

## Equality Impact Assessment: Developing Community Hubs

### 1.0 Introduction

In line with the Five Year Forward View, our vision was to provide more care closer to home with care delivered out of hospital and in local communities, which is what our patients and clinicians have told us is important to them.

Through prevention and early-intervention we want to:

- Help people to take greater control over their care and treatment.
- Ensure we meet long-term needs to help people to stay independent.
- Make it easier for people to access the right services by working more closely with GPs and other providers to join-up care and support, reducing duplication and making better use of new technologies.
- Provide a model which results in better outcomes for our patients and communities.

The idea for community hubs was formed following engagement with patients and the public in 2016. To best understand what will work for our communities, our clinicians wanted to test some of their ideas before we finalise our plans or propose permanent changes. In April 2017 we launched two community hub pilots in Marlow and Thame, towns where we already have strong community bases.

Since April 2017, and taking on board feedback from patients and other key stakeholders, we have been working on a range of service improvements in the hubs and to other out of hospital services offered across the county. £1m has been invested in expanding our community services, with an emphasis on older people.

### 2.0 Community Hubs Proposals

**The development of Community Hubs in Buckinghamshire is to provide out of hospital services.** Two hubs were established at Thame and Marlow community hospitals. They are providing a local base for community staff and help patients to access multidisciplinary rapid assessments and treatment including domiciliary visits, prevention services, primary care services (as appropriate) more local hospital services (such as outpatient appointments, diagnostics) and supporting district nursing teams in providing wound care and routine catheter changes for those who are not house bound .

During the pilot the community hubs have offered the following services:

- **Community assessment and treatment services** including a multidisciplinary assessment service where geriatricians, nurses, therapists and GPs provide expert assessment, undertake tests and agree a treatment plan to help frail older people to stay at home and avoid an A&E visit or hospital admission.
- Additional **diagnostic facilities** such as one-stop blood tests and x-rays.

- An extended range of **outpatient clinics**.
- Support from **voluntary organisations** such as Carers Bucks and Prevention Matters ranging from clinics, drop-in sessions and information stands.

To support this work across the whole of Buckinghamshire there are:

- **Locality teams** comprising of nurses working 24/7 to provide cover to those needing the greatest health and support, linking in with GPs and social care as required.
- **Rapid response intermediate care** working 7 days a week providing short-term packages of support helping people back to independence to avoid hospital admission and supportive early discharges.
- **Community care coordination team** who provide a dedicated phone and email 'single point of access' for referrals from health and social care staff to access district nursing, rapid response, intermediate care, community physiotherapy community hospitals and social care reablement joining up care between organisations.

### 3.0 Impact Assessment Methodology

The objective of the impact assessments was to identify the impacts (positive and negative) of the proposed development of out of hospital & community hubs across Marlow & Thame in Buckinghamshire, considering the service areas and the changes overall, regarding the likely effects on:

- health outcomes
- access to services
- equality groups

The output of the integrated HIA and EqIA is the production of a set of evidence-based findings and recommendations that can be used by decision-makers to maximise the positive impacts and minimise any negative impacts of the proposals.

These aspects are considered with particular emphasis placed upon impacts on health inequalities and equalities groups. Focus will also be placed on the impacts for those patients who would be disproportionately affected (i.e. vulnerable groups) compared to effects on the whole of the Buckinghamshire population.

The scope of this assessment covers:

- The service changes proposed within the BHiB Programme
- The geographical boundary of Marlow & Thame in Buckinghamshire
- The likely impacts related to health outcomes and access

The report 'Developing care in the community hubs September 2016' which gave the rationale for the programme, this EQIA has been developed in conjunction with the evaluation of the pilot and considers the service areas, examines the health, equality and wider impacts that are likely to be experienced because of the new service model. The

specific equality groups and geographical areas that are likely to experience most impacts are also highlighted. It makes recommendations for actions that could be taken to mitigate any potential adverse impacts arising from proposed changes to services identified by the impact assessment. Finally, the report also makes a number of suggestions as to how potential benefits of the changes can be maximised and equality of outcomes improved and enhanced.

(Buckinghamshire Risk Stratification Analysis) 

#### 4.0 Health Impacts

Since BHT embarked setting up the Community Hubs

Top-line results

- The community assessment and treatment service at Thame and Marlow has seen **1027** people from April 2017 to March 2018 which is in line with the proposal estimate.
- **Less than 1%** of patients seen by the community assessment and treatment service were subsequently referred to A&E.
- **2,439** patients seen in the multidisciplinary day service assessment (MUDAS) at Wycombe Hospital in 2017/18 - **an increase of 25%** on the previous year.
- There have been no overnight packages of care required so far during the pilot, other than transitional beds already commissioned as part of the 'discharge to assess' project.
- There has been a **60%** increase in outpatient appointments offered at the two sites.
- We have worked with a range of stakeholders to develop and refine the pilot; they are supportive of the work achieved to date and the continued development of the hubs model as part of the wider community transformation programme.

#### 5.0 Equality Impacts

The EqIA process aims to prevent discrimination against people who are categorised as being disadvantaged or vulnerable within society. These categories are called equality target groups (ETGs) and are currently designated by the standards set Greater London Authority (GLA):

- women;
- black, Asian and ethnic-minority people;
- young people and children;
- older people;
- disabled people;
- Lesbian people, gay people, bisexual people and transsexual people; and
- People from different faith groups.

The role of the stakeholder engagement group

Central to the development of the hubs has been the co-design with local people through the stakeholder engagement group. The stakeholder engagement group is chaired by our system wide chief nurse and director of communications. It comprises of representatives from Healthwatch, Marlow and Thame Community Hospitals' Leagues of Friends, Thame and District Day Centre, Marlow and Thame town councils and patient participation groups of local practices. The group acts as a critical friend to the pilot, helping us to review how the new services are working and performing against key indicators, as well as helping us to shape how we can engage and involve people in the on-going development. The group has been meeting every six weeks since the pilot began, reviewing the activities of the hubs, the feedback we have had from people that have used the services and they have made suggestions to refine and improve the model. All information, KPIs and minutes from the meetings are published on the Trust's website.

## **6.0 Conclusions and Recommendations**

The community hub model of holistic care, closer to home, received broad support across all stakeholder groups involved in the review. The majority of patients and the public wish to see the current hubs continue and the model rolled out across Buckinghamshire, with provision tailored to different needs in different areas.

All stakeholders felt the hubs had made a good start, however they felt the hubs were yet to achieve their full potential. Levels of awareness of the hubs was low amongst both patients and GPs. Transport was highlighted as an issue, with concern expressed that the lack of community transport to the hubs could potentially be a barrier to access for many patients.

### **Key recommendations**

- Raise awareness of the current hubs with public and GPs, in part through clearer branding
- Increase the service to at least five days per week at both sites.
- Review the current referral process with GPs, and consider expanding the process to self-referral.
- Ensure better co-ordination of the different services operating within the hubs.
- Work towards changing the environment within the community hospital settings of the hubs to become more clinic-like, to provide better facilities for partner organisations to provide their services, and to be dementia, mental health and learning disability friendly.
- Mobilise a wider range of outpatient clinics.

### **Roll out of hubs model**

- Roll out model across Buckinghamshire, including utilising the Trust's existing bases in Buckingham, Chalfont and Amersham, and considering a range of options tailored to need in different areas, such as mobile units and other public sector estate.
- Ensure effective joint working across health and social care and with voluntary sector.
- Consider how public and community transport to hubs could be improved.

- Provide signposting to other public and voluntary sector support services.

Transport infrastructure is a key part of the delivery of any local service – Amersham, Buckinghamshire, Chalfont, Thame and Marlow are served by regular buses and train routes. The hubs are accessible from a well-established & comprehensive public transport network. There are also a range of community transport schemes available, which the Trust could utilise more, and patient transport is available for those who are eligible.

It is recommended that to reduce the inpatient activity & presentations at our emergency department at Stoke Mandeville, the models of care must meet the needs of the patient demographic this aligns to the 5 year forward plan for NHS England. It is recommended that we continue open face to face dialogue with of local community.

### **Proposed next steps**

Continue with the current community hubs at Thame & Marlow for another two years so that the other complementary elements of community services transformation have time to be developed, rolled out across the county and evaluated for impact. This includes developing the community hubs model across the county.

- Phase 1, April 2018: confirm the continuation of the community hubs in Thame and Marlow for a further two years
- Phase 2, April - June 2018: Review out of hospital care model to understand scalability of services between the Hubs and Integrated teams.
- Phase 3, June 2018 – March 2019: Increase the scale of delivery of the hubs and integrated teams across the county.
- Phase 4, April 2019 - March 2020: Integrate the out of hospital elements into the full care model.

## **Appendices**

### **Appendix 1 (Buckinghamshire Risk Stratification Analysis)**



Buckinghamshire  
Risk Stratification

### **Appendix 2 (Developing out of Hospital Care – HASC paper April 2018)**

## Screening - Initial Assessment

### Stage – 1

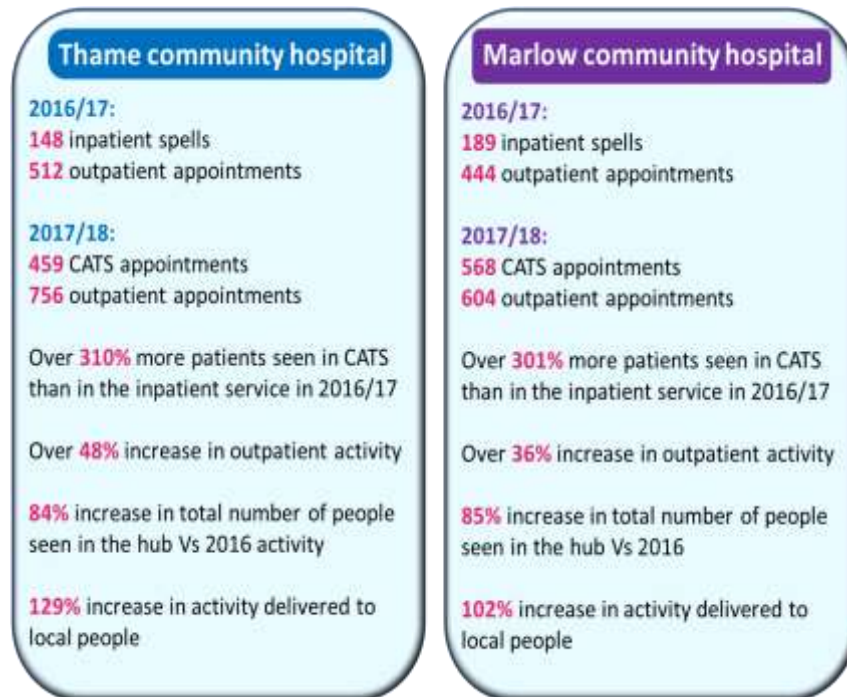
The screening process must be used on all new policies, projects, service reviews and staff restructuring. If you are not able to determine why your proposal has a positive/ negative / neutral effect on patients, services users or staff you will require a more detailed analysis and need to conduct a full equality impact assessment.

Questions	Answers
<p>1. Brief summary of the project/ policy including the main aims and proposed outcomes.</p>	<p>The proposal is to expand the support available in the community which will help to maintain people’s health and independence which would otherwise deteriorate if admitted to hospital for a length of time. By introducing Hubs in with a rapid response service and specialist frailty multidisciplinary assessment clinics in the community, reducing the need for bedded care in hospital.</p> <p>A pilot of this new model of care has been running at Marlow and Thame Hospitals for 12 months and during that time our clinicians have not admitted patients to the inpatient wards there but instead have used the space to run the new rapid assessment multidisciplinary community assessment and treatment service. The pilot has increased the access to diagnostics locally, outpatients and also involved services being located on site from the voluntary sector.</p> <p>The pilots have broadly, according to patients, the public and clinicians, been a success and it is now proposed to continue these services in Thame and Marlow for a further two years, whilst co-designing hubs with localities across the rest of the county as part of the wider community transformation programme is implemented.</p>
<p>2. Does the project/ policy need to reference or consider any other policy or strategy?</p>	<p>The community hubs project is inextricably linked with the wider vision for community health and care services in Buckinghamshire.</p> <p>To support we have invested £1m into the community services. A total of nearly 36 new posts were created in the community in the Community Care Coordination Team and Rapid Response Intermediate Care. We have also redeployed staff from the Community Hospitals in both Thame and Marlow to work within the community assessment and treatment service (CATS) team.</p> <p>The vision is to have everyone working together so that the people of Buckinghamshire have happy and healthier lives. We want to rebalance the health and social care spend to increase support for more people to live independently at home, especially older people and those with long-term conditions, by providing high quality prevention and early intervention services.</p> <p>The development of community services will be concerned with adults</p>

	and children, physical and mental health needs and virtual and real service provision models.
<p><b>3. Could the proposed strategy, policy, service change, or function have a direct or indirect affect on patients, service users, staff or local community?</b></p> <p>Please explain your answer.</p>	<p>The development of community hubs will affect patients, service users, staff and the wider community directly. It is anticipated that the service offered has had a positive direct impact on patients based on the positive feedback received. The patients liked having all their care co-located and have made suggestion how the services could be further developed and improved. To support this, the Trust set up a range of workshops and stakeholder engagement sessions made up of local representatives, staff and voluntary sector organisations and GPs.</p> <p>BHT Human Resources policies have been deployed with staff from the initial dialogue with staff to consultation on changes and now it is envisaged that little or no impact will be experienced by staff the majority of whom have already be redeployed into new positions elsewhere or are working within the HUBs.</p> <p>A key part of the model has been the development and pilot of community hubs in Marlow and Thame community hospitals. Over the past year they have offered:</p> <ul style="list-style-type: none"> <li>• Community assessment and treatment service (CATS) including a frailty assessment service where geriatricians, nurses, therapists and GPs provide expert assessment, undertake tests and agree a treatment plan to help frail older people to stay at home and avoid an A&amp;E visit or hospital admission</li> <li>• Additional diagnostic facilities such as one-stop blood tests and x-rays</li> <li>• An extended range of outpatient clinics, including chemotherapy clinics at Marlow, community occupational therapy clinics at Marlow (and in Thame in the near future), tissue viability clinics, Parkinson’s disease and falls clinics</li> <li>• Support from voluntary organisations, such as Carers Bucks and Prevention Matters, ranging from clinics, drop-in sessions and information stands. There are monthly stands from Age UK in Thame and Carers Bucks are running a ‘clinic’ in Marlow on a fortnightly basis. VictimSupport has also begun a weekly session in Thame</li> <li>• Links with other public services have also been made – for example library services are now available in Marlow, providing books to support self-care and the management of mental health and long term conditions.</li> </ul> <p>This is in line with what patients and clinicians told us they wanted - rapid access to testing anddiagnostics and a place where they could access a full range of therapy services. Having these services based in the local community makes it easier for GPs to become full</p>

members of the multidisciplinary team that delivers the care. We have put in place a single point of access to make it easier for clinicians to refer to the multi professional, multiagency frailty assessment clinics.

