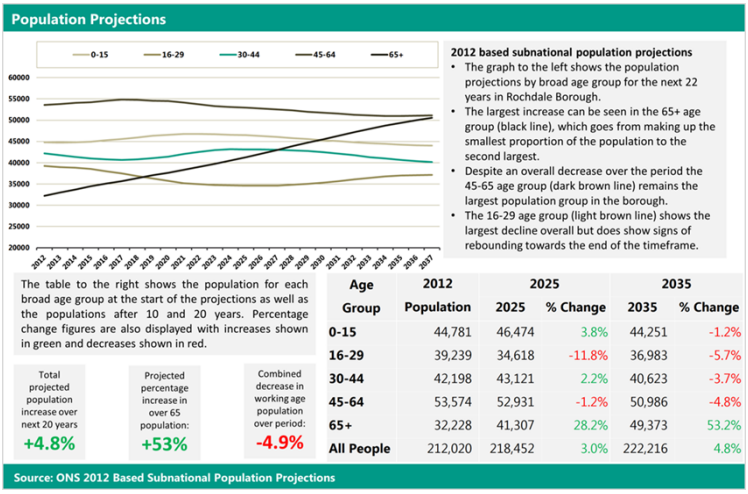
Equality Analysis: Documentation	
Service review / change:	**Proposed changes to service specification for the Posture and Mobility Centre (PMC)**
Project Lead:	**Adult Commissioning Team, HMR CCG**
Version:	**1**
Date updated:	**16/11/18**

Key Responsibilities

Equality Diversity & Inclusion Lead
Manager
Line Manager
Board/Governing Body/Committee

Equality Analysis: **Local Demographic Data**

CCG population information (2011 Local Authority level Census Data)
http://www.neighbourhood.statistics.gov.uk
http://www.poppi.org.uk/

General	In 2016, Rochdale had a population of 212,962 This represents a 0.6% increase on the census 2011, this is expected to rise by a further 3% over the next 10 years' with a predicted large increase in the over 65s age group. The number of people living in Rochdale (212,962) is lower than the number of people registered with our GPs (over 227,000 as at 2016).
Age (ranges can be adapted)	0 – 15 = 44,781 16-29 – 39,239 30- 44 = 42,198 45-64 = 53,574 65 + = 32,228 Include trends (e.g. aging /young population etc.) 
Race (consider migrant, Gypsy and Traveller communities, etc)	White British = 166,481 (78.6%) White Minority Ethnic = 3% includes: White Irish; White Gypsy Irish Traveller and White Other Black Asian Minority Ethnic = 18.3% includes: Black, Asian, Mixed and Other Ethnic Total BME = WME+BAME 21% BME = 33,606 (14.37%) Borough's population the rate of increase since 2011 and other evidence, such as the schools census, suggests that it may be higher than this. The largest BME group is Pakistani with 10.5% of the population and the second largest is Bangladeshi with 2.1%. Source:

	Rochdale Profile 2011; Census The socio-economic profile of our BME groups is often vastly different to that of our White British residents with consequent effects on their quality of life and health outcomes. BME groups generally have worse health than the overall population and language or cultural barriers may prevent these groups from accessing mainstream services Language - over 90 different languages are spoken in the borough. 91.7% of the Borough identified English (or Welsh) as their main language in the 2011 Census. South Asian languages (including Urdu, Punjabi and Bangla) were the second most common languages (5.6%) and 4% of households having no occupant with English as their main language. This can impact on people's ability to access help and support when they need it.
Sex	Male = 103,462(49%) Female = 108,057 (51%)
Gender reassignment	There are no official statistics nationally or regionally regarding transgender non-conforming people, including those who are non-binary and non-gender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). If we use this estimation for the borough's population the number equates to an estimated 53 people who might identify themselves as transgender. It is known that there are disproportionately high levels of mental health issues and depression experienced by members of this community and hate crime and harassment are significant issues.
Disability (mental and physical)	The percentage of the population with a Long Term Health Problem or Disability: Disabled = 44,359 (21%) Of these disabled people of working age (16 – 64 years) = 11% with a health condition or disability that limits their day-to-day activities. Across the all age's 10.7% said they were limited a lot and those between 16-64 8.7% said they were limited a lot. The proportion of the population aged 65 and over with a long term condition is projected to increase from 58.7% in 2011 to 63% by 2021. As life expectancy increases, so too are the numbers of people with complex care needs will impact greatly on social care and related services such as dementia services. According to the Health and Social Care Information Centre, in March 2014 there were 495 people aged 65+ registered as blind or partially sighted. 63% of all people registered as blind are aged 65 or over. And 72% of those registered as partially sighted were over 65. However, information from the RNIB suggests as many as 20% of the total over 75 population could be blind or partially sighted; this

