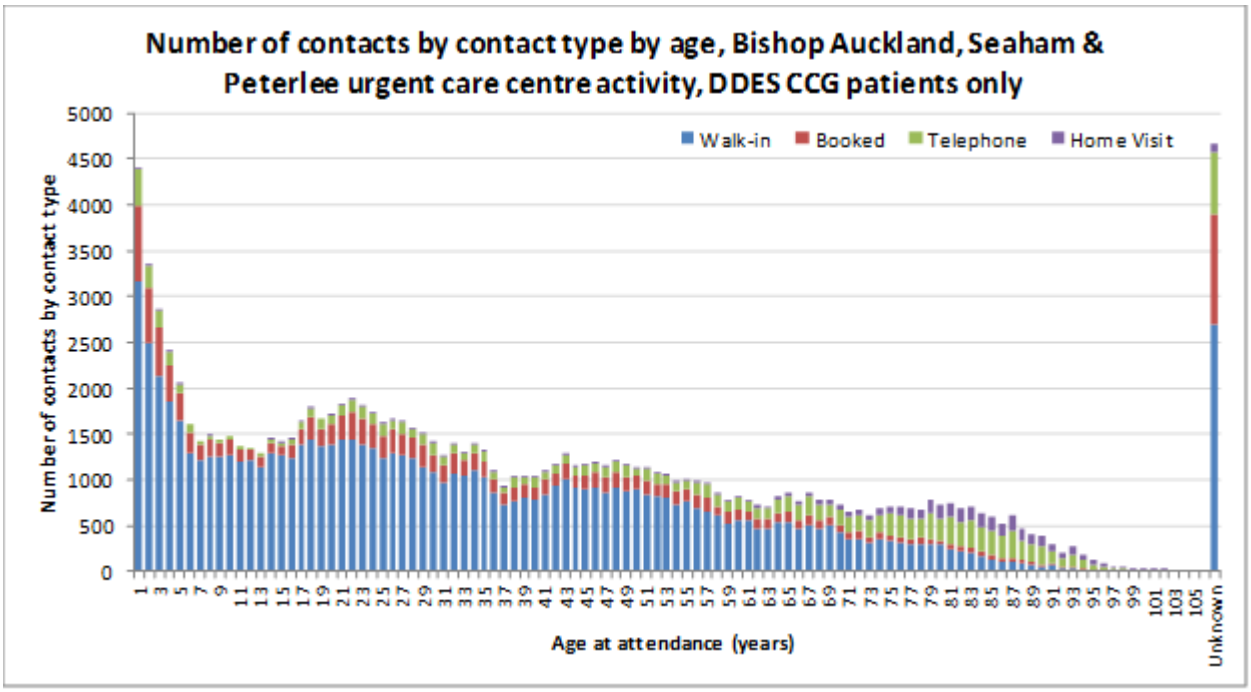
The population of those aged 85+ is increasing more than any other group, as older people are more likely to suffer conditions that need urgent medical attention and also more likely to have mobility issues, the vision of the new model of care is to provide a highly responsive service that delivers care as close to home as possible.

Estimates suggest the total population of DDES CCG will increase by 7.5% by 2030. However the 2011 Office for National Statistics (ONS) census reports that overall, the population of the area covered by DDES CCG has increased at a lower rate (+2.2%) than County Durham (+4.0%) and the North East (+3.2%) over the last ten years. Specifically population growth in Easington (+1.2%) and Sedgefield (0.6%) is low. The population in Durham Dales grew by 5% between 2001 and 2011, most of which can be attributed to housing developments in the Bishop Auckland area. Elsewhere in the more rural parts of the CCG growth has been low. In addition the population of DDES CCG is ageing as a result of people living longer (as opposed to internal migration). ONS population projections suggest that by 2030 almost 25% of County Durham's population will be aged 65 and over. This will put an increasing burden on the population of working age to provide care. This also suggests that the need to access health services will become greater due to the population growing and getting older.

Urgent Care Activity

Local Urgent Care activity is reflected in the chart below, showing that the highest users of Urgent Care Centres are those aged between 0-5 and 18-30.The age profile of patients is

similar at all four centres. All age groups have been fully considered with emphasis on those aged 0-5 and 18-30 and the CCG are planning an education programme and upskilling/ training programme in primary care, for example a paediatric toolkit.



Life Expectancy

There is large variation in life expectancy within DDES CCG. The gap between the best and worst Middle Super Output Areas (MSOAs) is nearly 8 years for men. Stanhope and Wolsingham has the highest life expectancy at 81.7 years and Easington Colliery South and Eden Hill has the lowest at 73.8 years (2011-13). For women within DDES CCG, the variation in life expectancy ranges from a high of 86.5 years in Bowes and Middleton-in-Teesdale and a low of 77.4 years in Shildon, a gap of 9.1 years (2011-13).

Specific discussions are being held with those from all age groups in the consultation process to ensure that there will be no negative effects on any age group.

Outcome: No Negative impact identified.

Disability

Impact and evidence: Consider and detail impact and evidence on disability (this includes physical, sensory, learning, long-term conditions and mental health) and if any **reasonable adjustments** may be required to avoid a disabled patient, or member of staff, from being disadvantaged by the proposal.

Population

The information in the table below is taken from the 2011 Census and shows those living with a limiting long term illness (LLTI) or disability. The majority of which are living in Easington. A walk in centre service is provided under a contract with Intrahealth that operates from 8am to 8pm, 7 days a week, at Healthworks in Easington which is GP led. This contract was in place for five years and has been extended for a further two years until the end of March 2016. It will be extended for a further year in line with this review of services.

	LLTI or disability: Activities: Limited	
Locality	2011 Count	2001 Count
Durham Dales	21,108	20,022
Easington	26,653	28,926
Sedgefield	21,740	21,660
Total	69,501	70,608

As you can see below, DDES and County Durham are significantly worse than England with 25.5% of the DDES population living with a 'limiting long term illness or disability'.

(Selected wider determinants of health indicators, DDES CCG, County Durham and England.

Indicators	***DDES***	**County Durham**	***England***
Limiting long term illness or disability (%)	**25.5**	**23.6**	17.6

(Source: Local Health, Public Health England.)

Proposed new model

DDES CCG has commissioned a number of patient education programmes to promote self-care including a Pulmonary Rehabilitation Course in the Easington locality to help those with COPD manage their care at home.