### Outcomes



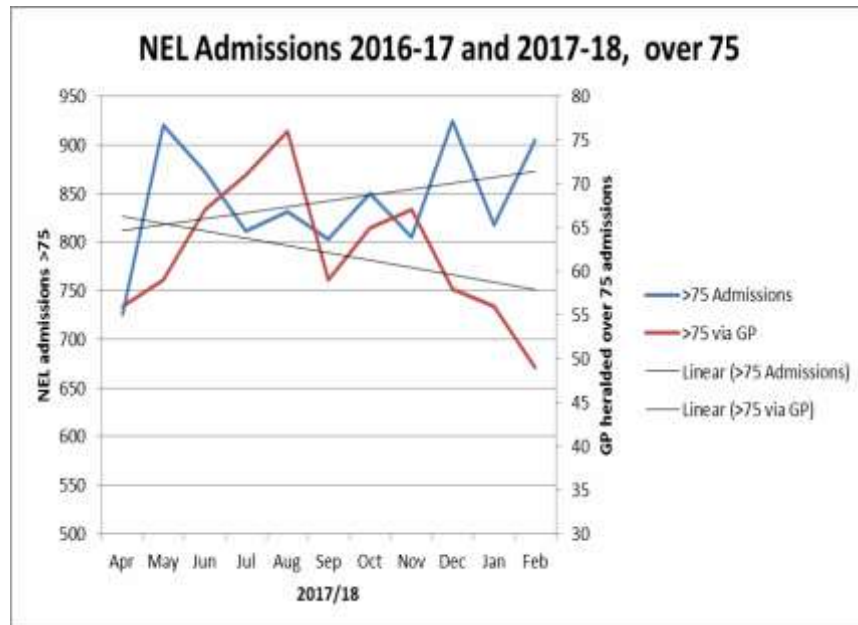
### How else are patients benefitting?

- **980** patients seen in the community and **92** followed up in their own homes
- **Less than 1%** of patients seen by the community assessment and treatment service were subsequently referred to A&E.
- **2,439** patients seen in the multidisciplinary day service assessment (MUDAS) at Wycombe Hospital in 2017/18 - an increase of 25% on the previous year. This service is similar to the community assessment and treatment service at Marlow and Thame, and is referred to through the same route via the geriatricians.
- Since April 2017 **128,006** patient visits have been undertaken by the rapid response and intermediate care service.
- Since April 2017, the community care coordinator team has received **6,063** referrals.

We have seen a reduction in non-elective admissions via GP referral for people over 75 years of age when we compare 2016/17 with 2017/18. In addition, although the numbers of people over 75 attending A&E have risen throughout 2017, the trend in referrals from GPs to A&E has reduced over the last 4 months. This may be indicative of GPs referring more patients to MUDAS and CATs services. We believe that the increase in referrals to the MUDAS



service is due to an increased awareness of and commitment to a more community-based model of care by general practice.

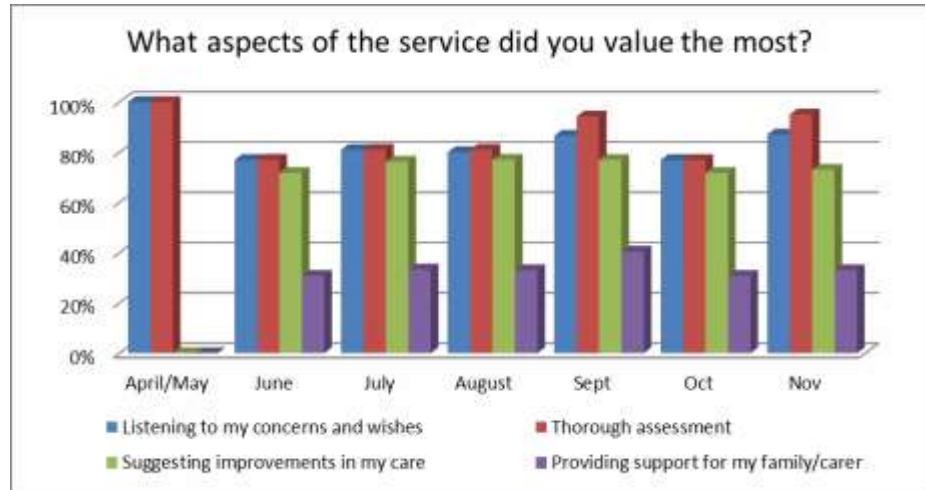


**Who is being seen in the hubs?**

The vast majority of patients using the community assessment and treatment service are referred from home by their GP. Only three patients were referred as part of their discharge from hospital care. 77% of patients were seen only once, the majority of whom were discharged with no further care required or back into the care of their GP.

There were 60% more outpatient appointments available in Thame and Marlow than in the previous year. A range of additional clinics have been offered at these sites, although we believe there is opportunity for this to be expanded further. The addition of systemic anti-cancer therapies (including chemotherapy and psychological assessments) at Marlow has been a particular benefit for those who would have previously travelled to Aylesbury and Wycombe. Following the success of these therapies we are working in partnership with Macmillan to look at how we can roll this model out across the county and Macmillan are providing funding for additional staff to support the project.

Every patient attending the community assessment and treatment service for the first time have been asked to complete a feedback form at the end of their appointment. In this feedback people have been consistent in feeling listened to and having a thorough assessment and there are a growing number of people who report that they received improvements to their care and support for their family or carer was given as part of the package. Care has been almost unanimously rated as excellent.



Both clinical and support staff have been integral to the development of the model. Staff who attended our engagement events felt positive about the changes. They felt that having the time and support to offer a truly holistic and thorough assessment and work out how best to help the patients was fantastic and had really added value. They want to see the service develop further, opening for more days of the week, broadening the range of services on offer and working hard with key partners, particularly GPs to enable the service to see a larger number of patients and be more proactive.

Voluntary sector organisations have been engaged in the process of community hub development both in the stakeholder group and by providing services in the hubs themselves. These services have not yet been as well used as everyone had hoped. Their views were sought as part of this review to inform the development of the hubs programme.

**Key findings:**

- All interviewees found the Hubs staff friendly and helpful
- All had expected to receive referrals to their service through CATS, but this has not happened to the extent they had hoped.
- Interviewees felt that the different organisations operating in hub could work together in a more co-ordinated way.
- The VCS organisations felt that the environment within the hub was too clinical and could be redesigned to be more patient friendly.

GPs are integral to the new model of care, which was co designed with some local GPs. As part of the CATS service two GPs work as members of the multidisciplinary team undertaking assessments, developing care plans and arranging on-going care. The wider community of GPs, who refer into the service, also participate as part of the stakeholder group. To ensure a wide range of views are taken into account as the service develops, meetings with locality

	<p>leaders have taken place, and some sessions with GPs in the localities.</p> <p>The GPs have been relatively consistent in describing how they would like to see the service develop. They want it to become more proactive and hold responsibility for the patients for longer. In addition, care co-ordination has been identified by GPs as one of the areas on which we could improve as well as access to a single IT system to increase ease of communication. To this end EMIS, the preferred GP computer system, has gone live in both Thame and Marlow allowing CATS staff to both see and enter information directly into the GP record. We are working with clinicians to understand what other benefits we could get from the system e.g. taking away the need for the GP to make a separate referral.</p>
<p><b>4.</b> Could the proposal have a positive or negative effect on patients, service users, staff or local community by the protected characteristics (age, disability, gender, gender re-assignment, marriage &amp; civil partnership, pregnancy &amp; maternity, race religion or belief, sexual orientation)?</p> <p>Briefly explain your answer by consider each characteristic and state what is the impact on each group.</p>	<p>The proposal is seen as a positive step forward by the patients and BHT from the evidence Buckinghamshire Risk Stratification Analysis appendix 1 this highlighted that the community hubs met the needs of the populace for the conditions that can be seen and treated in the community setting and therefore is regarded as a positive step to treatment of all protected characteristics.</p> <p>BHT is working towards changing the environment within the community hospital settings of the hubs to become more clinic like, to provide better facilities for partner organisations to provide their services, and to be dementia and learning disability friendly.</p> <p>We have received feedback from some patients that parking and transport can be an issue. We are working to provide parking which can accommodate up to 10 patients attending CATS as well as patients attending other services in the community hub. We will improve turnover of parking spaces by staggering patient's arrival time and will better accommodate the parking needs of our patients by adding an extra disabled parking space at both locations with easier access to the entrance.</p>
<p><b>5.</b> Is there any indication or evidence (including from engagement/consultation with relevant groups) that</p>	<p>Given the nature of the proposed service change it is likely that there will be a differential impact on users of services, particularly based on age.</p> <p>There has been widespread engagement with the public on the development of community hubs. There were seven public events in Spring 2016; a further series of BHT led events in Autumn 2017 and</p>

<p>different groups have or will have different needs, experiences, issues, and priorities in relation to the proposals? Or do you need more information?</p>	<p>through January and February 2018</p> <ul style="list-style-type: none"> <li>• To engage with and involve the local community to ensure their views and experience inform future decision making around the pilots both in Marlow and Thame and more widely across the county</li> <li>• To review the criteria for community hubs that the public had developed in 2016 to see what progress had been made and to test their continued relevance</li> <li>• To get feedback from staff and patients, and partner organisations involved in the pilots to inform on going service development</li> <li>• Opportunity to talk about wider transformation strategy , population health management and co-design with local communities to develop services that meet local need for example, League of Friends is funding an ultrasounds machine for Thame Community Hub</li> </ul> <p>At all of these attendees have been asked to consider the needs of a wide range of individuals and needs. Every effort is made to ensure that the public, who attend the events, appropriately represent the local community (Figures are available at appendix A). The engagement report appended to the final evaluation report, outlines the range of methods and people involved to inform the hubs pilot and next steps.</p> <p>The focus of Community Assessment and Treatment service is for pre-frail and frail people, avoiding needing to attend A&amp;E and holistic assessment.</p> <p>It is known that the frail and elderly have transport issues that are different as well as a desire and need for coordinated, joined up care. The needs of families and small children are different again.</p>
<p><b>6.</b> What measures are you proposing to take to mitigate /reduce the impact of your proposal for any of the protected characteristics, within patients, service users or staff?</p>	<p>The community hubs model has been developed in line with all the best practice guidance available to ensure that there the impact for any of the protected characteristics is mitigated / reduced. There are examples &amp; opportunities to learn from other Clinical Commissioning Group (CCG) who have developed and rolled out best practice models of care in the community setting already.</p> <p>There has been widespread engagement with the public on the development of community hubs with seven public events in Spring 2016 and a further series of BHT led events in Autumn 2017 and through January and February 2018</p>
<p><b>7.</b> Are there any measures that you can take to produce a</p>	<p>The new service model itself is based on the principle of providing care closer to home, in a community setting so this will produce a positive impact for some of the protected characteristics particularly in relation to age and disability.</p>

<p>positive impact for any of the protected characteristics, within patients, service users or staff?</p>	<p>The pilot has tested the model for 12 months and found that it is broadly supported by both users of the services and clinicians. Outcomes demonstrate that we are moving in the right direction in terms of reducing the need, particularly for people over 75 years of age, to make unplanned visits to A&amp;E. Engagement with local people in communities across the county show that there is support for replication of the model across the county, but taking into consideration local needs which may differ in each locality. Key Performance Indicators which have been developed with the stakeholder engagement group and used to monitor and challenge performance during the pilot. Unfortunately the uptake of the voluntary sector was not as large as we had hoped. Having listened to the local voluntary organisations we realise that for many it would require new investment and this made it difficult for some 3rd sector organisations to work within the Hub, as they had already established bases elsewhere or had restricted funding. Feedback from service users is that someone based in the hub to signpost people to the service they need and to encourage those reluctant to accept help, for example the lonely, to contact services would be more helpful than co-location. Work more closely with acute clinicians to facilitate earlier patient discharge with support provided by the community hubs. Work closely with GPs to proactively identify patients who may benefit from being referred to the community assessment and treatment service. Explore the option of greater direct access for patients complementary elements of the community transformation programme to be implemented and integrated.</p> <p>Patients can be offered patient transport from the ambulance service with same day or next day availability. Recently the contract has confirmed a patient can be accompanied by a carer if the need arises. Patients have to be ready 2 hours in advance of the appointment time. Pick up and drop off times can vary and be unpredictable. On occasions this has led to delays in patients being picked up from the hub. This has led to reluctance in booking later afternoon appointment times. As an alternative, a number of community voluntary transport options have been sourced. Many of these require notice to book and therefore are unable to respond to the rapid response appointment system of the CATS service. However for those appointments that can be planned in advance these transport options have been of benefit and offer a cheaper and reliable alternative to taxis. Community Impact Bucks offers signposting to transport services across the county and their number is offered to patients at the time of appointment booking</p>
<p><b>8. As a result of the screening is a full EQIA</b></p>	<p>The nature and scale of the proposed change means that a full EQIA is appropriate.</p>

necessary?	
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Signed off by	
Name of lead officer:	
Signature & date:	
Name of Divisional Director:	Natalie Fox
Signature & date:	<i>April 2018</i>

## Full Equality Impact Assessment Stage – 2

### **Step 1: Identify the aims of the proposal for the strategy, policy, or service.**

In your response please consider;

- What is the purpose and out comes that you are trying to achieve?
- Who does it intend to benefit (i.e. which groups) and how?
- Who are the main stakeholders?
- What outcomes do the main stakeholders want from your proposal?

