Appendix 6: EHIA screening *(initial)*

Equality & Health Inequality Impact Analysis Screening Tool
CMH UCC

Introduction

The purpose of this Screening Tool is to help you decide whether or not you need to undertake an Equality and Health Inequalities Analysis (EHIA) for your project or piece of work. It is your responsibility as the project lead/policy owner to take this decision having worked through the Screening Tool.

Once completed, please email the CCG's Executive Equalities Lead who will convene an EHIA meeting to sign off the Screening Tool and approve your decision i.e. to either undertake an EHIA or not to undertake an EHIA.

When completing the Screening Tool, we suggest you consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

NHS England has agreed an additional definition which relates to inclusion health and people with lived experience. Inclusion health has been used to define a number of groups of people who are not usually provided for by healthcare services and covers people who are *homeless, rough sleepers, vulnerable migrants, sex workers, Gypsies or Travellers and other multiply excluded people.* The definition also covers *Female Genital Mutilation (FGM), human trafficking and people in recovery.* Please consider these groups too in your analysis.

Part A

Title of procedural document: Access to Urgent Care Centre in Central Middlesex Hospital in Brent

Proposals:
The Urgent Care Centre currently opens 24 hours per day, 7 days per week. Brent CCG is considering closing the Centre overnight, due to underutilisation. A Communications and Engagement Plan has been created to support this piece of work.

Current opening times	New closing times	New opening times
24 hours, 7 days per week	12 midnight to 8 am	8am to 12 midnight

What are the intended outcomes of this work? *Include outline of objectives and function aims*

A review of urgent care services in Brent has indicated that the CMH UCC is under-utilised and does not offer value for money. After an analysis of three potential options, the option to close from midnight to 8am was adopted.

- UCC attenders can be diverted during these hours to alternative options including digital offer (ie e-consult)[1], NHS 111 (telephone), NHS 111 Online[2], next day primary care services, community pharmacies, alternative care pathways, Health Help Now App, mini DOS (mini Directory of Services).

The aim of this EHIA is:

- To better understand the impact on the nine protected characteristic groups of the proposals outlined above
- Examine any barriers to accessing relevant care for these groups
- Examine benefits of current digital technologies for accessing healthcare for these groups
- It is important to undertake this analysis from the user-perspective, to focus on the various impacts as patients may experience them. With this in mind, the CCG held a workshop with community groups to develop this EHIA on 13th June.

Who will be affected? *e.g. patients, staff, service users etc.*

- Patients who attend CMH UCC overnight
- Staff working the night shift at CMH UCC
- Other urgent care providers such as UCCs at Ealing Hospital, St. Mary's Hospital, Charing Cross Hospital and Northwick Park Hospital

Evidence

What evidence have you considered? *List the main sources of data, research and other*
sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.

Demographic background of Brent

Brent is an outer London borough in North West London. It has a population of 336, 659[3] with a population density of 76.8 persons per hectare. The population has grown

[1] http://brentccg.nhs.uk/en/digital

[2] https://111.nhs.uk/

[3] Brent Joint Strategic Needs Assessment, 2015

significantly since 2001 and is predicted to continue to grow (see Fig. 1). Wembley Central and Kensal Green wards have seen the largest growth in population in the borough, with the least growth being in Kenton and Northwick Park wards. It is part of the NW London Collaboration of CCGs which includes eight London Boroughs and is also part of the NW London Health and Care Partnership (or STP).

2001	2011	2018	2021	2026
263,500	311,000	336, 659	346, 437	363, 285

Figure 1: Projections for population growth

Brent currently has 56 GP practices with a registered population was 392,366 (May 2019). The CCG is responsible for its registered population. A patient does not necessarily have to live in Brent to be registered with a Brent GP.

Figure 2: GP practice distribution in Brent

The Brent population is young, dynamic and growing. Our long history of ethnic and cultural diversity has created a place that is truly unique and valued by those who live and work here.
Despite these strengths Brent is ranked amongst the top15 % most-deprived areas of the country. This deprivation is characterised by high levels of long-term unemployment, low average incomes and supported through benefits and social housing. Children and young people are particularly affected with a third of children in Brent living in a low-income household and a fifth in a single – adult household.

The proportion of our young people living in acute deprivation is rising. Living in poverty generally contributes to poorer health, wellbeing and social isolation. Statistics show that people on low incomes are more likely to have a life limiting health condition, take less exercise and have a shorter life. While overall life expectancy is in line with the rest of London there are significant health inequalities within the borough.