People with learning disabilities will access mainstream urgent care services with support from specialist services when needed. DDES CCG will review any skills and/or training gaps for staff and ensure adequate training on the needs of people with learning disabilities is provided.

All areas where the service model is to be functional will be assessed in accordance to DDA standards to ensure all of the defined requirements are met for all services users, carers and staff. Any new or existing services, including premises utilised as part of any service reconfiguration will have disabled user access to ensure it is equitable. Any DDES resident with a disability will already have a comprehensive individual care package appropriate to their required needs.

DDES CCG are a 'Two Tick' disability award holder and would reflect the same equality standards when assessing and engaging on potential new models of urgent care. The CCG also recognises that the needs of people with learning disabilities should be met in line with the Department of Health (2001) *Valuing People: a new strategy for learning disability for the 21st Century,* London HMSO.

Direct engagement is underway with those from this group to fully ensure that this group will not be negatively affected in any way.

Outcome: No negative impact identified.

Sex

Impact and evidence: Consider and detail impact and evidence on both males and females

Population

The table below show the male/female population in the area DDES CCG area, there are more females than males living in the area at present however the population of males is growing at a faster rate than females.

	Male		Female	
Name	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**
Durham Dales	44,062	41,561	46,035	44,235
Easington	46,531	45,531	48,600	48,462
Sedgefield	42,776	42,286	44,994	44,920
Total	133369	129378	139629	137617

Proposed new model

The proposed new model of care does not anticipate any restrictions to those either male or female, a full public consultation will take place with those from both groups to ensure there will be no negative impacts.

Outcome: No negative impact identified.

Race

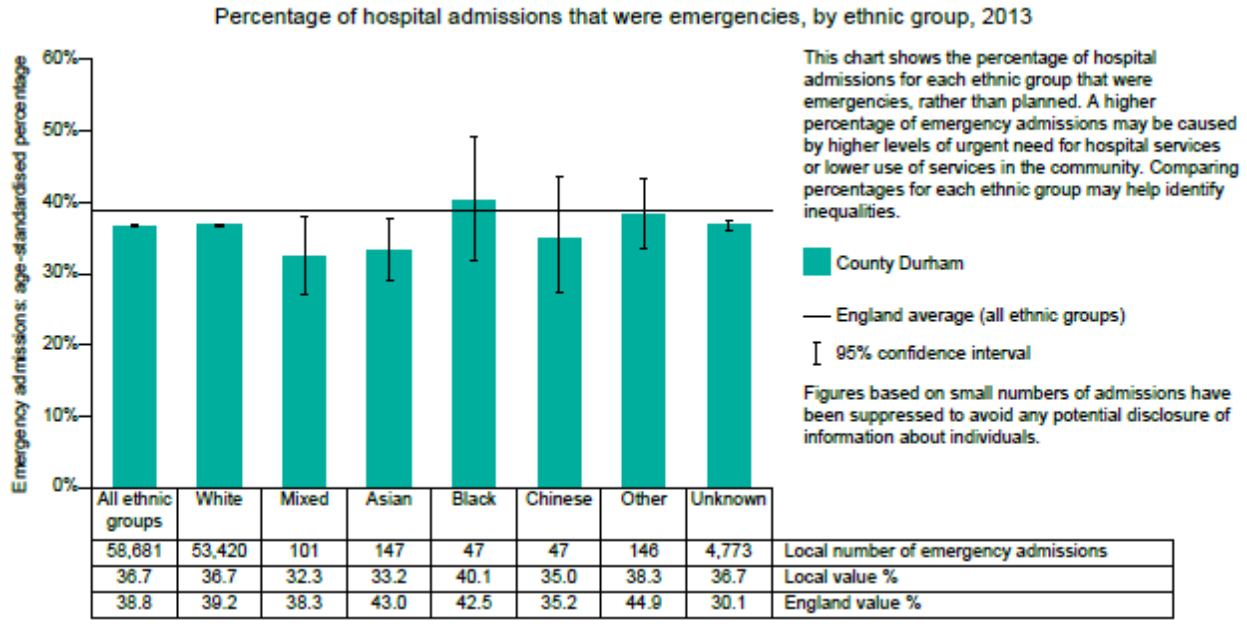
Impact and evidence: Consider and detail impact and evidence on ethnic groups

Population

The table below shows the ethnicity breakdown of those living within the DDES CCG area. The majority of the population are White; however there are also a high number of people from an Asian ethnic background living in Easington.

	White		Mixed		Black		Asian		Other	
Name	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**
Durham Dales	88,987	85,098	484	243	77	86	482	212	67	53
Easington	93,884	93,268	467	233	71	27	622	345	87	43
Sedgefield	86,780	86,639	444	227	101	53	375	161	70	55
Total	269,651	265,005	1,395	703	249	166	1,479	718	224	151

The chart below shows that those from the Black ethnic group are more dependent on hospital admissions than any other group in proportional terms. The new model of care is likely to ensure less confusion in the provision of services and therefore reduce numbers of admissions to hospital as more care will be provided closer to home.



All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
58,681	53,420	101	147	47	47	146	4,773	Local number of emergency admissions
36.7	36.7	32.3	33.2	40.1	35.0	38.3	36.7	Local value %
38.8	39.2	38.3	43.0	42.5	35.2	44.9	30.1	England value %

Proposed new model

The proposed new model of care is not likely to have any negative impact upon those from any ethnic background, full public consultation is underway with those from all ethnic groups to ensure there will be no negative impact and that they are fully aware of changes to services.

Outcome: No negative impact.

Religion or Belief

Impact and evidence: Consider and detail impact and evidence on people of different religions, beliefs (and those who may have no religion)

The proposed integration of urgent care services aims to benefit every patient throughout the localities of Durham Dales, Easington and Sedgefield. The scope of urgent care means every patient, regardless of age, gender, religion or belief, race, sexuality can access the services available.

Population

The information in the two tables below is taken from the 2011 census; we know that there are more Christians living in the area than any other religion however this figure has decreased since 2001. There is also a high proportion of Muslims living in the area and this figure has increased significantly since 2001.