The care model we have been co-designing with a wide range of stakeholders, including staff, GPs, patients, general public and other health and social care providers, will deliver care closer to home in the least intensive setting and has four elements:

1. *Prevention and self-care*  
– supporting people to live healthier lives and manage their own health
2. *Integrated urgent care services*  
– including rapid community response to reduce the number of people attending A&E and admitted to hospital
3. *Enhanced primary care*  
– where access to general practice is extended and where the range of professions which can be accessed in a local hub setting including for example; community services, therapies, mental health and social care
4. *Integrated care for those with complex needs*  
– where patients are systematically identified and clinicians and patients work together to develop proactive care plans

The model provides care closer to home & provides easy access to a wide range of health and social care services that specifically support those who don't necessary need to attend an acute hospital. It also means working together with the patient in partnership to ensure the best possible results for them.

It helps older adults to remain independent, living in their own homes for as long as possible to help them avoid unnecessary hospital stays and plans for any changes. Its provides a single point of access for the patient enabling health and social care teams to coordinate their responses to changes in patient's needs and to proactively plan in anticipation of any potential changes.

The stakeholders have said that the way in which care for has been offered in the past has been, “too fragmented” and added that patients, “do not want to have to tell their story to lots of different care professionals every time they access care.

In July 2017 Buckinghamshire was announced as one of the 8 shadow Integrated Care System (ICS) nationally, in recognition of the strength of the relationships between commissioners and providers across the system and the innovative new care models it was piloting.

NHS England, through the Integrated Care System programme, has committed to support Buckinghamshire with both capital and transformation funding in 2018/19. This will help us develop general practice at scale to increase resilience, extend access by driving collaboration between practices and develop the estate which would allow this to happen.

The development of community hubs is only one part of our wider transformation strategy to deliver more care closer to home and out of hospital across Buckinghamshire.

Whilst the evidence shows that community hubs are already making a significant contribution to achieving our vision, they can't be viewed in isolation. The real impact will only be seen once the other elements are fully operational.

## **Step 2: Consideration of available data, research and information**

You should gather all relevant quantitative and qualitative data that will help you to assess whether at present there are different outcomes for the different protected groups by; age, disability, gender, gender re-assignment, marriage & civil partnership, pregnancy & maternity, race religion or belief, sexual orientation.

In your response please consider;

- Data from, surveys, national statistics, census, local research, Public Health Observatory, or Public Health - Joint Strategic Needs Assessments.

These links may be of some help or you can also talk to the Buckinghamshire County Council Public Health Team on 01296 387728

Office of National Statistics;

[www.ons.gov.uk/ons/guide-method/census/2011/census-data/index.html](http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/index.html)

Department of Health:

<https://www.gov.uk/government/organisations/department-of-health>

Public health Authority:

[www.ukpha.org.uk](http://www.ukpha.org.uk)

**Buckinghamshire Joint Strategic Needs Assessment 2010:**

[www.buckscc.gov.uk/media/883284/jsna\\_20101.pdf](http://www.buckscc.gov.uk/media/883284/jsna_20101.pdf)



- What does the data tell you in relation to any significant under / over representation in the use of or access to services, when compared to their population / employment profile size?
- What factors /barriers may account for the under / over representation?
- Are there any gaps in the data and what actions would you need to take fill the gaps?
- What over evidence/ data would you need to support your conclusions?

The 2011 Census identified 505,283 Buckinghamshire residents in 200,727 households The most recent population estimates available are for mid-2014 and it is estimated that Buckinghamshire then had a resident population of 521,9221.

In 2011, 25% (126,491 persons) of residents of Buckinghamshire were aged 0 to 19 years, 16.7% of the population (84,150 persons) were aged 65 years and over, of whom 39,460 (7.8% of the total) were 75 years and over and 11,210 (2.2% of the total) were 85 and over (Table 1). The proportion of the population falling into these older age groups is slightly higher in Buckinghamshire than in England as a whole. The largest non-White ethnic minority group were Asian or Asian British, comprising 8.6% of the Buckinghamshire population compared to 7.8% in England

Table 1 Selected population characteristics in the 65 and over age group as reported in the 2011 Census, Buckinghamshire and England Age bands and Ethnic groups	Buckinghamshire % (numbers)	England %
Aged 65 and over	16.7% (84,150)	16.3%
Aged 75 and over	7.8% (39,460)	7.7%
Aged 85 and over	2.2% (11,210)	2.2%
% from non-White ethnic background	13.6%	14.6%
% lone parent households with dependent children	5.3%	7.1%
% households classed as pensioners living alone	11.8%	12.4%
% households classed as pensioners not living alone	9.6%	8.4%

Source: 2011 Census

The proportion of households which were classed as pensioners living alone was slightly lower in Buckinghamshire (11.8%) compared to England (12.4%), while the proportion classed as pensioners not living alone was slightly higher (9.6% in Buckinghamshire compared to 8.4% in England).

<b>BUCKINGHAMSHIRE - 2011 Census Summary Profile</b>						
	2011 BCC Population	2011 BCC %	2001 BCC Population	% Change in BCC 2011 vs 2001	% South East	% England
<b>Population</b>						
<b>Total population</b>	<b>505,283</b>	<b>100.0%</b>	<b>479,024</b>	<b>5.5%</b>	<b>100.0%</b>	<b>100.0%</b>
Males	248,346	49.1%	234,738	5.8%	49.1%	49.2%
Females	256,937	50.9%	244,286	5.2%	50.9%	50.8%
0 to 4 yrs	31,832	6.3%	30,456	4.5%	6.2%	6.3%
5 to 10 yrs	37,192	7.4%	38,257	-2.8%	6.8%	6.7%
11 to 19 yrs	57,467	11.4%	54,260	5.9%	11.1%	11.0%
20 to 39 yrs	117,413	23.2%	127,311	-7.8%	25.2%	27.0%
40 to 59 yrs	145,986	28.9%	135,576	7.7%	27.4%	26.7%
60 to 74 yrs	75,932	15.0%	61,219	24.0%	15.0%	14.6%
75 to 84 yrs	28,249	5.6%	23,067	22.5%	5.8%	5.5%
85 to 94 yrs	10,279	2.0%	8,167	25.9%	2.3%	2.1%
95 yrs +	933	0.2%	711	31.2%	0.2%	0.2%

<b>BUCKINGHAMSHIRE - 2011 Census Summary Profile</b>						
	2011 BCC Population	2011 BCC %	2001 BCC Population	% Change in BCC 2011 vs 2001	% South East	% England
<b>Religion</b>						
<b>Total population (religion)</b>	<b>505,283</b>	<b>100.0%</b>	<b>479,026</b>	<b>5.5%</b>	<b>100.0%</b>	<b>100.0%</b>
Christian	305,804	60.5%	347,727	-12.1%	59.8%	59.4%
Buddhist	2,207	0.4%	1,120	97.1%	0.5%	0.5%
Hindu	6,244	1.2%	2,967	110.4%	1.1%	1.5%
Jewish	1,511	0.3%	1,571	-3.8%	0.2%	0.5%
Muslim	25,781	5.1%	17,333	48.7%	2.3%	5.0%
Sikh	4,657	0.9%	1,657	181.1%	0.6%	0.8%
Other religion	1,803	0.4%	1,226	47.1%	0.5%	0.4%
No religion	121,190	24.0%	72,411	67.4%	27.7%	24.7%
<b>Religion not stated</b>	<b>36,086</b>	<b>7.1%</b>	<b>33,014</b>	<b>9.3%</b>	<b>7.4%</b>	<b>7.2%</b>
<b>Health and Care (perceived health categories changed since 2011)</b>						
<b>Total population (general health)</b>	<b>505,283</b>	<b>100.0%</b>	<b>479,026</b>	<b>5.5%</b>	<b>100.0%</b>	<b>100.0%</b>
People with a limiting long-term illness 1.	67,928	13.4%	61,328	10.8%	15.7%	17.6%
People without a limiting long-term illness	437,355	86.6%	417,698	4.7%	84.3%	82.4%
People who don't provide unpaid care	455,769	90.2%	435,205	4.7%	90.2%	89.8%
People providing unpaid care: 1 to 19 hours a week	35,820	7.1%	33,913	5.6%	6.7%	6.5%
People providing unpaid care: 20 to 49 hours a week	5,268	1.0%	3,617	45.6%	1.1%	1.4%
People providing unpaid care: 50 or more hours a week	8,426	1.7%	6,291	33.9%	2.0%	2.4%

### Life expectancy

<http://www.healthandwellbeingbucks.org/Resources/Councils/Buckinghamshire/Documents/JSNA/3.3%20Life%20Expectancy.pdf>

The proportion and number of the population in Buckinghamshire aged 65 and over is expected to increase; in 2015 this was estimated to be 96,800 people, 18.5% of the population<sup>3</sup>, and by 2025 there are projected to be 120,800 people aged 65 and over, 21.5% of the population.

*Table 1 Buckinghamshire resident population estimates by age group at District Council level, number (% of total), 2014*

Age bands	Aylesbury Vale	Chiltern	South Bucks	Wycombe	Buckinghamshire
<b>19 and under</b>	46,642 (25.3%)	23,605 (25.1%)	16,032 (23.4%)	44,127 (25.2%)	130,046 (25%)
<b>20 to 64</b>	107,739 (58.4%)	50,558 (53.8%)	38,212 (55.8%)	100,709 (57.6%)	297,218 (57.0%)
<b>65 and over</b>	30,179 (16.4%)	19,809 (21.1%)	14,268 (20.8%)	30,042 (17.2%)	94,298 (18.1%)

Source: ONS Mid-Year Estimates 2014

Table 4 Number (% of population) of people in Buckinghamshire Districts, Buckinghamshire and England in main ethnic groups, 2011 Census

	Aylesbury Vale	Chiltern	South Bucks	Wycombe	Bucks	England
<b>White</b>	156,079 (89.6%)	84,749 (91.5%)	56,365 (84.3%)	139,477 (81.3%)	436,670 (86.4%)	45,281,142 (85.4%)
<b>Mixed/ multiple</b>	3,864 (2.2%)	2,040 (2.2%)	1,607 (2.4%)	4,849 (2.8%)	12,360 (2.4%)	1,192,142 (2.3%)
<b>Asian/ Asian British</b>	10,105 (5.8%)	5,046 (5.4%)	7,533 (11.3%)	20,585 (12.0%)	43,269 (8.6%)	4,143,403 (7.8%)
<b>Black/ Black British</b>	3,323 (1.9%)	524 (0.6%)	709 (1.1%)	5,934 (3.5%)	10,490 (2.1%)	1,846,614 (3.5%)
<b>Other ethnic group</b>	766 (0.4%)	276 (0.3%)	653 (1.0%)	799 (0.5%)	2,494 (0.5%)	548,418 (1.0%)
<b>Total</b>	174,137	92,635	66,867	171,644	505,283	53,012,456