<table>
<tr><td></td><td>would amount to 2,980 people.
<table>
<tr><th>Registered with the Council as (March 2014)</th><th>All</th><th>0-4</th><th>5-17</th><th>18-49</th><th>50-64</th><th>65-74</th><th>75+</th></tr>
<tr><td>Blind</td><td>315</td><td>0</td><td>0</td><td>60</td><td>55</td><td>50</td><td>150</td></tr>
<tr><td>Partially Sighted</td><td>410</td><td>0</td><td>5</td><td>50</td><td>60</td><td>65</td><td>230</td></tr>
<tr><td>Total</td><td>725</td><td>0</td><td>5</td><td>110</td><td>115</td><td>115</td><td>380</td></tr>
</table></td></tr>
<tr><td>Sexual Orientation (Heterosexual, Homosexual and Bisexual)</td><td>There are no local statistics for how many Lesbian, Gay or Bisexual (LGB) people live within Rochdale however, nationally, the Government estimates that 5% of the population are lesbian, gay, bi and transgender communities.</td></tr>
<tr><td>Religion, faith and belief</td><td>Most people in the borough follow a religion; the census 2011 showed over 35 religions observed across the borough.
Around 60.6 % (128,186) are Christian, around 13.9% (29,426) are Muslim and around 18.9 % (40,014) state they have no religion.
Muslim population reports poor health in line with the national picture.</td></tr>
<tr><td>Marriage and civil partnership</td><td>This protected characteristic generally only applies in the workplace. The census 2011 showed almost 73,323, (44.2%) of residents as being married, 58,665 (35.1%) said they are single, 20,815 (12.6%) co-habiting, 12,236 (7.3%) widowed and 293 (0.2%) in civil partnerships in Rochdale borough</td></tr>
<tr><td>Pregnancy and maternity</td><td>Birth rate had been fairly constant since 2008 but declined in 2014 with 2,844 babies born to local residents (from 3044 the previous year).
Birth rates are higher among our ethnic minority groups and in areas of deprivation. The infant death rate is also higher than average in this group. Teenage pregnancy rates are high compared to the England average but are declining and have fallen below the North West average.</td></tr>
</table>

Equality Analysis: **Project Profile Data**	
Local Profile/Demography of the Groups affected :	
General	All therapy staff have received equality training as set out by PCFT and recognised across the locality. The PMC service delivers assessment and equipment to approximately 10,000 service users across HMR and Bury metropolitan boroughs. This equates to around 150 new referrals each month. Criteria for access is for a client to have a registered GP
Age	Service covers from 36 months (unless there is a very clearly identified postural need) without an upper age limit and would therefore reflect the age profile of the general population. Current case load includes:- • Paediatric (up to and including age 18) 375 clients • Adults 4721 clients
Race (consider migrant, Gypsy and Traveller communities, etc.)	Data not specifically collected by service unless stated on the referral. Therefore for 99% of the current caseload this is not disclosed. Ethnic group to which the client belongs has no bearing on service delivery.
Sex	Paediatric female – 145 Paediatric male -202 Adult female -2497 Adult males – 1828

Gender reassignment	Data not specifically collected by service unless stated on the referral. Chairs are provided on clinical need therefore gender reassignment has no bearing on service delivery.
Disability (mental and physical)	All service users are defined with a physical disability. Data is not collected on mental capacity unless an there is an impact on equipment provided. Service works within guidelines established around assessment of capacity and DOLs
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	Data not specifically collected by service unless stated on the referral. Chairs are provided on clinical need therefore sexual orientation has no bearing on service delivery.
Religion, faith and belief	Data not specifically collected by service unless stated on the referral. Chairs are provided on clinical need therefore religion, faith and belief has no bearing on service delivery. However if this has been disclosed then clinic / visit sessions would be made appropriately around religious festivals.
Marriage and civil partnership	Data not specifically collected by service unless stated on the referral. Chairs are provided on clinical need therefore marriage and civil partnership status has no bearing on service delivery.
Pregnancy and maternity	Data not specifically collected by service unless stated on the referral. Data would only be held if this was pertinent to the equipment supplied.