	Christian		Buddhist		Not Stated		Muslim		Sikh	
Name	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**
Durham Dales	67,171	72,465	155	91	5,650	5,700	190	87	51	60
Easington	71,053	80,130	118	60	5,087	6,522	253	132	186	158
Sedgefield	63,793	72,862	110	57	5,042	6,185	150	81	76	48
Total	202017	225457	383	208	15779	18407	593	300	313	266

	Hindu		Jewish		Other		None	
Name	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**
Durham Dales	72	53	19	21	280	184	16,509	7,165
Easington	54	57	29	9	202	154	18,149	6,690

Sedgefield	60	33	29	24	239	129	18,271	7,848
Total	186	143	77	54	721	467	52929	21703

Proposed new model

Data relating to a persons particular religion or belief does not tell us to the extent of which individuals practice their religion and how it affects their life. However, there are some general issues we know that the Muslim community face in accessing health services, such as being treated by a staff member of the same sex and services being available outside of prayer times. The new model of care proposes to provide services with extended hours, which will assist in the convenience for this protected group and all staff will be required to complete Equality and Diversity Mandatory Training to ensure they are aware of the needs of particular religious groups.

Further engagement is underway with this protected group which will help to capture some of the local everyday issues in which this group face in accessing services, these issues will be fully taken into consideration when implementing the new model of care. We do not believe that this particular group will be negatively affected by the proposed changes.

Outcome: No negative impact.

Sexual Orientation

Impact and evidence: Consider and detail impact and evidence on people of different sexual orientations

People of this protected group will have the same basic health needs regardless of whether they are gay, lesbian, bisexual or heterosexual. Data is limited in this area both nationally and locally however we know that people from this group are less likely to consult a doctor if they become unwell due to a fear of prejudice.

All staff are required to complete mandatory Equality and Diversity training to ensure they are fully aware of the needs of this protected group.

Further engagement is underway with people from this protected group to ensure they will not be negatively affected in the changes to services.

Outcome: No negative impact

Gender Reassignment/Transgender

Impact and evidence: Consider and detail impact and evidence on transgender people

Health issues for this protected group tend to be similar to that of lesbian, gay and bisexual

people, evidence shows that they are less likely to access mental health services to deal with the strain of feeling different or being treated differently. Incidents of depression, anxiety and suicide are higher than heterosexual counterparts[1]. In the proposed new model, the clinical assessment, advice and treatment service will be a multi-disciplinary physical or virtual hub which will include mental health professionals.

This model will enable patients to book face to face or telephone consultation appointment times directly with the relevant urgent or emergency service whenever this is appropriate including services such as mental health crisis teams, mental health teams and specialist clinicians, if the patient is under the active care of that specialist service for the condition which has led to them accessing the urgent and emergency care system.

Mental health services will be enhanced through the rollout of a 24/7 triage service, psychiatric liaison, 7 day Mental Health consultant working and 7 day street triage with mobile access to health records.

Further targeted engagement is underway with people from this protected group to ensure that they are fully considered in the provision of the new model of care.

Outcome: No negative impact.

Pregnancy and Maternity

Impact and evidence: *Consider and detail impact and evidence on work arrangements, breastfeeding etc.*

The specific need of patients who require urgent care services, will need to be considered (potentially patients would need to see a GP) and addressed to ensure that any change to services meet patient requirements and also ensure that staffing arrangements are adequate. DDES CCG will review any skills/training gaps for staff and ensure appropriate training is provided.

Pregnant women are most likely to access their GP, within this model opening hours will be extended and all of the information relating to their pregnancy is stored on the GP system by midwives. Pregnant women are likely to see a positive difference in the proposed changes to services.

Engagement is underway with those from this group to ensure there will be no unintended negative impact.

Outcome: No negative impact.

Marriage and Civil Partnership

Impact and evidence: Consider and detail impact and evidence on employees who are

[1] (http://www.nhs.uk/Livewell/Transhealth/Pages/Transmentalhealth.aspx)

married or in a civil partnership

Population

There is no local evidence available on marriage or civil partnership, however the information in the table below taken from the 2011 census shows that there are more people living as couples than not, and the majority of these are in the Easington area.

	Living in a couple		Not living in a couple	
Name	**2011 Count**	**2001 Count**	**2011 Count**	**2001 Count**
Durham Dales	44,361	42,568	28,707	25,402
Easington	44,425	45,546	32,447	27,984
Sedgefield	42,640	43,469	28,617	25,639
Total	131426	131583	89771	79025

Proposed new model

The proposed new model of care is intended to benefit all groups regardless of any protected characteristics.

Further engagement is underway from people of this protected group to ensure they are fully considered in any changes to services.

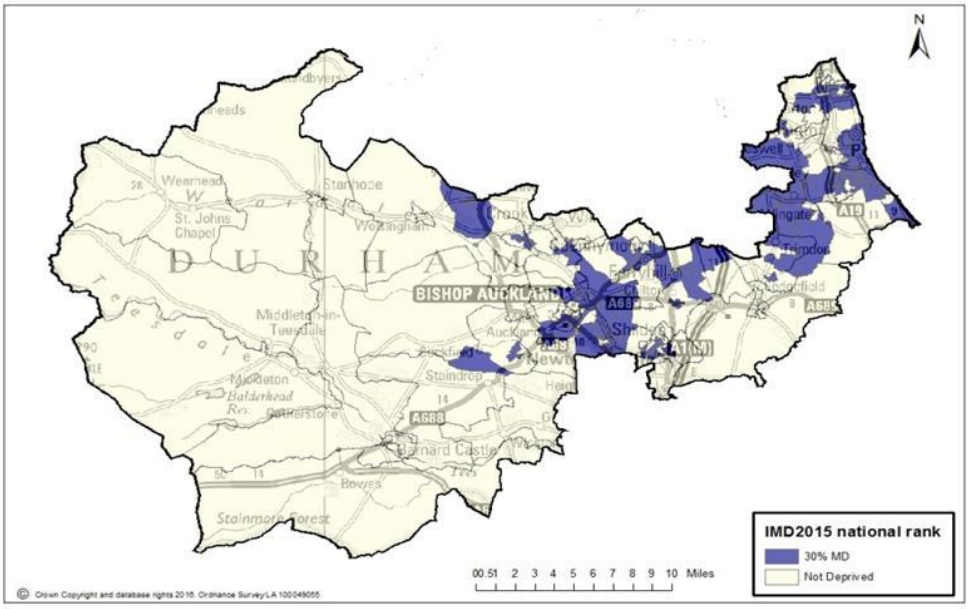
Outcome: No negative impact.