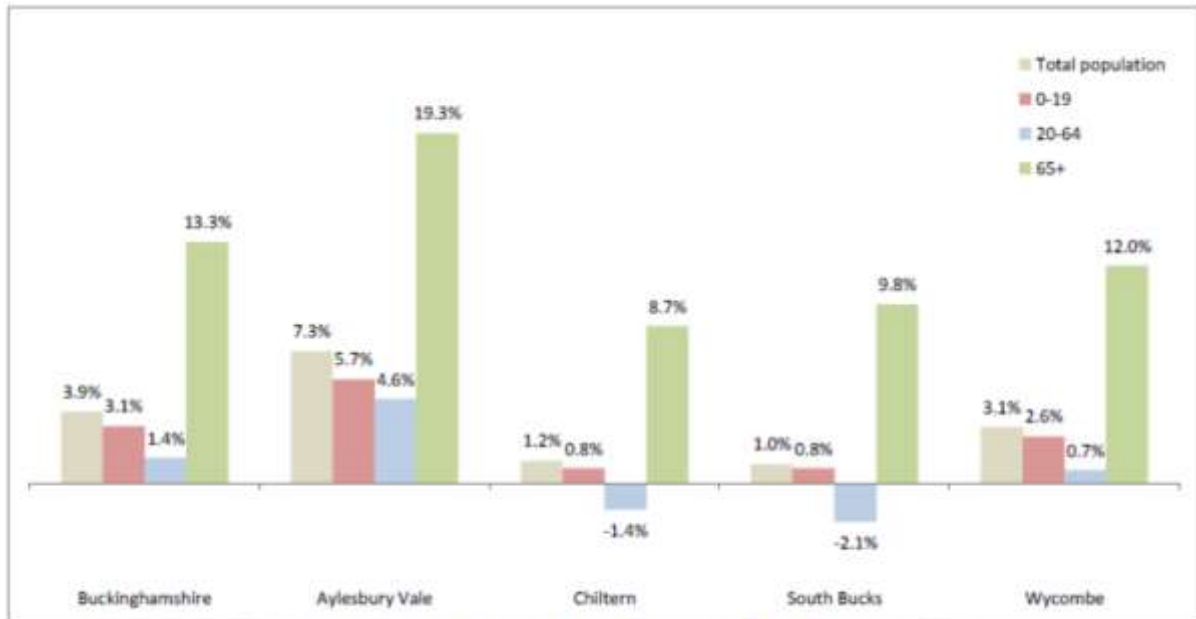
Source: Census 2011

### Protected characteristics

<http://www.healthandwellbeingbucks.org/Resources/Councils/Buckinghamshire/Documents/JSNA/3.4%20Protected%20characteristics.pdf>

The out of hospital & community hubs provide a full Geriatrician and multidisciplinary frailty service. The data shows below Figure A1/A2 (dark green) we are serving and meeting the needs of local residents in at the appropriate locations as those of 65+ increase.

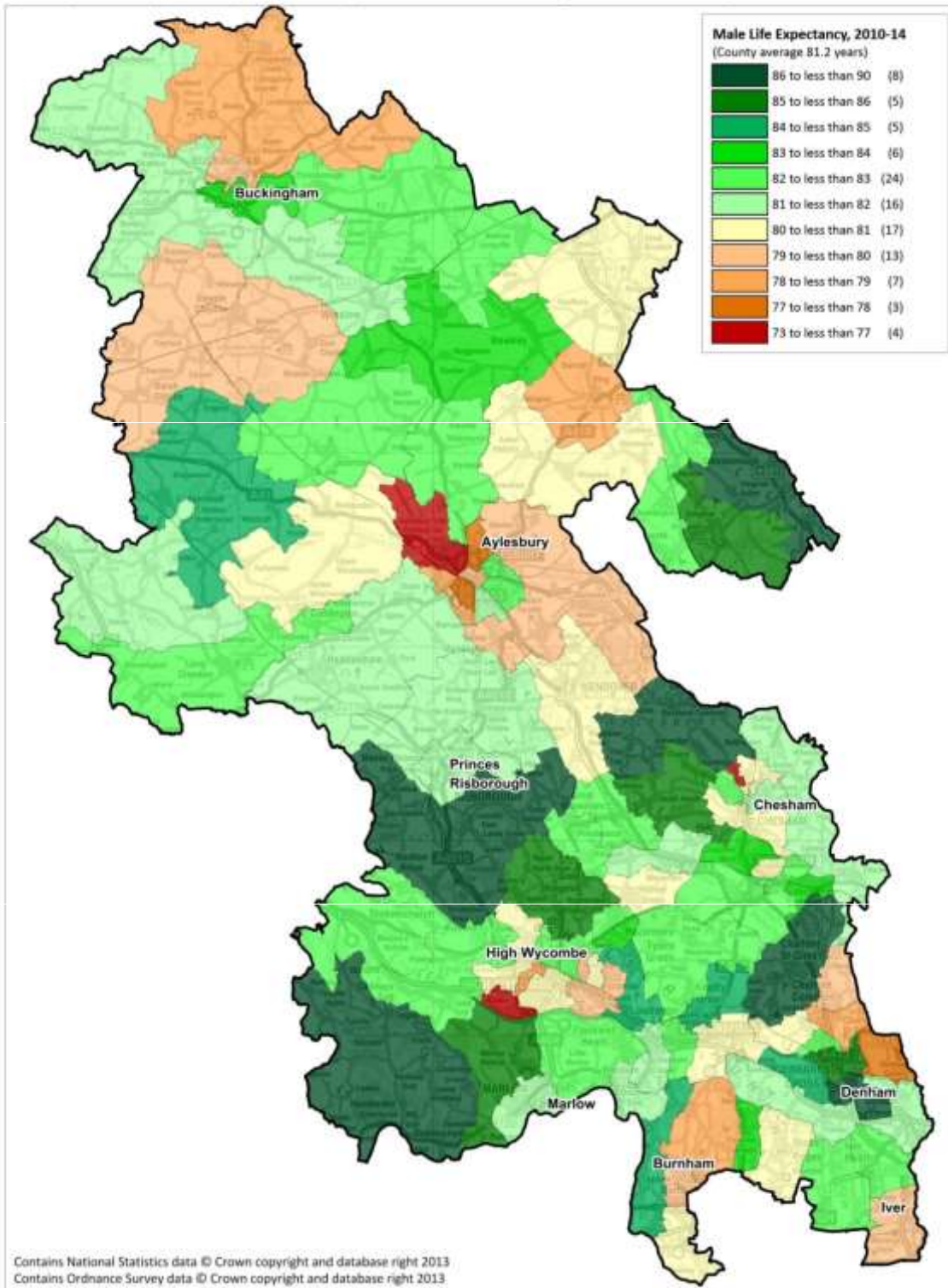
Projected Percentage Change in Age Groups in Buckinghamshire between 2013 and 2018



Source: 2013 ONS MYE data and Buckinghamshire population projections (December 2014)

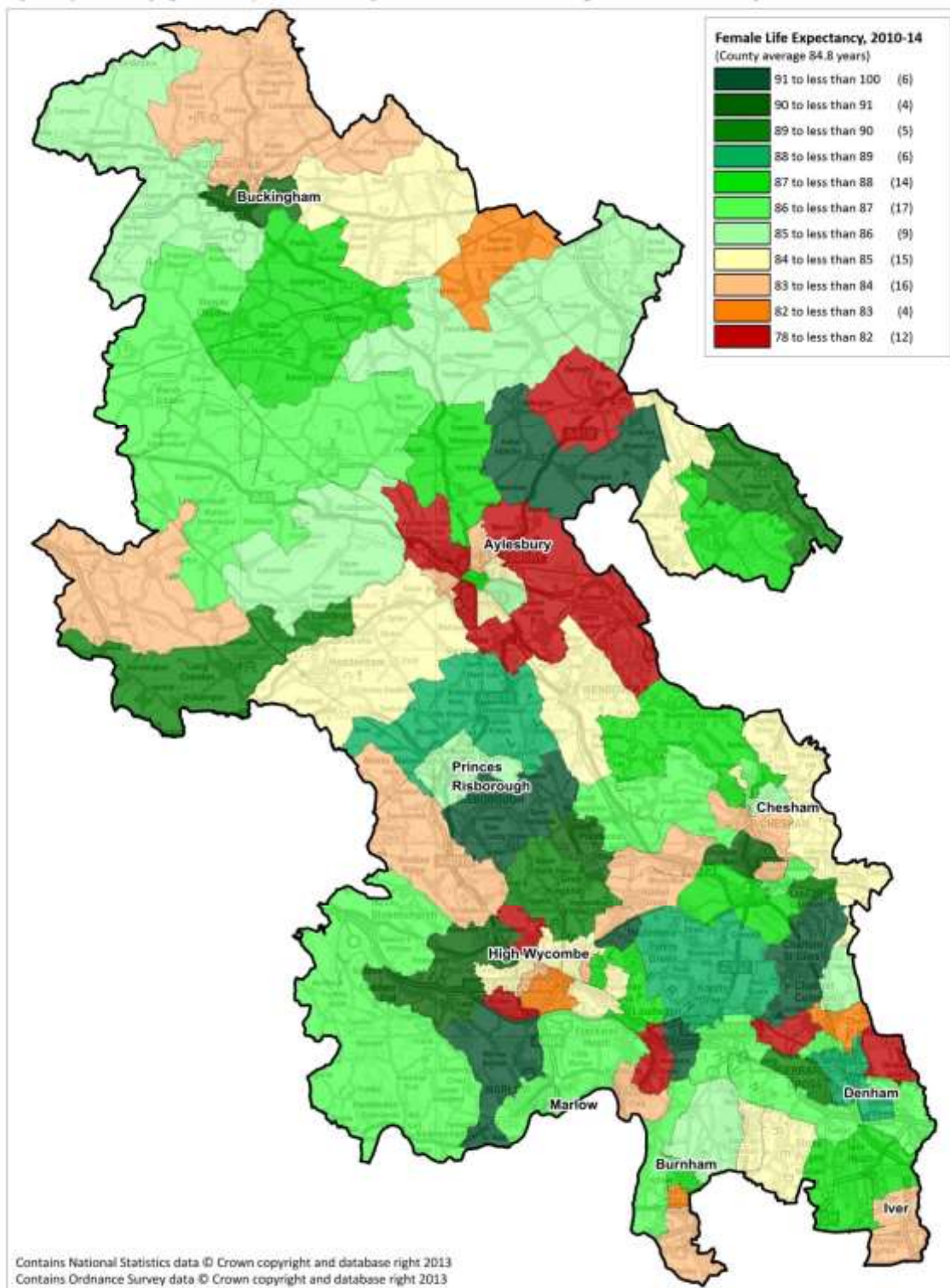
**Figure A1 Ward level life expectancy at birth for males, 2010-2014**

*Life Expectancy (males) 2010-14, by ward within Buckinghamshire County*



**Figure A2 Ward level life expectancy at birth for females, 2010-14**

**Life Expectancy (females) 2010-14, by ward within Buckinghamshire County**



### Community Hub Developments

A key part of the model has been the development and pilot of community hubs in Marlow and Thame community hospitals. Over the past year they have offered:

- Community assessment and treatment service (CATS) including a frailty

assessment service where geriatricians, nurses, therapists and GPs provide expert assessment, undertake tests and agree a treatment plan to help frail older people to stay at home and avoid an A&E visit or hospital admission

- Additional diagnostic facilities such as one-stop blood tests and x-rays
- An extended range of outpatient clinics, including chemotherapy clinics at Marlow, community occupational therapy clinics at Marlow (and in Thame in the near future), tissue viability clinics, Parkinson's disease and falls clinics
- Support from voluntary organisations, such as Carers Bucks and Prevention Matters, ranging from clinics, drop-in sessions and information stands. There are monthly stands from Age UK in Thame and Carers Bucks are running a 'clinic' in Marlow on a fortnightly basis. VictimSupport has also begun a weekly session in Thame
- Links with other public services have also been made – for example library services are now available in Marlow, providing books to support self-care and the management of mental health and long term conditions.

Overall the number of varied consultant and nurse led outpatient clinics in the community hubs at Thame and Marlow continue to show significant growth. From March 2018 additional consultant clinics will be provided at Marlow and Thame and there will be further activity in the hubs from system partners such as Buck County Council.