Our diversity is a great strength and our various communities are valuable assets to bring about real change for families and individuals. But at the same time, many new communities are still not accessing the information and services available to help them improve their health and wellbeing. Furthermore, the area has high levels of migration in and out of the borough, and significant ethnic and cultural diversity:

- 64.7% of the population is Black, Asian or other minority ethnicity (BAME).
- Life expectancy between the most affluent and the most deprived parts of the borough is 8.8 years.
- People between 0 – 15 y/o comprise 21% of the total population. That 16-64 y/o, working age population makes up 67.8% of the population and the 65 and over population makes up 11.3% of the population.
- Brent has the largest proportion of residents born abroad (55%). This ranges from Asia (23%), followed by Europe (18%) and Africa (10%) to Central and South America (3%) and North America (1%). 14.5 per cent of households have no people that speak English as a main language; this is the thirteenth highest proportion in England & Wales.

The Central Middlesex Hospital (CMH) Urgent Care Centre (UCC)

Brent CCG has completed extensive analysis of attendance at the CMH UCC. This was used to successfully present a case for change to the CCG Executive on March 2019. A decision to consult on proposals is pending a Governing Body meeting on 26th June, at which a Business Case will be presented. This EHIA will be included in the supporting documents.

The following factors have been considered:

- Brent CCG will need to commission revised services in line with the new national specification for urgent treatment centres in 2019
- Opportunity to review current urgent care services and determine whether changes need to be made
- Based on current service utilisation the CMH UCC does not provide value for money
- Workforce challenge of resourcing over night shifts
- Suitable alternative urgent care provision is available including Northwick Park, St. Mary's, Charing Cross and Ealing UCCs
- Brent CCG is rolling out e-consultation for GP practices which will improve timely access and reduce the need for face to face consultation

1. Age. *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

Demographics

Brent has a young population. The proportion of people aged 20-40, is higher than England, but in line with London. People between 0 – 15 years comprise 20.9% of the total population. The 16-64, working age population makes up 67.8% of the population and the 65 and over population makes up 11.3% of the population. Important to note that the older population is growing at a higher rate than the adult population, which will have an impact on population health and service commissioning.