Other Excluded Groups/Multiple and social deprivation

Impact and evidence: Consider and detail impact and evidence on groups that do not readily fall under the protected characteristics such as carers, transient communities, ex-offenders, asylum seekers, sex-workers, homeless people.

Deprivation

The map below shows areas of deprivation in the Durham area. There is a high concentration of deprivation in Easington, but parts of the Durham Dales and Sedgefield also have pockets of significant deprivation within their locality.



(Source: IMD2015, DCLG.)

Many of County Durham's population suffer from avoidable ill-health or die prematurely from conditions that are entirely preventable. Lifestyle behaviours remain a key driver to reducing premature deaths but it is clear that social, economic and environmental factors also have a direct impact on health status and can exacerbate existing ill health.

The table below shoes wider determinants of health indicators in DDES CCG, County Durham and England. Most areas are significantly worse than the England Average, those areas not previously discussed in this EIA include high levels of deprivation, including child poverty.

Indicators	***DDES***	**County Durham**	***England***
Income Deprivation (%)	**19.3**	**16.9**	14.7
Child Poverty (%)	**25.7**	**23**	21.8
Older People in Deprivation (%)	**23.8**	**22.6**	18.1
Low Birth Weight Births (%)	**7.6**	**7.4**	7.4
Unemployment (%)	**5.7**	**4.8**	3.8
Long Term Unemployment (Rate/1,000 working age population)	**15.8**	**13.5**	10.1
Limiting long term illness or disability (%)	**25.5**	**23.6**	17.6
Households with central heating (%)	**99.1**	**99.2**	97.3
Overcrowding (%)	**3.7**	**3.6**	8.7
Provision of 1 hour or more unpaid care per week (%)	**12.1**	**11.7**	10.2
Provision of 50 hours or more unpaid care per week (%)	**3.6**	**3.3**	2.4
Pensioners living alone (%)	**33.3**	**33**	31.5

(Source: Local Health, Public Health England)

	Significantly worse than England
	Not significantly different to England
	Significantly better than England

Premature mortality rates for the biggest killers (heart disease, cancer, stroke) across County Durham are higher than England. The distribution of this premature mortality is not equal. In the case of all cause, CVD and COPD mortality in DDES this is strongly related to deprivation (Durham County Council Public Health, mortality analyses, 2011-13). Under the new model of care, people living with LLLTI's are likely to see an improvement in services, as people will be better education to treat minor illnesses at home, GP practices will have extended opening ours and there will be an out of hours service.

Traditionally there is a local culture of dependency on health and public services and a tendency that people usually seek support when they are in crisis. This adds additional pressure on the most costly acute services. This is further exacerbated by the lifestyle choices of many people.

There will be increased use of appropriate services to ensure optimal care for patients, in addition to improved utilisation of hospital sites, ultimately impacting upon financial sustainability.

Outcome: No negative impact.

Transient / BME Communities

The proposed integration of urgent care services aims to benefit every patient throughout the localities of Durham Dales, Easington and Sedgefield. The scope of urgent care means every patient, regardless of age, gender, religion, race, sexuality can access the services available. However, there is a potential risk that barriers may be perceived by patients from Gypsy Roma and Traveller (GRT) Communities and other BME communities in the area. Changes to urgent care services could result in these groups attending A&E if they are not aware of changes to services. However it is proposed that under new contract arrangements, patients will be triaged and sign posted to appropriate services i.e. GP, likewise via NHS 111. There will no longer be a need for patients to be registered with a specific GP practice as patients will still be seen upon presentation.

Further engagement will be carried out with GRT communities to ensure that they are fully aware of the proposed changes and that they have the opportunity to express their views.

Outcome: No negative impact.

Carers

We know that locally there are a high number of carers living in the area, the table below taken from the 2011 census shows that there are 9938 people providing 50 hours or more of unpaid care in the area, this has risen since 2001. This group need to be considered in

the provision of any changes to services.

	Provides 50 hours or more per week	
Name	**2011 Count**	**2001 Count**
Durham Dales	2,957	2,358
Easington	3,866	3,674
Sedgefield	3,115	2,651
Total	9938	8683

The extended opening hours of for the GP practices and Hubs is likely to have a positive impact on carers, as more options will be available to them such as when and where they can attend.

DDES CCG will ensure that carers are not excluded through further targeted engagement with this protected group. Carers will be considered in any discussions proposed around the integration of urgent care services to understand what impact this could have.

All patients accessing the service will be treated with dignity, respect and equality.

The CCG will use their existing communication links with the groups highlighted to ensure that they all have the opportunity to engage during the consultation phase and the development of urgent care services.

Outcome: No negative impact.

Public Sector Equality Duty (PSED)

Please provide detail on how the proposal contributes to:

- Eliminating unlawful discrimination, harassment and victimisation;
- Advancing equality of opportunity between people who share a protected characteristic and those who do not;
- Fostering good relations between people who share a protected characteristic and those who do not.

People who live in the Durham Dales, Easington and Sedgefield Locality will have better access to a range of urgent care services regardless of their protected characteristic. This equality impact assessment, along with the engagement that is underway with those from all protected groups will ensure that new model of care contributes to the PSED.

This EIA and they engagement that has already taken place informs DDES CCG of the different needs of each equality groups so that gaps in the CCGs knowledge can be acted upon as part of the consultation process.

The proposed new model of care means that people will continue to have access to their GP, the GP out-of-hours service, pharmacies and the NHS 111 service, so there is no reason for individuals to go untreated.

This proposal will mean that more people are treated closer to home, in the right place at the right time. By integrating urgent care services people will be directed to the most appropriate service for their needs. This should lead to fewer unnecessary A&E attendances resulting in shorter waiting times for people who are seriously ill.

People accessing the proposed urgent care service model will have access to a wider range of health services, for example diagnostic services. This should lead to fewer people being referred to another location for treatment.

Cumulative impact of this and other proposals? (Please consider whether this proposal, when combined with other decisions made by the CCG/NECS, might have a contributory positive or negative impact on the Public Sector Equality Duty.)

DDES CCG are committed to taking Equality and Human Rights into account in everything they do, whether commissioning services, employing people, developing policies, communicating, consulting or involving people in their work. They strongly support and carry out engagement with local people to listen to their views and make certain reasonable adjustments are made to enable access for patients, local carers and members of the public.