	Outpatient clinics	Voluntary sector services	Assessment and diagnostics
<b>Marlow</b>	<ul style="list-style-type: none"> <li>• orthopaedics</li> <li>• general surgery</li> <li>• surgery – plastics</li> <li>• chemotherapy and Macmillan</li> <li>• IAPT (psychological therapies)</li> <li>• Parkinson’s disease</li> <li>• routine catheter changes</li> </ul>	<ul style="list-style-type: none"> <li>• Carers Bucks staff offering support and linking with NHS staff</li> <li>• Prevention Matters</li> <li>• Healthy Minds ( IAPT)</li> </ul>	<ul style="list-style-type: none"> <li>• community assessment and treatment service (CATS). Patient’s care is provided by geriatrician, nurse, GP, occupational therapist and physiotherapist. Domiciliary visits are also arranged to keep patients at home</li> <li>• comprehensive geriatric assessment (details in Appendix B)</li> <li>• additional day of plain film x-ray (3 days a week)</li> <li>• point of care blood testing to enable immediate results to support decision making (details in Appendix B).</li> </ul>
	<b>In Development</b>		
	<ul style="list-style-type: none"> <li>• <i>women and children</i></li> <li>• <i>long term conditions management support</i></li> <li>• <i>wound management</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Citizens Advice Bureau</i></li> <li>• <i>Alzheimer’s Society</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>ultrasound service</i></li> </ul>
<b>Thame</b>	<ul style="list-style-type: none"> <li>• general surgery</li> <li>• orthopaedics</li> <li>• care of the elderly</li> <li>• IAPT (psychological therapies)</li> <li>• plastic surgery</li> <li>• long term condition management support</li> <li>• falls assessment clinic &amp; care of the elderly</li> </ul>	<ul style="list-style-type: none"> <li>• Carers Oxford staff offering support and linking with NHS staff</li> <li>• Prevention Matters</li> <li>• Health Minds (IAPT)</li> </ul>	<ul style="list-style-type: none"> <li>• community assessment and treatment service (CATS). Patient’s care is provided by geriatrician, nurse, GP, occupational therapist and physiotherapist. Domiciliary visits are also arranged to assess and arrange care to keep patients at home</li> <li>• comprehensive geriatric assessment (details in Appendix B)</li> <li>• Point of care blood testing to enable immediate results to support decision making (details in Appendix B).</li> </ul>
	<b>In Development</b>		
	<ul style="list-style-type: none"> <li>• <i>chemotherapy</i></li> <li>• <i>routine catheter changes</i></li> <li>• <i>wound management</i></li> <li>• <i>oral and maxillofacial outpatient clinics</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Alzheimer’s society</i></li> <li>• <i>Citizens Advice Bureau</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>ultrasound service /x-ray</i></li> </ul>

- General Surgery is increasing their clinics at Thame and Marlow from March 18
- GI have schedule weekly clinics both at Marlow and Thame starting March 18 2018
- OMSF Dental services have confirmed start dates in March both at Marlow and Thame. They are waiting for confirmation of space at Buckingham and Amersham
- Macmillan Outreach anti-cancer treatment project in progress – to be set up at Amersham, Buckingham, Thame and Marlow. This is in addition to the chemotherapy clinic currently running at Marlow.
- COT BCC – community OT – started clinics at Marlow on 5th March. Space is being worked up at Amersham and Thame to facilitate this service further.
- Plastic Surgery



## Transport

Transport infrastructure is a key part of the delivery of any local service – Amersham, Buckinghamshire, Chalfont, Thame and Marlow are served by regular buses and train routes.



Community Impact  
Bucks - community tr



FINAL low res Travel  
Leaflet.pdf

<https://www.buckscc.gov.uk/services/transport-and-roads/buses-and-trains/bus-timetables/>

### Getting to Amersham Hospital

Whielden Street, Amersham, Buckinghamshire HP7 0JD. Telephone: 01494 434411

Amersham Hospital is served by the following buses:		
Service	Operator	Route
Route 1	Arriva/Carousel:	High Wycombe – Hazlemere – Holmer Green - Amersham – Chesham
Route 55	Redline Buses:	Aylesbury – Stoke Mandeville Hospital – Wendover – Great Missenden – Amersham – Chesham
Route 73	Red Rose Travel:	Whelpley Hill – Chesham – Amersham – Winchmore Hill - Coleshill
Route 353	Redline Buses:	Slough – Stoke Poges – Gerrards Cross – The Chalfonts – Amersham

### Getting to Buckingham Hospital

Buckingham Hospital, High Street, Buckingham, MK18 1NU, T: 01280 813243

The Buckingham Community Hospital is located close to the main bus stand on the High Street.

Buckingham Hospital is served by the following buses:		
Service	Operator	Route
Route 18	Langston & Tasker:	Bicester – Marsh Gibbon – Twyford – Steeple Claydon – Padbury – Buckingham
Route 60/X60	Arriva: Aylesbury	Winslow – Buckingham – Maids Moreton/Milton Keynes
Route 131/132	Redline Buses:	Brackley – Tingewick – Buckingham local estates – Buckingham
Route 133	Redline Buses:	Water Stratford – Tingewick – Buckingham (Tuesdays only)
Route 134	Redline Buses:	Westbury – Dadford – Buckingham (Tuesdays only)
Route 151	Redline Buses:	Akeley/Thornborough – Buckingham
Route X5	Stagecoach:	Cambridge – Bedford – Milton Keynes – Buckingham – Bicester – Oxford

### Getting to Chalfonts and Gerrards Cross Hospital

Chalfont and Gerrards Cross Community Hospital, Hampden Road, Chalfont St Peter, SL9 9DR Tel: 01753 883 821

The hospital is located in Chalfont St Peter opposite the local GP practice and health clinic.

Chalfont and Gerrards Cross Community Hospital		
Service	Operator	Route
Route 335	Redline Buses:	Slough – Stoke Poges – Gerrards Cross – Chalfont St Peter – Chalfont Common

Route 353	Redline Buses:	Slough – Stoke Poges – Gerrards Cross – The Chalfonts – Amersham
Route 580	Carousel:	High Wycombe/Beaconsfield – Seer Green – The Chalfonts – Gerrards Cross - Uxbridge
Route 730	Carousel:	Hemel Hempstead – Chesham – Amersham – The Chalfonts – Gerrards Cross - Uxbridge

### Getting to Marlow Community Hospital

Marlow Community Hospital, Victoria Road, Marlow, SL7 1DJ T: 01628 482292

Marlow Community Hospital		
Service	Operator	Route
Route 155	Red Eagle Buses:	Little Marlow – Marlow Bottom – Marlow town – Maidenhead
Route 158	Red Eagle Buses:	Marlow town – Marlow Bottom – High Wycombe
Route 160	Red Eagle Buses:	Marlow town – Little Marlow – Marlow Bottom
Route 800	Arriva:	High Wycombe – Marlow – Henley-on-Thames – Shiplake – Reading
Route 850	Arriva:	High Wycombe – Marlow – Henley-on-Thames – Twyford – Reading
Route X80	Carousel:	High Wycombe – Marlow – Henley-on-Thames – Caversham – Reading

### Getting to Stoke Mandeville Hospital

Mandeville Road, Aylesbury, Buckinghamshire HP21 8AL. Telephone: 01296 315000

Stoke Mandeville Hospital has Aylesbury station. Details of trains to Aylesbury station can be accessed via the Chiltern

Stoke Mandeville Hospital		
Service	Operator	Route
Route 9	Arriva:	Aylesbury – Walton Court – Stoke Mandeville Hospital
Route 55	Redline Buses	Aylesbury – Stoke Mandeville Hospital – Wendover – Great Missenden – Amersham – Chesham
Route 112	Z&S Transport:	Waddesdon – Brill – Thame – Bishopstone – Aylesbury (Wednesday and Friday only)
Route 165	Z & S Transport:	Leighton Buzzard – Aston Abbotts – Wingrave – Aylesbury – Stoke Mandeville Hospital
Route 300/X30	Arriva	Aylesbury – Stoke Mandeville - Princes Risborough – (Naphill 300 only) – (Saunderton X30 only) - High Wycombe
Route 321	Redline:	Aylesbury – Stoke Mandeville – Butlers Cross – Princes Risborough – Saunderton – High Wycombe

### Getting to Thame Community Hospital

Thame Community Hospital, East Street, Thame, Oxfordshire, OX9 3JT Tel. 01844 212727

Thame Community Hospital		
Service	Operator	Route
40	Carousel:	High Wycombe – Stokenchurch – Thame
110	Redline Buses:	Aylesbury – Chearsley – Long Crendon – Thame – Worminghall
111	Z&S Transport:	Oakley – Brill – Thame – Aylesbury
Route 112	Z&S Transport	Waddesdon – Brill – Thame – Bishopstone – Aylesbury (Wednesday and Friday only)
Route 113	Z&S Transport:	Oakley – Thame – Longwick – Princes Risborough (Tuesday and Thursday only)
Route 280	Arriva:	Aylesbury – Haddenham – Thame – Wheatley – Oxford
Route X8	Arriva:	Oxford – Headington – Tiddington – Thame/Aylesbury

### **Getting to Wycombe Hospital**

Queen Alexandra Road, High Wycombe, Buckinghamshire HP11 2TT - Telephone: 01494 526161

<b>Wycombe Hospital</b>
Wycombe Hospital is located just 10 minutes' walk away from the town centre bus station. The bus station is served by all bus routes in the area; please use the Traveline Journey Planner to plan a journey to the bus station. Alternatively the following buses call just outside the hospital grounds.
34 Arriva: Cressex – Wycombe Hospital – Railway Station – Bus Station
High Wycombe Park & Ride PR1/X80 Carousel Buses: High Wycombe Coachway (Handy Cross) – Wycombe Hospital – Bus Station – Railway Station – Hicks Farm Rise (this is the order of the PR1 journeys, the X80 journeys serve the bus station before the Hospital). Please see the timetable for details.

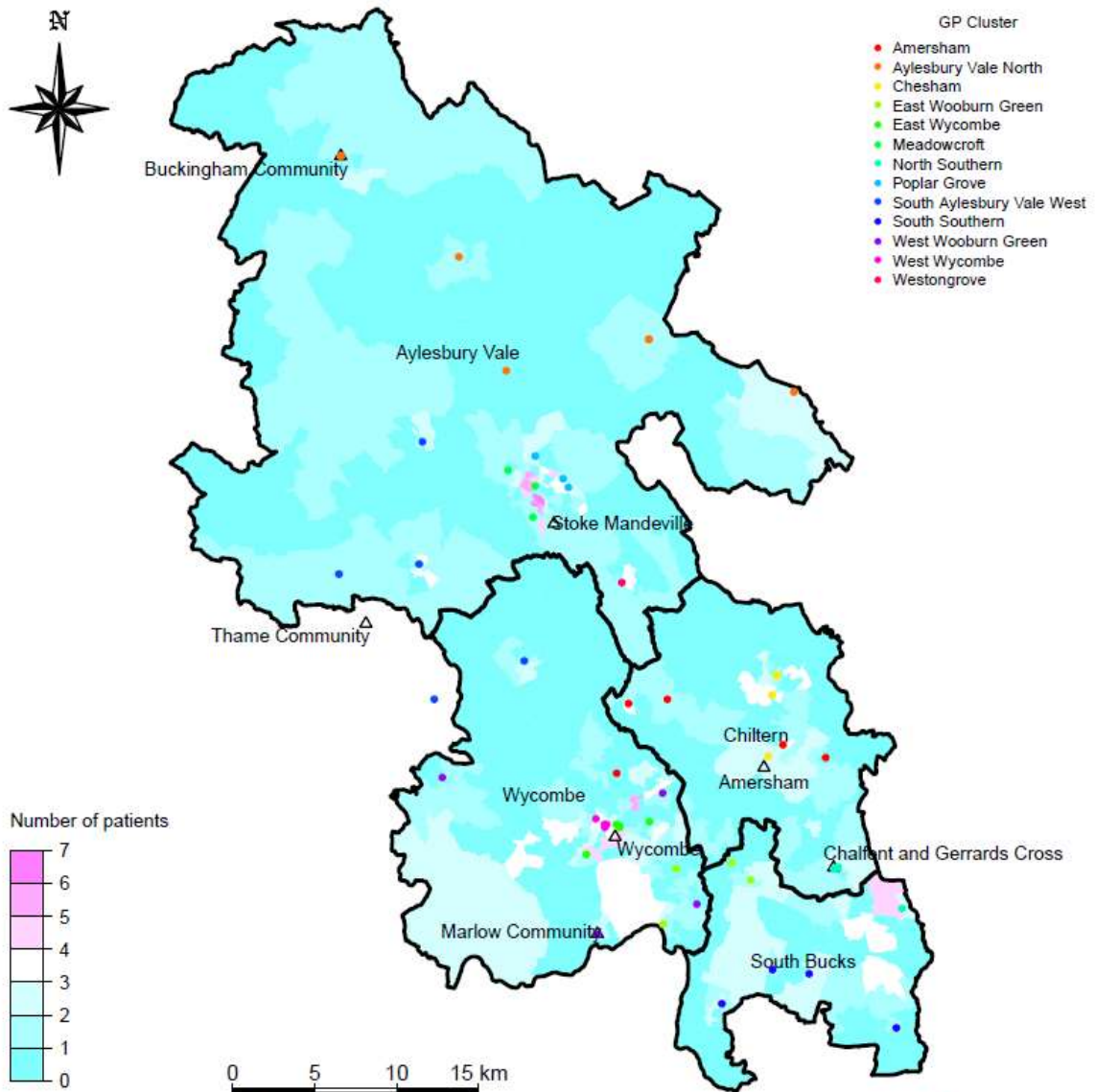
### **Services that have commenced in the Community Hubs**

#### **Mental Health**

<https://www.westsussexconnecttosupport.org/s4s/api/FileManagement/GetFileContent?id=/69/>

Improving Access Psychiatric Services (IAPT) is now an integrated service provided out of clinic at Thame & Marlow.