Equality Analysis: Equality Data Available	
What do you already know about how people are currently affected? Ask the current provider these (and other) questions for each protected group in a way that is relevant and proportionate to your piece of work. If this is a new project identify and consider any national or local research that may support your piece of work.	
Views and Feedback	
Communications and Engagement (liaise with communications and engagement team)	**Communication with regard to the changes proposed to service delivery will be with other NHS / care provider professionals not directly with clients. All communications will be agreed with the CCG prior to issue.**
History & Examination	
Health Needs (JSNA, research)	**Refer to risks outlined within paper.**
Current Service Review (access information, complaints, etc)	• How does the current service promote equality? • Are there examples of good practice or have you identified any gaps? • What can you tell about the demand for the service by different groups? • Is there an over or under representation of particular groups, relative to the expected demographic?
Diagnostic & Assessment	
Benchmark	**The service is part of the Greater Manchester mobility center network and regularly attends meeting and engages with the group.**
Develop Options	**Refer to risks outlined within the paper.**
Service design	**Service will continue to access the interpreter service and liaison services for those hard of hearing or visually impaired, the proposed changes do not affect access.**

Intervene	
Business case	**Where impact has been identified a communication pathway for escalation of issues has been verbally identified, yet to be documented and formally agreed.**
Decommission	**As above a process has been identified yet to be formally documented and agreed.**
Procurement	**As noted all therapy staff have completed the relevant training as recognised locally**
Review	
Contract transition	**It has been recognised that the option around care homes has a significant impact therefore sufficient transition time to allow for planning has been built into the proposal.**
Performance Management	**Inclusivity and accessibility has not changed within the proposal**
Continuous improvement	**There will be no impact on continuous improvement through the proposals identified.**

Equality Analysis: Assessment Test				
What impact will the implementation of this change have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?				
Proposed Change:				
Commissioning Cycle stage(s):	**Views and Feedback, History & Examination, Diagnostic & Assessment, Intervene, Review [delete as appropriate]**			
Protected Characteristic:	**Neutral Impact:**	**Positive Impact:**	**Negative Impact:**	**Reasoning / evidence of impact and, if applicable, justification where a *Genuine Determining Reason* exists**
Age			yes	Should option 3 be agreed there will be a negative impact on some paediatric clients.
Race (consider migrant, Gypsy and Traveller communities, etc.)	Yes			
Sex	Yes			
Gender reassignment	Yes			
Disability (mental and physical)			yes	As above with regard to option 3
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	Yes			
Religion, faith and belief	Yes			
Marriage and civil partnership	Yes			
Pregnancy and maternity	Yes			

Equality Analysis: Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Recommended Actions:	Responsible Lead:	Completion Date:

Equality Analysis: Completed By

Name:	Job Title:	Date:
Deborah Keogh	Posture and Mobility Centre Service Lead	15/11/18
Helen Marsh	Business Development Officer	15/11/18

Equality Analysis: Line Manager Sign Off

Name:	Job Title:	Date:

Quality Assurance (QA) Checklist	
1	Copy of completed document sent to samina.arfan@nhs.net
2	QA process completed: a. If further action required, document return to author for action b. If no further action required, document is ok to go to relevant committees/boards. It will be useful for you to create an EA folder to store all your completed EAs.
3	When a document has been returned for further action, this must be completed and resubmitted within 4 weeks.

Quality Assurance (To be completed by the GMSS Equality and Diversity Business Partner)				
		Yes	**No**	**Further Action Required**
1.	Have any issues which are relevant to all Protected groups been clearly identified?			
2.	Has the duty to eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act been considered and acted upon?			
3.	Has the duty to advance equality of opportunity between people who share a protected characteristic and those who do not, been considered and acted upon?			
4.	Has the duty to foster good relations between people who share a protected characteristic and those who do not, been considered and acted upon?			
5.	Has the EA been signed off by the responsible Manager for this policy?			