Consideration needs to be made with regards to Learning Disability, the Vanguard Programme and Better Health Programme (BHP) which are all large scale transformational change programmes across a wider geographical area. The outcome of these programmes could affect any proposed new models of urgent care.

Other than those outlined above, there are no foreseen significant risks identified. It should be noted that any new or changes to current services/ proposals/ policies will be fully equality impact assessed as part of an iterative process to mitigate any potential issues or concerns.

Step 5 - NHS Constitution and Human Rights

Checklist – how does this proposal affect the rights of patients as set out in the NHS Constitution or their Human Rights?

	Constitutional Rights	Yes/No	Please explain
a	Could this result in a person being treated in an inhuman or degrading way?	No	This equality impact assessment has been completed for the review and improvement of urgent care services and will not negatively affect patients constitutional or human rights.
	Constitutional Rights	**Yes/No**	**Please explain**
b	Does the proposal respect a patient's dignity, confidentiality, and the requirement for their consent?	Yes	The provision of any changes will be completed in line with current NHS Constitution values to ensure their dignity, confidentiality and consent is fully respected.
c	Do patients have the opportunity to be involved in discussions and decisions about their own healthcare arising from this proposal?	Yes	Patients have been fully informed throughout the process through engagement and pre-engagement with both staff and patients to fully understand past experiences and what they wish to see in the future.
d	Do patients and their families have an opportunity to be involved (directly or through representatives) in decisions made about the **planning** of healthcare services arising from this proposal?	Yes	All stakeholders are being fully informed throughout the process including a full public consultation which is currently underway.
e	Will the person's right to respect for private and family life be interfered with?	No	This equality impact assessment has been completed for the review and improvement of urgent care services and will not negatively affect a person's right to respect for private and family life.
f	Will it affect a person's right to life?	No	This equality impact assessment has been completed for the review and

			improvement of urgent care services and will not affect a person's right to life.
g	Will this affect a person's right not to be discriminated against?	No	This equality impact assessment has been completed for the review and improvement of urgent care services and will not affect a person's right not to be discriminated against.
h	Will this affect a person's right to freedom of thought, conscience and religion?	No	This equality impact assessment has been completed for the review and improvement of urgent care services and will not affect freedom of thought, conscience and religion.

Step 6 - Engagement and Involvement (Duty to involve – s242 NHS Act 2006) Francis Recommendation 135

How have you involved users, carers and community groups in developing this proposal? (Please give details of any research/consultation drawn on (desk reviews – including complaints, PALS, incidents, patient and community feedback, surveys etc).

As part of the development of the national strategy, an extensive public engagement exercise was undertaken seeking the views of patients, the public and key stakeholders. A national Patient Association survey was also published in May 2015 which explored the choices, decisions and experiences of patients accessing A&E services for urgent care needs and concluded that;

- Patients are aware of alternatives to A&E but many still attend A&E because they are unable to access timely help elsewhere;
- Patients attend A&E because they are advised to do so by other health professionals;
- The A&E brand is very powerful; and
- The arguments for co-locating primary care with A&E are compelling.

Some caution should be given to this as opinion was collated via an open access survey on the Patient Association website, and therefore may not be a truly representative picture.

DDES CCG will follow good communications and engagement practices by ensuring that the formal consultation is as fair, robust and inclusive as possible. Adherence to Public Sector Equality Duties is also demonstrated through an Equality Impact Assessment. Good practice criteria applied included 'right people, right methods, right feedback, right questions, right

time'. The approach takes into account the need for reconfiguration proposals to meet the four Tests for reconfiguration proposals in order to demonstrate:
- support from GP commissioners
- strengthened public and patient engagement
- clear clinical evidence base
- supporting patient choice

Stakeholders

For the purpose of this strategy, stakeholder is defined as anyone who will be affected (either positively or negatively) by a proposed change to local health services; those who have an opinion on the proposed changes and those who could influence other stakeholders. There are a wide range of stakeholders who will have varying degrees of interest in, and influence on, the urgent care agenda. Broadly, those stakeholders fall into the following categories:
- Internal
- Partners
- Patients and the public
- Political audiences
- Governance and regulators

Pre-engagement activities

Pre-engagement activities were planned, developed and implemented to inform and underpin:
- the development of a proposed new model of urgent care services in DDES;
- the outline business case relating to the proposals and;
- the development of a full public consultation on the proposals.

These pre-engagement activities were carried out at different stages, and they have successfully achieved the following objectives in relation to understanding:
- the experience of people using current urgent care services;
- the ways in which those people, and the wider general public, think urgent care services could be improved in DDES.

Further details about the pre-engagement activities are presented in the following sections

Also give details of any specific discussions or consultations you have carried out to develop this proposal – with users, carers, protected characteristic groups and/or their representatives, other communities of interest (e.g. user groups, forums, workshops, focus groups, open days etc.).

<u>Three phases of engagement</u>

Phase 1

At an early stage (2014) engagement was carried out to help DDES CCG understand what local people thought about urgent care services; what worked well and what needed to be improved. The aim was to develop an understanding of how urgent care services could continue to meet appropriately the needs of the DDES population in the future.

Objectives:

- To develop communication and engagement activity to engage meaningfully with local people;
- Listen to, and understand, the experiences of local people using existing urgent care services
- In doing so, ensure that the views of those who do not always have the opportunity to engage are reflected in the decision-making of DDES CCG
- Analyse feedback to understand relevant themes, priorities, challenges and issues identified by local people in relation to urgent care services
- Report back findings to DDES CCG, with recommendations on how the feedback should be used and developed to inform the new urgent care strategy
- Make recommendations for further communications and engagement activity to take place to inform development of the new model of urgent care services, including the future public consultation

DDES CCG is proud of the relationships developed with key voluntary sector organisations. To ensure that as many local people, groups and organisations as possible were given the opportunity to become involved in the development of its urgent care proposals, the CCG Communications and Engagement Team worked closely with an Experience Led Commissioning (ELC) Team.