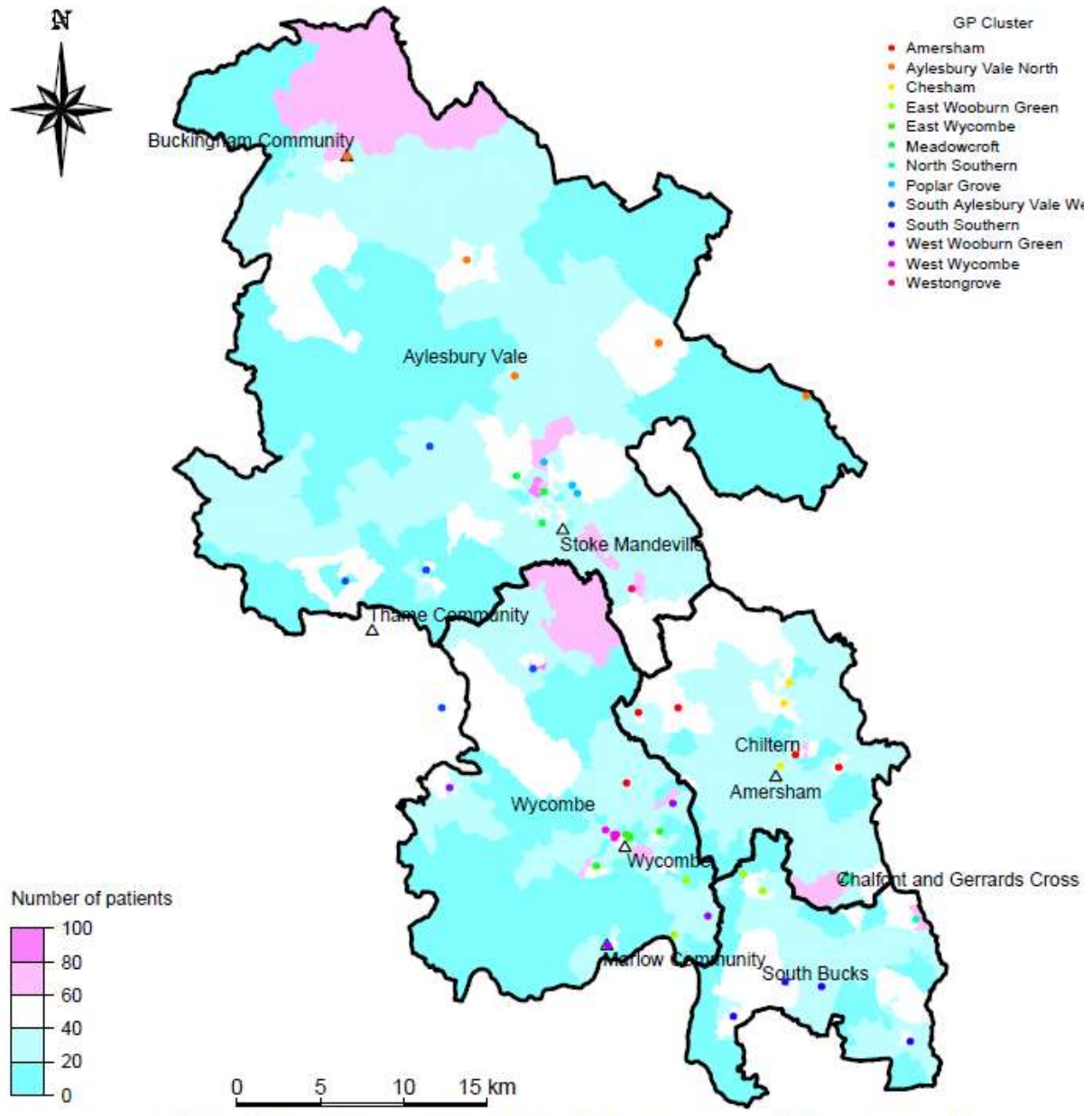
Probability of inpatient admission during 6 months  
 309 patients with Schizophrenia among 5.5% high risk



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Produced by Public Health, Buckinghamshire County Council

Probability of emergency admission  
9,821 patients with Depression among 5.2% high risk



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The potential to avoid at least mostly 9,821 attendances at Stoke Mandeville emergency department for the patients in & around Buckingham Community Hospital is a great example of offering services out of hospital closer to home.

<https://www.oxfordhealth.nhs.uk/healthyminds/wp-content/uploads/sites/8/2011/12/Healthy-Minds-Information-Leaflet-A4.pdf>

Oxford Health NHS Foundation Trust: - Provides specialist mental health services to people in Oxfordshire, Buckinghamshire and the surrounding counties and work from with the hubs at Thames & Marlow and provide support closer to home

[www.oxfordhealth.nhs.uk](http://www.oxfordhealth.nhs.uk)

Buckinghamshire Mind provides support for a range of mental health disorders. Their [web directory](#) has further links to local services in Buckinghamshire and has direct access from the hubs for all patients. Website: [www.bucksmind.org.uk](http://www.bucksmind.org.uk)

For each of the services the teams at Marlow & Thames provide sign posting & leaflets allowing patients to make self-referrals or stream into the clinics when they are on site.

### **Health and well-being services stop smoking**

Rates of adults smoking in Buckinghamshire declined from 16.2% in 2010 to 13.9% in 2012. Smoking prevalence in Buckinghamshire has remained significantly below the England rate throughout 2010 to 2014. National rates have fallen from 26% in 2002 to 19% in 2015.

Accessing NHS Stop Smoking Services increases an individual's chance of quitting by four times compared to attempting to quit with no support. It is under discussion for the hubs to offer this.

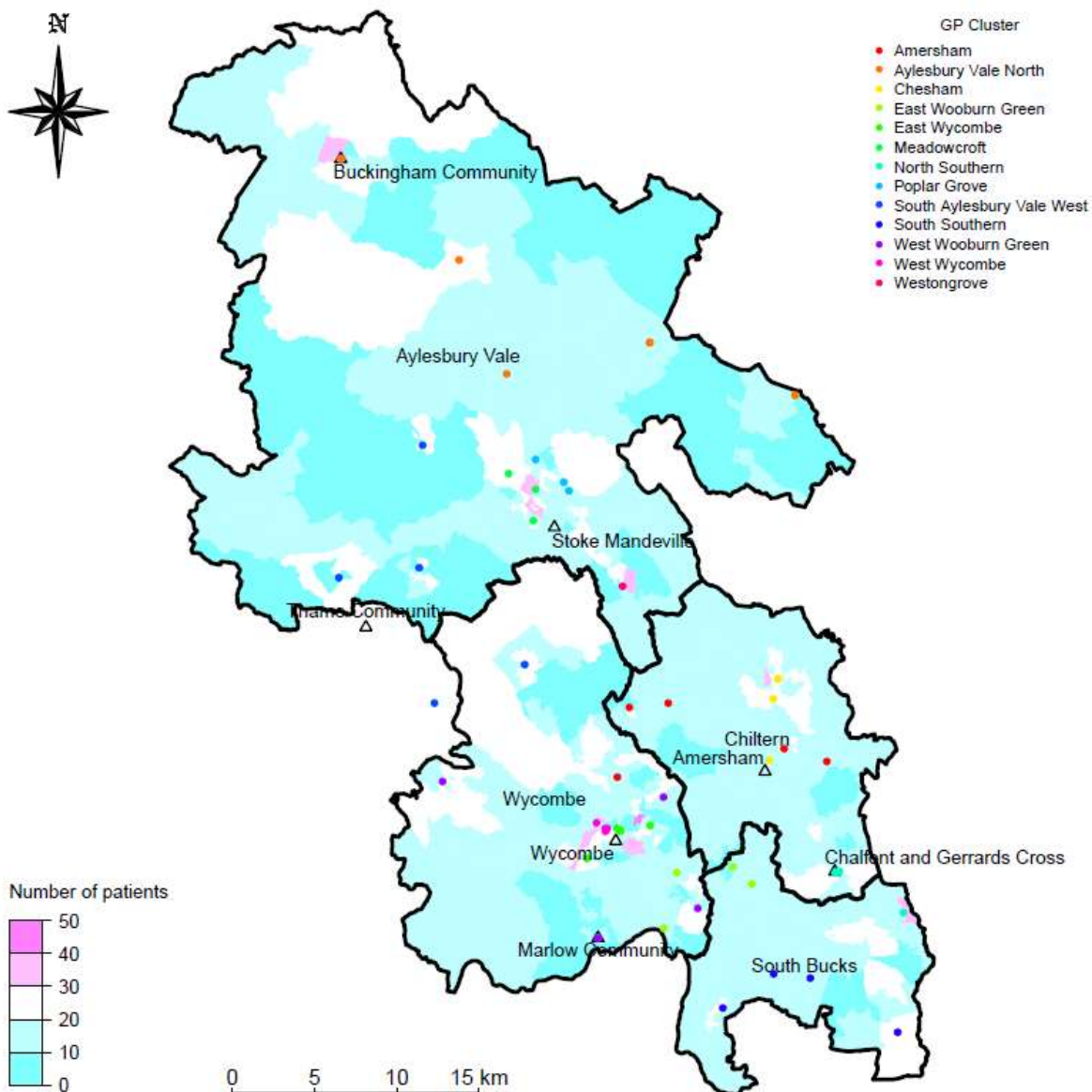
### **Victim support**

Victim support at Thame operates out of the hub on a Monday – so meeting needs of other population as well as outpatients.

### **Diabetic Patients**

Type 2 diabetics' patients have benefited from delivery of care closer to home with clinic support, advice and guidance helpline. We have provided the backdrop for success is the education in primary care with 915 patients been identified of all equality diversity backgrounds. The service is 75% on a journey of linked up working practices across community & secondary care

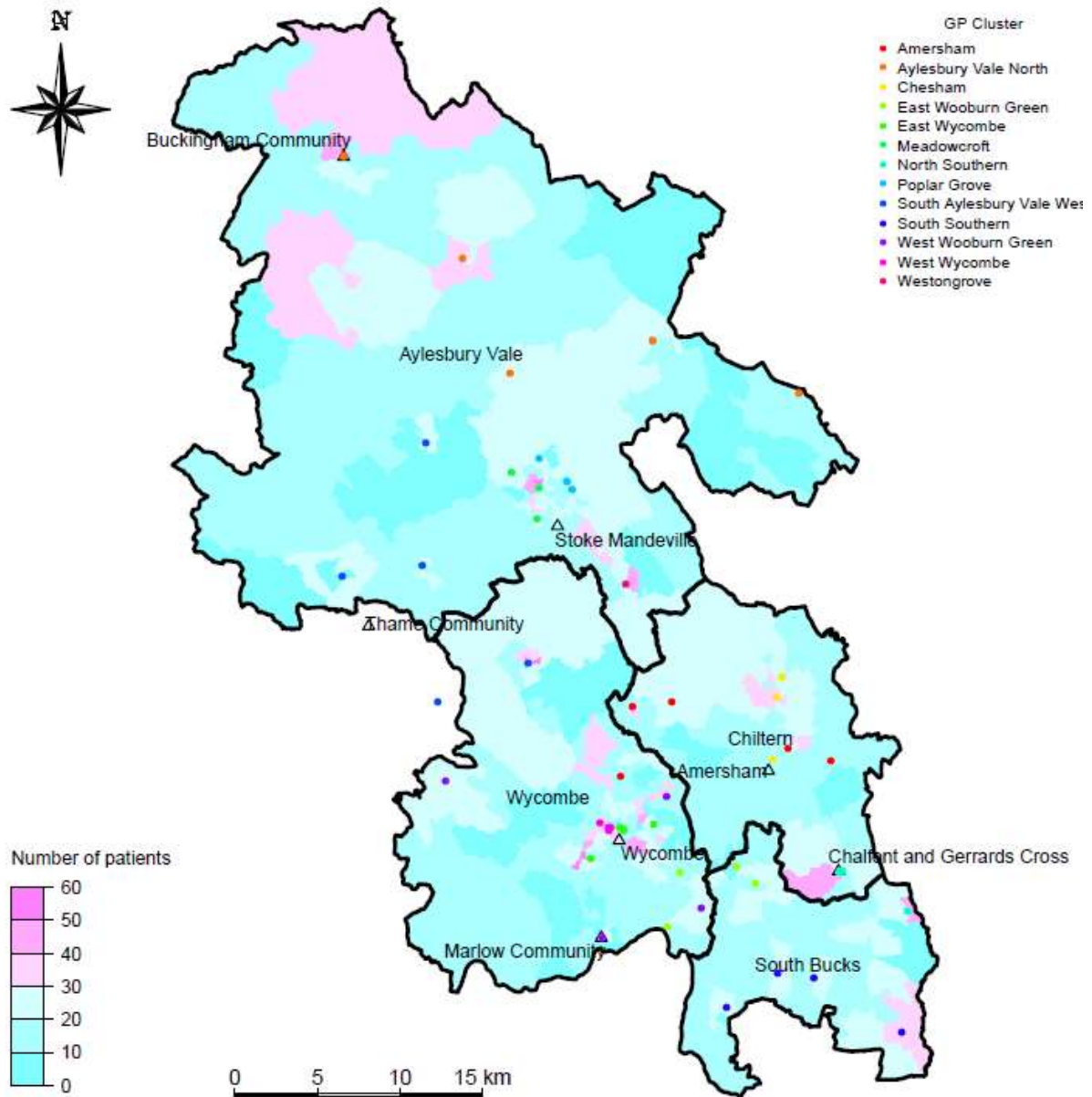
Probability of inpatient admission during 6 months  
5,094 patients with Diabetes among 5.5% high risk



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Produced by Public Health, Buckinghamshire County Council

Probability of emergency admission  
6,260 patients with Diabetes among 5.2% high risk