Phase 2

Two service Audits were undertaken in February 2015 to help understand:

- Numbers and demographics of DDES CCG patients accessing urgent care and walk-in centres
- Proportion of symptoms and ailments that patients present at urgent care that could be safely dealt with, assessed and treated in primary care
- Current capacity in primary care, to help understand or challenge public perception that patients are unable to access appointments and as a result feel they have no choice but go to A&E

Objectives

- To ensure that DDES CCG fully engages its local population in the development of its new urgent care model and related consultation

- To give more people the opportunity to share their views and experience of urgent care services
- To inform the development of urgent care scenarios
- To balance clinical and public needs and priorities within the development of urgent care scenarios

Phase 2 included a focus on engaging people who are currently using urgent care services in DDES. As illustrated by the Shropshire Care Homes case in 2014, engaging with users of services is an essential component part in understanding the impacts of any proposed changes or developments within those services.

Phase 3

Approaches to engagement

ELC activities took place from May 2014 to May 2015. The engagement activity is outlined below and contains an overview of this form of engagement along with a number of methods that were utilised to increase the potential for public engagement at these sessions.

The following groups were involved in the engagement exercise:

- Patient Reference Group (PRG) Durham Dales
- PRG Easington
- PRG Sedgefield
- Ambulance PRG
- Area Action Partnership (AAP) 4 Together
- AAP Weardale
- AAP Bishop Auckland and Shildon
- AAP 3 Towns
- AAP Gereat Aycliffe and Middridge
- AAP Teasdale
- AAP East Durham
- AAP East Durham Rural Corridor
- AAP Spennymoor
- 2D
- Pioneering Care Partnership
- East Durham Trust
- Healthwatch County Durham
- Bishop Auckland Urgent Care Centre
- Seaham Urgent Care Centre
- Peterlee Urgent Care Centre
- Easington Walk-in Centre

- Voice for All
- Healthworks Easington
- Seascape Children's Centre
- St Helen Auckland Children's Centre
- Stanhope Children's Centre
- Bradbury House Care Home, Crook
- Crosshills Care Home, Stanhope
- Age UK
- Sedgefield Practice Managers Meeting

Some of these groups were visited by the ELC team and other methods were used to communicate with those groups who were unable to be involved in the face to face visits.

Engagement Activity Overview

Experience Led Commissioning (ELC) sessions

The National ELC team analysed data collected by The North East England ELC team at eleven ELC Co Design outreach events held in DDES CCG between May and June 2014.
Young families, people living with long term conditions and older people participated and shared their current and desired experiences of seeking help with unexpected or unfamiliar health issues (urgent care). They also told the CCG:

What they understand by urgent care
- What builds their confidence to self-care (including existing service or individuals)
- What triggers their use of urgent care services

The North East England ELC team also talked to members of staff in DDES urgent care centres. Furthermore 4 semi-structured interviews were undertaken with people with long term conditions with recent experience of using urgent care services. Finally, DDES CCG held a Positive Futures Planning workshop on 18 July 2014.

Open Access Engagement, communications and public relations

Development and distribution of a press release.
- Articles in stakeholder e-newsletter
- Raising awareness via social media, including Twitter and Facebook, as well as encouraging key partners

Those engaged came from a variety of different backgrounds, experiences, groups and communities, as well as engaging people who may not always have the opportunity to have their say on health issues. The combination of open access and targeted engagement also ensured that DDES CCG was fully compliant with its public equality duty, defined by S.149 of the Equality Act 2010.

The outcomes of the ELC exercise underpinned DDES CCGs decision to carry out further work around integrating urgent care services.

Summary of key findings

The conclusions from the ELC work were that people in DDES said:
- The process for making GP appointments should be improved
- Direct access to x-ray and fracture clinics would improve services
- Having the ability to request diagnostic tests for non-urgent needs should be considered
- There is a need for more joined up thinking around;
  = Triage (across urgent care centres, GP practices and NHS 111)
  = Policies and procedures
  = Access to clinical records
  = Accessing specialist advice (a second opinion)
- NHS 111 needs to be joined up and part of any new system thinking
- What matters to people and delivers a 'great' urgent care experience would be if services are;
  = Welcoming
  = Supporting
  = Reassuring
  = Building confidence
  = Informing and educating people how to self-care
  = Listening and understanding

Clinical Audit of UCC and WIC attendances

The first audit was carried out by DDES GP Practices of UCC and WIC attendances
Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an urgent care centre or a walk-in centre)

- 36 out of 41 practices in DDES CCG took part in the audit
- In total, 5,338 UCC attendances were reviewed (4.90% sample of the approximate 120,000 predicted UCC attendances)
- The top reason for attending urgent care was due to an injury (15.5% of the total) and this was also the final or main diagnosis of the attendance (16.1% of the total)
- Most patients had the symptoms for 0-1 weeks prior to their attendance at urgent care (63.0% of the total)
- Prescribing of medicines was the top treatment stated by practices (44.3% of the total)
- In total there were 394 cases where the patient had received an x-ray
- In 59.2% of urgent care centre attendances no follow up was required
- 51.5% of urgent care centre attendances could have been seen in primary care instead

- 50.4% of the total in-hours urgent care attendances reviewed in the audit occurred when there were appointments available at the patient's GP practice.

Audit carried out by Healthwatch regarding patients experience in an UCC or WIC
Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an urgent care centre or a walk-in centre

- Healthwatch reviewed 151 patients, at Bishop Auckland, Peterlee, Seaham and Healthworks UCCs
- 91.4% of these were from DDES CCG
- The top reason for attending urgent care was patient choice: "I chose to come here"
- 84.1% (127 patients) of patients stated they had used their own transport to get to the UCC
- The top reason for attending urgent care was due to an injury (14.6% of the total)
- 29.1% patients would have gone to A&E had the UCC been unavailable

How have you used this information to inform the proposal?

The information that has been collated from the patient and public engagement exercise, in addition to the request from our member practices, has been used to inform DDES CCGs proposals for the integration of urgent care services.

The range qualitative and quantative information used to develop the proposal includes:
- Healthwatch audit regarding patients experience in an UCC or WIC
- ELC engagement exercise
- Clinical audit carried out by DDES GP Practices of UCC and WIC attendances
- Discussions with staff
- Data analysis
- Views of member practices

Have you involved any other partner agencies (such as Local Authorities, Health and Wellbeing Boards, Health Scrutiny Committees, Local Healthwatch, Public Health, CCGs or NECS). **Please give details of any involvement to date or planned**

In acknowledging that changes were required to our existing urgent care models DDES CCG has taken a proactive approach in engaging key stakeholders in the shaping and development of those future models.

DDES CCG has sought to learn and build upon areas of good practice both nationally and locally, particularly work directed and tested by local System Resilience Groups both in DDES and across the region.

The focus of engagement has not only been to gather views around current services and raise awareness around the need for change but also to actively seek involvement in

determining and considering the quality requirements of any future model. Since January 2015 there has been a programme of engagement with clinicians and key stakeholders.

The CCG has had excellent engagement with partner agencies including the Adults, Wellbeing and Health Overview and Scrutiny Committee (OSC). Engagement with OSC will continue throughout the piece of work and will be updated on progress.

A representative from NHS England regularly attended the Urgent Care Task and Finish group meetings in order to provide support around NHS England assurances and, more broadly, in relation to the development of this Business Case and the consultation process.

The DDES CCG Wide Management meeting works together to ensure that health services in DDES localities are commissioned appropriately, effectively and safely for patients. As member practices of DDES CCG the DDES Wide Management meeting:

- supports delivery of statutory responsibilities to reduce inequalities in the health of the local population and
- ensure equity of health and access to services

In summary the DDES Wide Management meeting:

- Supports the development and the delivery of a commissioning strategy
- Supports the development of the CCG
- Ensures the continued engagement and involvement of all partner organisations/ stakeholders encouraging integration
- Identifies, suggests and recommends services/pathway redesign or innovation in service delivery for the benefit of our local population
- Supports joint working across the 3 localities

DDES CCG represents the collective interests of 40 member GP practices in the area who have agreed that the area should be divided into three geographic “locality” groups – Durham Dales, Easington and Sedgefield.

This constitution sets out how DDES will operate to meet its responsibilities for commissioning care for the people of the area. It describes the governing principles, rules and procedures for the day to day running of DDES CCG to ensure probity and accountability; to ensure that decisions are taken in an open and transparent way; and that the interests of patients and the public remain central to the goals of the Group (a copy is available on the DDES CCG website - www.durhamdaleseasingtonsedgefieldccg.nhs.uk).

The North of England Commissioning Support Unit (NECS) has also worked collaboratively as an integrated team with the CCG on the proposed integration of urgent care services. Colleagues from service planning and reform, provider management, business intelligence and finance have all been involved with this piece of work. This way of working will continue.

Other stakeholders, including Public Health and Healthwatch County Durham have also participated in the conversations to help the CCG understand the current provision of Urgent Care Services in the DDES locality and wider area of County Durham and Darlington.

The CCG holds an Internal Urgent Care Task and Finish Group meeting on a weekly basis to monitor progress with core group members and members of the wider team, for example business intelligence, are invited when appropriate.

The Internal Urgent Care Task and Finish Group have also had an initial meeting with stakeholders to update on progress and seek input with elements of the work.

Moving forward updates will be sent to relevant stakeholders via a 'stakeholder briefing' and they will have the opportunity to contact the CCG with any queries or questions.

A comprehensive process of public consultation started on 14th March 2016 and ran until 6th June 2016. Feedback from the consultation was evaluated independently by Proportion Marketing Ltd and the feedback report, which was also made available publicly, will be presented to the CCG's Governing Body on the 13th September 2016.

Step 7 - Including people who need to know

Please consider the way in which the proposal will be explained to a wider audience.
(Will translation or interpretation materials be required (audio, pictorial, Braille as well as alternative languages); are there any particular approaches required for different cultures using outreach or advocacy support**;** is some targeted marketing required?

NHS Durham Dales, Easington and Sedgefield CCG plan to promote the proposed integration of urgent care services using a number of mechanisms including:

- Local media
- Digital media
- Stakeholder Events
- Website updates
- Press releases
- Awareness raising with stakeholders and the general public
- Dissemination of information to stakeholders and using existing communication mechanisms, for example, My NHS
- Information documents / publication materials will also need to be produced in alternative languages, if requested.
- GP Practice websites
- Targeted awareness raising via local PRGs
- Partner dissemination of information

Step 8 - Monitoring Arrangements
Please identify the monitoring arrangements that will be introduced to ensure that the effect of the proposal does not result in a disproportionate impact on any protected group (eg by creating an unintended barrier); For example, including contractual requirements to provide equality monitoring data on those accessing the service or making complaints.

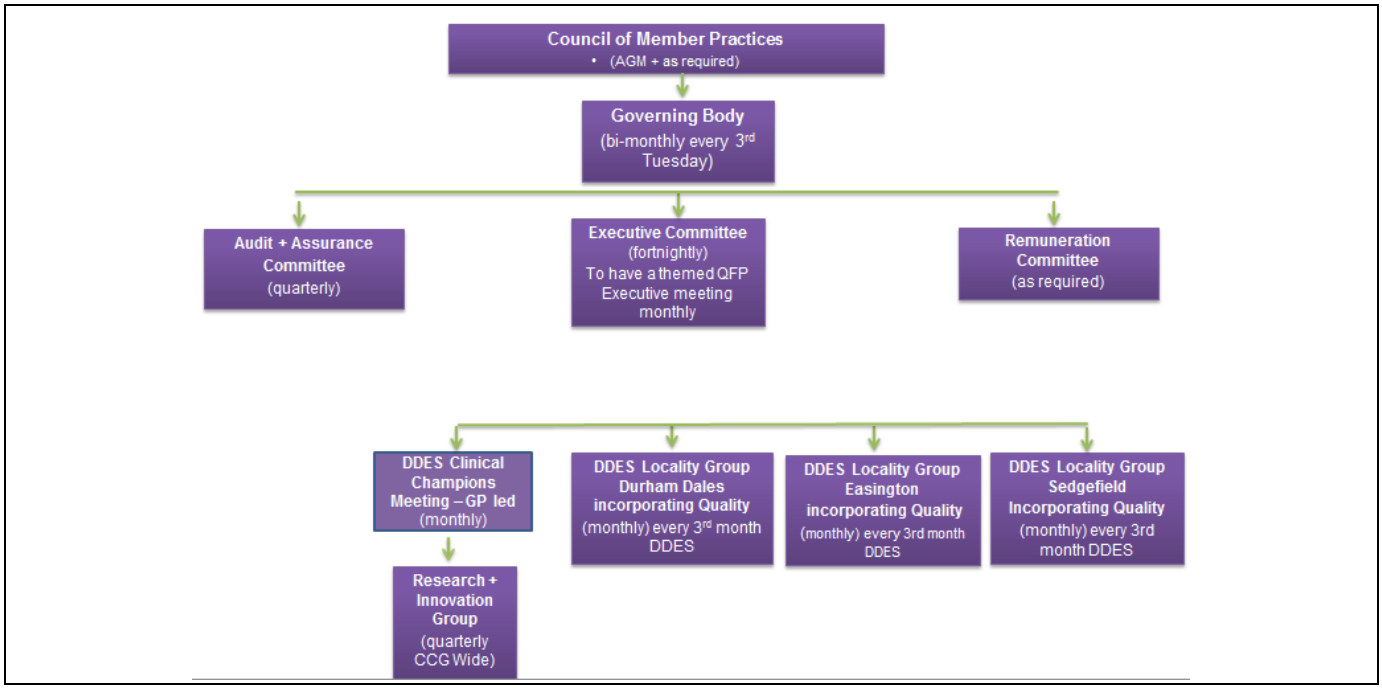
Following any reconfiguration of services, patients attending newly designed services particularly from the protected groups will need to be collected and monitored to ensure they are not negatively impacted by the change.