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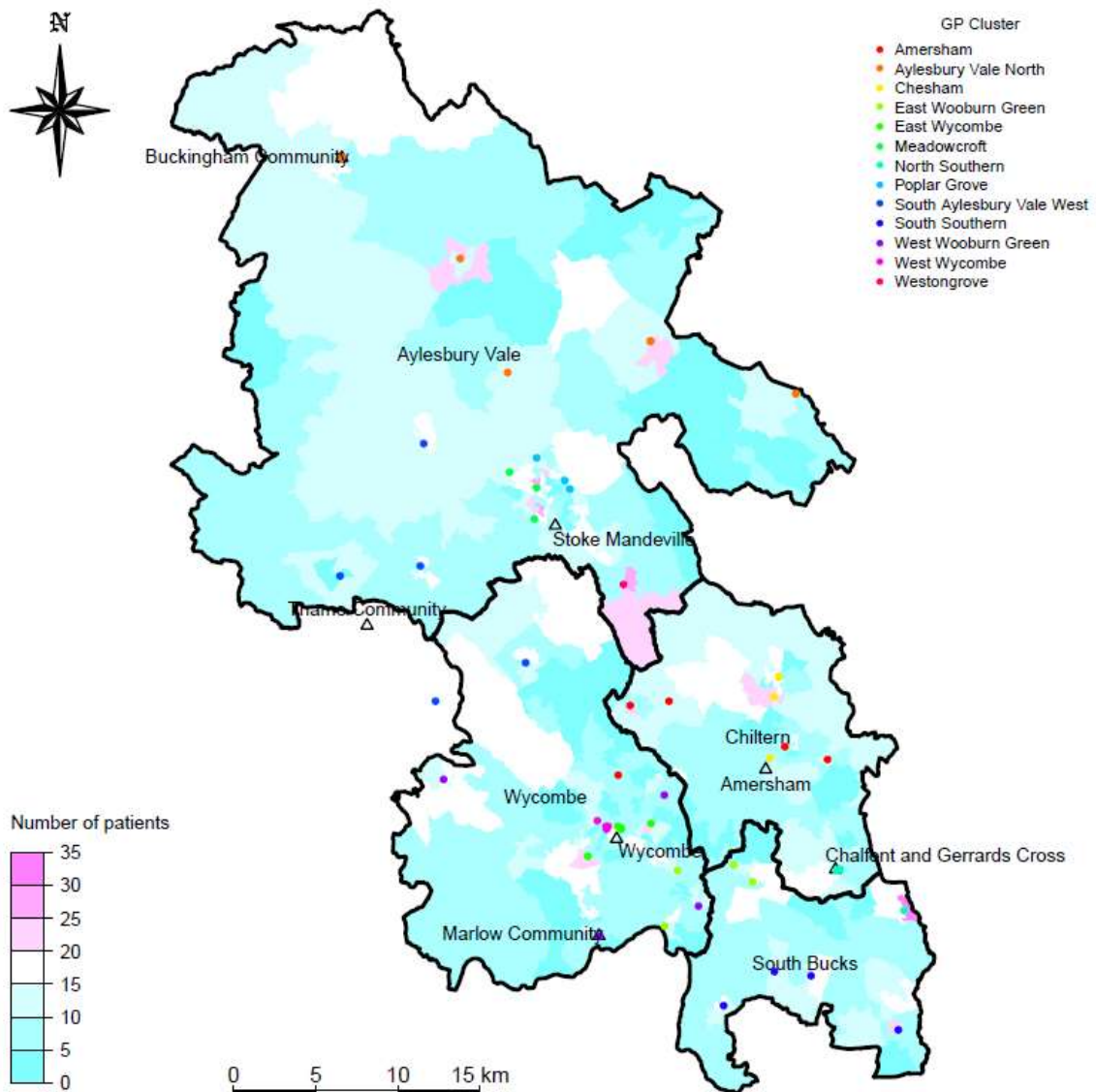
Produced by Public Health, Buckinghamshire County Council

**COPD**

COPD respiratory related airways diseases pathways are being reviewed with a vision to offer a similar offering as detailed above. The service will review how and where to best locate these clinics.



Probability of inpatient admission during 6 months  
 3,013 patients with COPD among 5.5% high risk

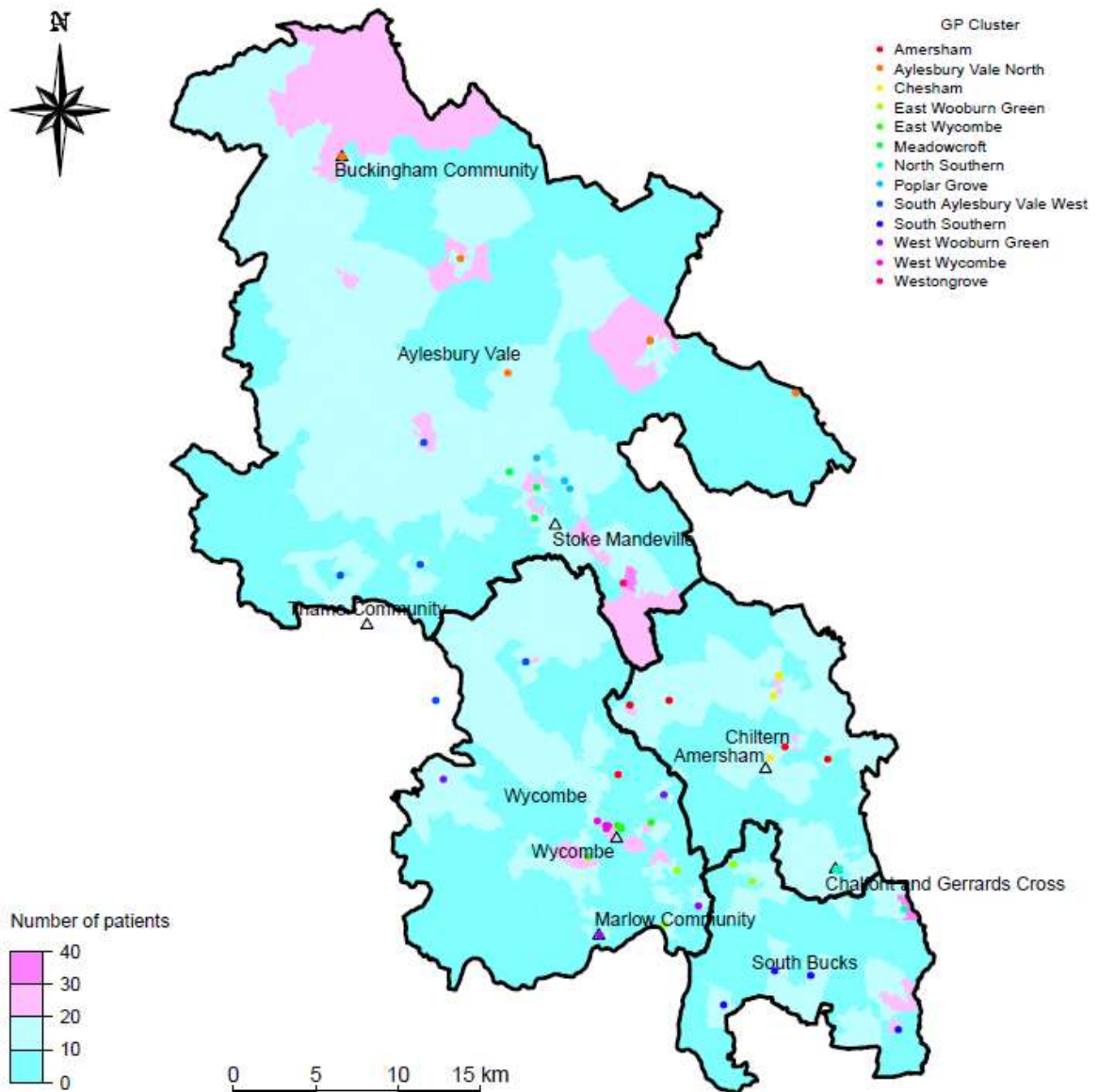


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Produced by Public Health Buckinghamshire County Council

Providing a clinic that meets the needs of those with a condition of COPD could save a potential of 3,434 patients attending the emergency department from a catchment area predominantly around area around Buckingham Community.

Probability of emergency admission  
3,434 patients with COPD among 5.2% high risk



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Produced by Public Health, Buckinghamshire County Council

We have enhanced continuity of care by sharing patient's electronic records across an integrated system.

Buckinghamshire have carried out a number of analyses on patient conditions & the risk stratification for each service is available in the attached PDF



Bucks\_risk\_stratificat  
ion\_maps\_2\_of\_4.pdf

### **Step 3: Assessment of impact**

Using the information you have gathered and analysed in step 2, what do you think are the main issues relating to equality of opportunity / eliminating discrimination/ and any disproportionate impact that has been identified in relation to the protected groups.

In your response please consider;

- How do the current practices and measures affect different protected groups?
- What specific actions are you are proposing?
- Does the EQIA reveal that the proposal unlawfully discriminates or impacts on human rights?
- Any other information that you may have that is not from step 2 which may help you to assess impact.

In line with the Five Year Forward View, our patients and clinicians have told us that it is important to them that we provide more care closer to home, with care delivered out of hospital and in local communities.

Evidence from the national New Care Models programme found that by implementing a whole population care model, including hub-based care, health and care systems:

- reduced the rate of growth in non-elective admissions by approximately 4%, when compared to non-new care model systems
- emergency bed days showed a 1% reduction in comparison to a non-new care model systems which grew by 1%.

We are seeing a significant increase in the older population and increasing numbers of people with multiple long-term conditions and frailty. Long-term conditions and frailty are not an inevitable consequence of ageing, much of this is driven by unhealthy lifestyles coupled by a historic lack of investment in prevention so we must find ways to improve this too.

We also know that a frail, older person has muscle deterioration equivalent to 10 years

for every 10 days in hospital. Inpatient beds are not always used effectively and can impact on a patient's ability to remain independent as their stay can be extended inappropriately. In summary, keeping people healthy and independent in their own homes is what our patients have asked for, is better for them and for the provision of services.

Our vision is to have everyone working together so that the people of Buckinghamshire have happy and healthier lives. We want to rebalance the health and social care spend to increase support for more people to live independently at home, especially older people and those with long-term conditions, by providing high quality prevention and early intervention services.

In summary, through prevention and early intervention we want to:

- Support people to keep themselves healthy and live well, age and stay well
- Enable more people to live independently for longer
- Create the right health and support in the community in order to reduce pressure on our hospitals and GPs.

The principles of the vision that have and continue to shape our transformation are:

- People are cared for at home wherever possible and that services are focussed on this
- People will be encouraged to manage their own mental and physical health and wellbeing (and those they are care for) so they stay healthy, make informed choices about care and treatment to manage their long-term conditions and avoid complications
- We combine resources and expertise across the health and care system so that people receive joined-up care
- People can access good quality advice and care in the most suitable and convenient way possible, as early as possible, to prevent problems becoming more serious
- People have access to specialist support in their community, working with a named responsible clinician
- We will work together on prevention, not just as professionals but as communities and individuals.

The stakeholder group has been an important part of the pilot, they have provided scrutiny and challenge to the developments, have represented views of their communities, and helped to develop links between the services and local organisations

Based on your analysis what is the impact of your proposal on the protected groups?				
Protected characteristic group	Positive impact	Negative/Adverse impact	Neutral impact	Explanation
Race	The services model has been developed to meet the needs of all race characteristics and populace. Facilities are available to allow patients to communicate using their own dialect via language line services	Given where ethnic minority populations live this model (both the pilot sites and possible roll out other locations) are not where the ethnic minority population live.	The pilot provides little or no impact change for any groups	Both pilot sites have the ability to facilitate patients of all race creed & colour. The catchment sites of the pilot have ethnic demographic
Sex	As a day assessment service (rather than inpatient) it reduces any dignity issues.	Need to ensure dignity when getting changed for diagnostics etc. and adequate space to allow segregation	Sex neutral service	Providing services to all genders across the community including those within a specific medical group
Age	Less far to travel for treatment. Smaller, easier to get around, more familiar. Not an age specific service i.e. all OPD is for everyone, assessment for frailty not old age.	Not yet well developed for children (but they have children's centre) Doesn't have everything so still might have to go elsewhere for higher level diagnostics however more local to people. Environment is better and more time with clinical staff.		The delivery of this model is in keeping & in combination of work of the five year forward view to reduce the activity for non-urgent care away from the Main Hospital and move the service to the community closer to home.
Sexual orientation			Sex neutral service	Providing services to all population who require these services across the community
Gender reassignment	Side rooms available should they be required for privacy and dignity	Mixed sex environment – curtains, toilets, changing.	As a day assessment service (rather than inpatient) it reduces any dignity issues.	This is the optimal service provided at all our pilot areas
Religion & belief		Don't have differentiated toilets	Food provided and available as snacks Prayer room at MuDAS	Patients are not in long enough to require separate catering. If did, might need to go to Wycombe – Other service areas offer toast; soup and biscuits so would be the minimal

				requirement.
Disability	<p>Smaller, more familiar, easier to get around</p> <p>Services/people come to you not the other way around</p> <p>Higher staff ratio and a more holistic approach to time and space to reduce anxiety</p> <p>Disabled bays right outside because a smaller place.</p> <p>Thame on the flat, Marlow ramp.</p>	Not modern buildings and when it was an in-patient area the same challenges were present.	These will be looked into : Doors narrow, wheelchairs hard to manoeuvre ; not many patients attending require a wheelchair No induction loops No colour signage or pictures etc for those with a learning disability which is being looked into	When looking to roll out we may need to consider this ensuring suitable for frail, elderly patients. Local charities have indicated support to develop environment.
Maternity & pregnancy	<p>Could develop to meet their needs. E.g. see GP at CATS for bloods.</p> <p>If surgeries struggling to have the space could do midwifery clinics here</p>			
Marriage & Civil Partnerships	No impact			

If there are any barriers that cannot be removed, you need to identify what groups will be affected and what positive actions are you proposing in order to reduce the adverse impact on those groups.