A robust service specification will be developed which will include Key Performance Indicators (KPIs) with additional patient and GP practice quality measures to allow communication at any one time. Data will be used frequently to review service usage and will help provide a baseline for any new services.

Which committee or group will receive updates on the monitoring? (Include details of how often reports will be presented).

The DDES CCG Executive Committee (for non-conflicted members only) will receive regular updates on the proposed integration of urgent care services. Reports are submitted from the Executive Committee to the CCG Governing Body (non-conflicted) and DDES Wide Management Group for assurance. Updates will also be communicated to the Adults, Wellbeing and Health Overview and Scrutiny Committee at the Local Authority. The responsible Director is linked into all of the committee meetings and the Internal Urgent Task and Finish Group which meet on a weekly basis.

The DDES CCG Governance Structure is shown below:



Step 9 - Decision Making

Taking the equality analysis and the engagement into consideration, and the duties around the Public Sector Equality Duty, you should now identify what your next step will be for the proposal:

Decision steps available	Rationale for your decision
Present proposal of integration of urgent care service to Adults, Wellbeing and Health Overview and Scrutiny Committee.	This committee will advise on whether public consultation is required, which is extremely likely due to the level of service change.
Present proposed models of integrated urgent care services, including the Communications and Engagement Strategy and the Consultation Plan, to DDES CCG Executive Committee for non-conflicted members.	This committee will agree the recommendations to move forward with the proposals and public consultation.
Seek NHS England assurance to move forward with the proposals and consultation plan.	The CCG will require assurance from NHS England to move forward with this piece of work.
Present the Communications and Engagement Strategy and Consultation Plan on the integration of urgent care services to Adults, Wellbeing and Health Overview and Scrutiny Committee.	This committee will consider the consultation plans and provide their views on the engagement approach to the CCG for action.
Formal Public Consultation (12 week time frame)	Proposed models of integrated urgent care services to go out to formal public consultation. Consultation plan will be in

	place and agreed by DDES CCG Executive Committee.
Public consultation review of the proposals to integrate urgent care services in DDES.	Depending on the outcome of the public consultation, plans to implement the new model of integrated urgent care to be finalised and submitted to appropriate committees for agreement and sign off.

Step 10 - Action Plan

Please reference all actions identified above and any additional actions required to ensure that this proposal can be implemented in compliance with Equality legislation, NHS Constitution and Human Rights requirements.

Action	What will it achieve or address?	Lead Person	Timescale
Present proposal of integration of urgent care service and direction of travel to Adults, Wellbeing and Health Overview and Scrutiny Committee.	Decision will be made whether formal public consultation (12 weeks) is required.	Sarah Burns / Clair White	January 2016
Present business case and proposed models of integrated urgent care services, including the Communications and Engagement Strategy and the Consultation Plan, to DDES CCG Executive Committee for non-conflicted members.	Agreement to proceed and implement with public consultation plan, to present and discuss proposed models of integrated urgent care.	Sarah Burns / Clair White	February 2016
Seek NHS England assurance to move forward with the proposals and consultation plan.	Sign off and agree the consultation plans to move forward and implement.	Sarah Burns / Clair White	February 2016
Present to DDES CCG Governing Body (non-conflicted members) for assurance.	Sign off and agree the consultation plans to move forward and implement.	Sarah Burns / Clair White	March 2016
Present the Communications and Engagement Strategy and Consultation Plan on the integration of urgent care services to Adults, Wellbeing and Health Overview and Scrutiny Committee.	Agreement to move forward and implement public consultation plans.	Sarah Burns / Clair White	May 2016 – June 2016

Formal Public Consultation (12 week time frame)	Proposed models of integrated urgent care service to go to formal public consultation.	Sarah Burns / Clair White	March 2016 – June 2016
Public consultation review of the proposals to integrate urgent care services in DDES.	Depending on the outcome of the public consultation, plans to implement the new model of integrated urgent care to be finalised and submitted to appropriate committees for agreement and sign off.	Sarah Burns / Clair White	August 2016
Implementation of new service model	Implementation of new models	Clair White	December 2016 – March 2017
New integrated urgent care service commenced	Service mobilised and commenced	Clair White	April 2017

Review date for this equality analysis (when actions above and impacts of the proposal will be considered)	Continuous throughout the process – July 2014 to 1 April 2017

Step 11 - Sign Off

Senior Responsible Officer*	Joseph Chandy
Date signed	
Presented to Executive Committee	
Publication date	

***as the Senior Responsible Officer you need to be assured that you have sufficient information about the likely effects of the policy in order to ensure proper consideration is given to the statutory equality duties.**

1. Send the completed Equality Analysis with your document to necsu.equality@nhs.net
2. Make arrangements to have the EA put on an agenda for the appropriate Committee
3. Use the Action Plan to record the changes you are intending to make to the document and the review date.
4. Arrange for the Equality Analysis to be uploaded onto the website once it has been signed off.

Advice, information and guidance is available from the NECS Equality and Diversity Team at necsu.equality@nhs.net

October 2013
(produced by the Equality and Diversity Team, North of England Commissioning Support, email necsu@equality.nhs.uk)