Consider what practical changes or measures would help reduce the adverse impact on particular protected groups.

If the impact is;

- **High** – needs very detailed and thorough process with significant external or risk of legal challenge.
- **Medium** – needs reasonably robust process with some degree of external challenge
- **Low** – needs some a degree of rigor to confirm that it is in line with statutory duties but external challenge not needed

Protected characteristic group	Actions to mitigate any negative/adverse impacts
Race	None
Sex	None
Age	Children's services - LOW
Sexual orientation	None

Gender reassignment	None
Religion & belief	None
Disability	<b>Low</b> - Will need to review and assess facilities available and requirements to ensure buildings provide equitable service for people with a disability .
Maternity & pregnancy	None
Marriage & Civil Partnerships	None

#### Step 4: Engagement or Formal Consultation

Make sure that you reach as many of the protected groups as possible in particular those who are likely to be affected by the proposal. Please click on link to the **Corporate Equality Monitoring Form** <http://swanlive/corporate-information/equality-diversity>

In your response please consider;

- Who you intend to engage / consult with: patients, service users, carers, staff, and stakeholders.
- Are there any concerns that relate to the assessment in steps 2 and 3 that you need to address during the engagement or formal consultation?
- What are the main issues and concerns from the engagement or formal consultation?
- How in your engagement /consultation have you responded to the groups that you have engaged or consulted with, in relation to the issues and concerns raised during the process?
- What changes are you going to make as a result of the engagement or formal consultation?

**Staffs** were consulted with at the start of the pilot period, and have been asked to provide feedback over the past 12 months. For those currently working within the hubs, group and individual meetings will continue to be offered however as they will remain in the roles they are currently doing, the impact of the change at this point is minimal so no formal consultation will be necessary. A full 'Equalities Impact Assessment' -Workforce Profile has been completed (see Appendix A)

**Public & Stakeholder** To ensure we could respond quickly to patient and stakeholder feedback about the pilot we established number of mechanisms to make certain the pilot is robust, new models of care are being properly tested and any issues or ideas for improvement could be implemented quickly. This includes quantitative and qualitative research with patients, staff and GPs – both on an informal and formal basis. In addition we have been raising awareness of the pilot through traditional and social media, attendance at community events such as the Thame community market, presentations to interested groups such as the Buckinghamshire Older People Action Group along with successful open days at Marlow and Thame.

A key initiative has been to establish a stakeholder engagement group, which is chaired by

our chief nurse and director of communications. Comprising of representatives from Health watch, Marlow and Thame League of Friends, Thame and District Day Centre, Marlow and Thame town councils and patient participation groups of local practices, the stakeholder engagement group acts as critical friend to the pilot, helping us to review how the new services are working and performing against key indicators, as well as helping us to shape how we can engage and involve people in the on-going development (membership and terms of reference can be found in Appendix A).

This group has been key in helping us to raise awareness of the pilot at a very local level. They have made important recommendations to the governance group and the Trust's executive management committee which are shaping the pilot, including increasing outpatient clinics, more in-depth patient surveys and follow-up calls from clinicians to GPs to seek feedback and improve the coordination of care. This group has added significant value to the pilot, providing a range of perspectives as the pilot has progressed.

Most significantly the stakeholder engagement group recommended to extend the original pilot by six months to enable us to mobilise a greater range of services, increase the number of referrals and assess the impact on patients during the winter months. Support statements have been provided by League of Friends and can be found on Appendix 4 in the 'Developing Out of Hospital Care report and copied below'



Appendix 4.docx

Clinical staff from the community teams have also been working with GP colleagues at individual practices to help them identify patients who might benefit from the new services (particularly the community assessment and treatment services element) to increase referrals and ensure that the services are being fully used.

This wide involvement has enabled the model of care to change during the pilot. For example we are bringing more outpatient services on stream with chemotherapy introduced at Marlow in August and we are looking at the possibility of being able to offer ultrasound facilities at Thame.

For full Engagement report, please see 'Developing our of Hospital Care' report – Appendix 2.

### **Step 5: Monitoring & Training**

It is essential that all Public Authorities understand the effects of their policies and practices, to assist them to comply with the general duty. As noted in the Equality Delivery System (EDS) for the NHS monitoring should cover all of the protected characteristics. The purpose of equality monitoring is to see how the proposal is working in practice and to identify if and where it is producing disproportionate adverse effects and to take steps to address those effects.



Unlike the EDS monitoring does not have to be done across all the groups in every instance. You need to assess which groups are more relevant to your proposal and groups where concerns have been raised. You should use the Trusts Corporate **Equality Monitoring Form**.

If the proposal is introducing a new system or ways of working or changes to current practices you need to consider the training implications. You may also need to raise awareness of equality issues.

In your response please consider;

- What arrangements do you have or will you put in place to monitor?
- Who will be responsible for monitoring?
- What indicators and measures will be used to monitor and evaluate the effectiveness of the strategy/ policy/ service/function and its equality impact?
- Where will this information be reported and how often?
- What training requirements are needed as a result of the proposal?

No changes are anticipated in the roles staff members are undertaking within the Community Hubs so no additional training requirements are anticipated. Staff working within community assessment and treatment service have been provided with, and will continue to be provided with, additional training to develop skills and competencies for interventions that are new to them or have not practised for some time. Line managers will continue to monitor and assess staff training requirements through the annual appraisal process, and by ensuring compliance with statutory and mandatory training. Full Diversity & Equality training is part of the core modules that all staffs complete annually.

### **Step 6: Commissioning / Procurement and Partnerships**

If the proposal involves the commissioning or procurement of services you need to ensure that the contract includes equality and human rights considerations. Specifically you should set out how you will make sure that any partner you work with complies with equality and human rights legislation, and how you will monitor this.

**You will need to think about:**

- Tendering and specifications
- Awards process
- Contract clauses
- Performance measures
- Monitoring

This is generally managed through the Procurement department you are advised to seek advice by contacting the internal team.

Existing facilities have been re-developed with no commissioning change or procurement impact currently on the development of the Community Hubs during this pilot stage

### Step 7: Summary of Impact

In the table below, summarise for each protected group the impacts that you have identified in your assessment. Please remember to summarise the positive as well as negative impacts.

**This information should be used for publication or if a summary is required for reports.**

Protected characteristic / group	Summary of Impact
Race	Both pilot sites have the ability to facilitate patients of all race creed & colour. The catchment sites have a small ethnic demographic and therefore has little or no impact on the service offering
Sex	Assessment clinics facilitated at Hubs and therefore as long as facilities are maintained for privacy & dignity to allow patients to change there should be no problem
Age	As an OPD direct access and availability for all patients ages – however at this time limited setup of children’s services. Separate children’s centre already in place to meet their needs – however in the future development locally.
Sexual orientation	Both pilot sites have the ability to facilitate patients of all sexual orientations
Gender reassignment	Both pilot sites have the ability to facilitate access for all patients
Religion & belief	Patient availability to food and drink in line with their religion of belief.
Disability	As programme continues will need to continue to review and assess facilities available and requirements to ensure buildings provide equitable service for people with a disability.
Maternity & pregnancy	No impact
Marriage & Civil Partnerships	No Impact

<http://www.healthandwellbeingbucks.org/Resources/Councils/Buckinghamshire/Documents/JSNA/3.4%20Protected%20characteristics.pdf>

### Step 8: Action Plan (Implementation and review)

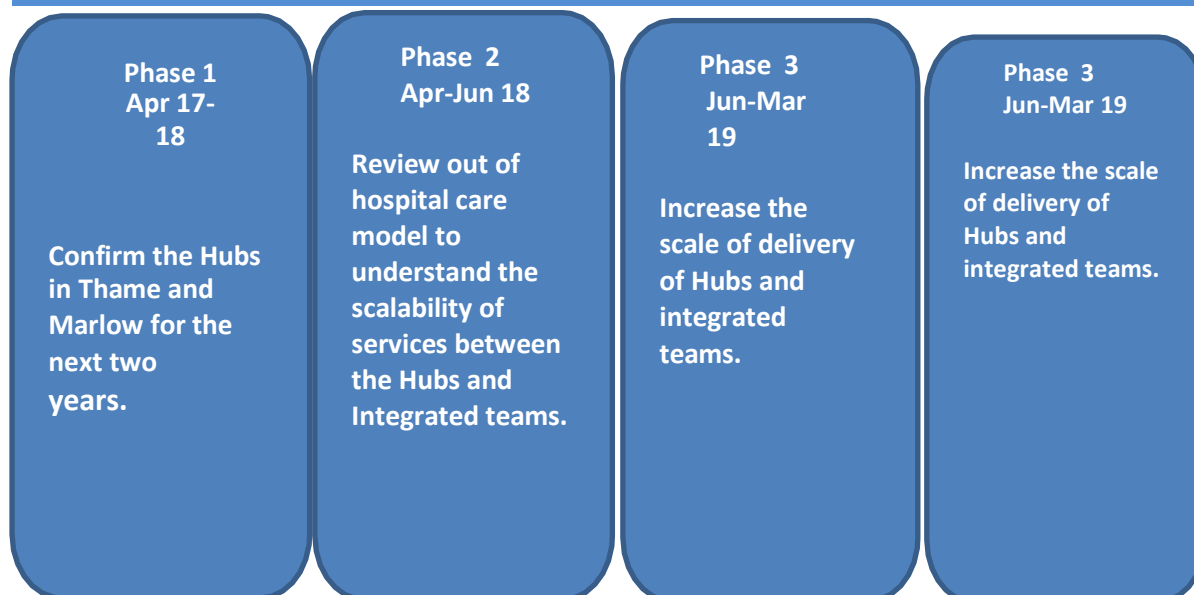
At this stage an Action Plan / Improvement Plan should be developed to address any concerns or issues related to equalities in the proposal. This plan should be integrated into the appropriate Service or Business Plan.

<b>Responsibility for implementation of Action Plan:</b>	
<b>Name of Committee monitoring the progress:</b>	

### Next Steps

- Continue with the current community hubs at Thame & Marlow for another two years so that the other complementary elements of community services transformation have time to be developed, rolled out across the county and be properly evaluated. This includes developing the community hubs model across the county.
- Work with general practice localities to further integrate services and to support the proactive identification of patients who are likely to benefit from the CATS service e.g. through risk stratification.
- Work with care homes to ensure that residents in a care home, who would benefit from the CATS service, have access to it.
- Explore further development of the referral model potentially widening the range of people who can refer directly to the services within the hub including self-referral.
- Review the discharge from A&E and acute inpatient care pathway to ensure that CATS is recognised as a viable alternative to a 'bedded' option, developing a local concept of the virtual ward.
- Work with local GPs to increase the capacity of the CATS by increasing the number of days of operation in line with demand.
- The Integrated Care System will set up local stakeholder engagement groups aligned to the integrated team localities – building on those in place for Marlow and Thame - to co-design the local detail of the out-of-hospital care model, including the hubs, ensuring that they meet the needs of the local community.
- Identify the target population cohorts and care professionals that the new model of care will apply to
- Define the service combinations that will comprise the future model and the level at which services will be delivered across Buckinghamshire.
- Drawing on the base lining of all existing projects, identify the financial contribution of the services and change projects in scope to meet the system's 2018/19 financial requirements.
- Provide suggested timeline for implementation and outline workforce projections.
- Review the care model to strengthen prevention and self-care and ensure that it maximises the care delivered locally and focusses on health and wellbeing in line with the design principles in Appendix 5.
- Development of a robust communication plan with the public and professionals to raise the awareness of the hubs and increase the productivity and value of the services for the local community.
- Review outpatient services to ensure that the shift to local provision is transformational, meets the local health population needs and not just utilising space.
- Local services for local people to minimise travel and have a home first approach where possible.
- Put in place signposting, education and care navigation in hubs.

## Development of the out of hospital model of care



### Step 9 – Sign off & Publication

Please sign, date and submit to your Diversity Champions for quality checking and then your Associate Chief Operating Officer for sign off.

The Lead Officer must publish the Summary of Impact (step 7) with the relevant policy, guideline, strategy. It is important that a copy of this EQIA is kept as you could be asked to produce this at a later date.

Please also send final copy to the Equality & Diversity Manager at [equality@buckshealthcare.nhs.uk](mailto:equality@buckshealthcare.nhs.uk) for publication.

<b>Name of lead officer:</b>	<i>Natalie Fox</i>
<b>Signature &amp; date:</b>	<i>April 2018</i>
<b>Name of Diversity Champion:</b>	
<b>Entered on Divisional Risk Register (Y/N)</b>	<i>Yes</i>
<b>Diversity Champion Signature &amp; date:</b>	
<b>Name of Assistant Chief Operating Officer:</b>	<i>Natalie Fox</i>
<b>Signed off and date:</b>	<i>April 2018</i>
<b>Publication Officer &amp; date:</b>	