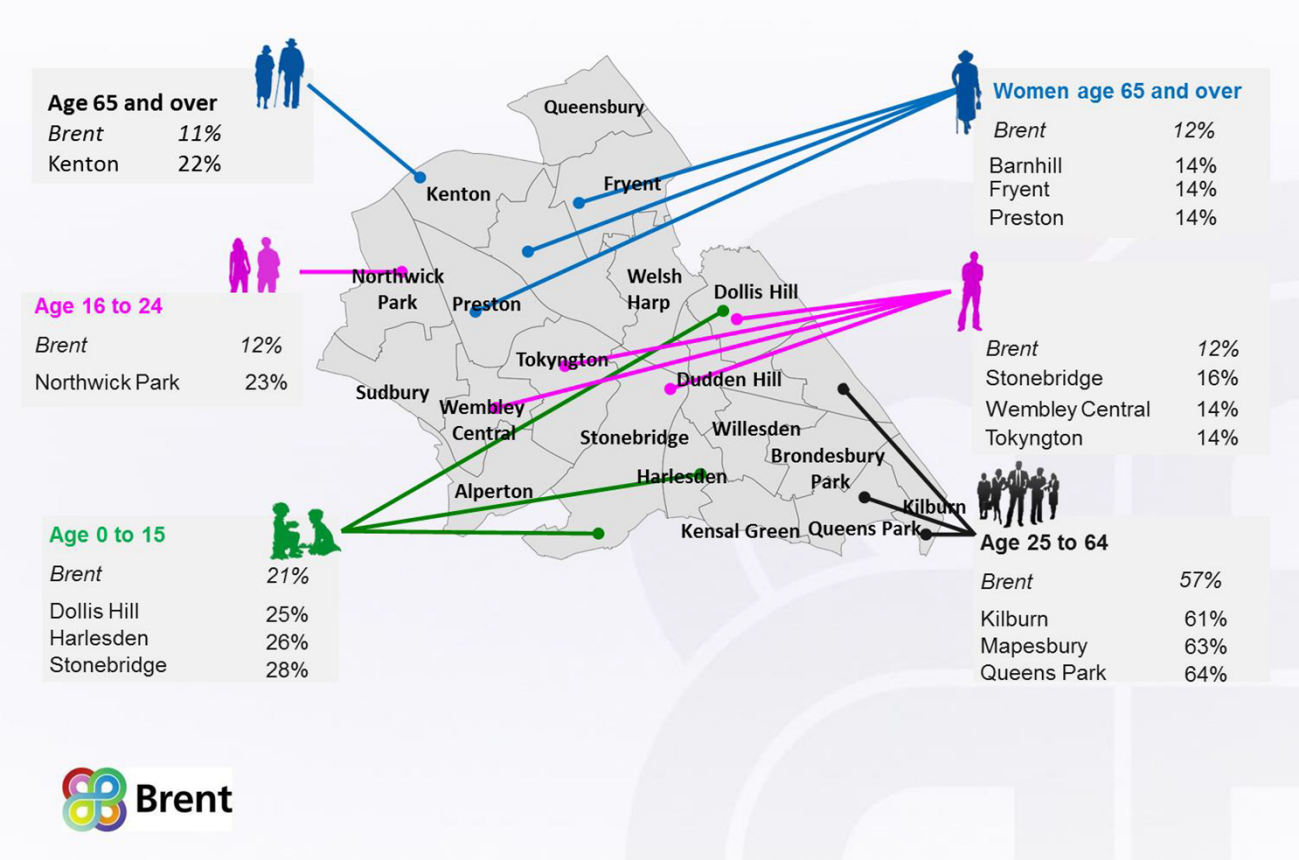

Figure 3: Cross borough distribution by age

Urgent Care Centre Activity Profile

Activity data for the last two years shows an average 8 people attended the service between 12 midnight and 8am. Approximately 71% of attendances are by working age adults, 24% are 0-19 years and 5% 65+ years. 0-4 year olds represent 10% (7 children per week) of all patients using the CMH UCC between 12 midnight and 8am. See Appendix 2 for details.

Consideration needs to be given to access to alternative services for these age categories. There are a number of services including digital, telephone and face to face, which are available 24 hours a day, 7 days a week. Digital services include 111 online, Health Help Now App. Patients and/or their carers may also access 111 by phone for urgent advice.

In terms of face to face services, alternative UCCs exist at Northwick Park, Charing Cross and Ealing Hospitals. There appears to be a nominal impact for this cohort of people, as some of them may potentially have to travel further to access alternative UCCs (see table 1). Transport links have been analysed to describe access to alternative urgent care services by car and public transport.

UCC	Distance	Travel time by car at 2am	Travel time by public transport at 2am

Northwick Park	6.4 miles	16-18 minutes	Up to 42 minutes
Ealing	6.7 miles	14-20 minutes	1 hour to 1 hour 20 minutes
Charing Cross	5.4 miles	16-22 minutes	48 minutes to 1 hour 20 mins

Table 1: Distance from CMH UCC to nearest UCCs by car and public transport[4]

CMH UCC is situated in Park Royal, which is in the south of the borough. In Brent, deprivation is more generally distributed in the south. The majority of people who attend the UCC are from the NW10 or NW2 post codes, which include Brent's most deprived wards[5]. People from lower socio-economic groups tend to be the most common users of walk-in centres[6]. The percentages of people affected by income deprivation and child poverty are higher in the south. The majority of people on low incomes tend not to have access to a car and face a number of barriers in accessing healthcare that relate both to problems with travel and the location of service[7]. Although there are good bus routes outside the CMH location, the impact of travelling to more distant UCCs on those in the more deprived wards near the CMH UCC may be significant due to potential financial constraints that prohibit them accessing public transport[8]. Parents with young children may experience anxiety about taking children late at night, by public transport, to sites that are distant and unfamiliar.

This impact can be mitigated by providing information on the range of alternative urgent care services that are available and/or do not require travel far from home. These include digital and telephone-based service options such as 111 on line, 111 by phone and Health Help Now App, which provide people with advice and sign posting to appropriate care. However, this will be sense checked with local people as part of our engagement.

2. Disability. *Consider and detail (include the source of any evidence) on attitudinal, physical and social barriers.*

Demographics

Physical disability and sensory impairment

Currently, 4% of residents in Brent were assessed as being permanently sick or disabled. Estimates suggest that around 14,900 people in Brent aged between 18 and 64 have a moderate physical disability. This represents 7% of the total population who are aged

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4 https://www.google.com/maps/dir/Central+Middlesex+Hospital,+Acton+Ln,+Park+Royal,+London+NW10+7NS/Charing+Cross+Hospital,++Palace+Rd,+Hammersmith,+London+W6+8RF/@51.5090615,-0.2682902,14z/data=!3m1!4b1!4m18!4m17!1m5!1m1!1s0x487611edb739e1c7:0x69bc49a31336efe1!2m2!1d-0.2686757!2d51.530965!1m5!1m1!1s0x48760fbbc7f7ed75:0x6cd065c43bb8bbf5!2m2!1d-0.2207573!2d51.4870272!2m3!6e0!7e2!8j1558663500!3e0

5 Deprivation, Brent JSNA (2015)

6 Monitor. Walk-in centre review: final report and recommendations. February, 2014. www.monitor.gov.uk

7 Social Exclusion Unit (2003): 'Making the Connections', p.37

8 Social Exclusion Unit (2003): 'Making the Connections', p.37

between 18 and 64, which is similar to the England average of 8%. The Brent JSNA Summary Report, (2014/15) suggests that:

- By 2030, the number of people aged 18 to 64 in Brent who will have a moderate physical disability will be 16,725, an increase of 12% from 2014;
- By 2030, the number of people aged 18 to 64 who will have a severe disability will be 4,763, an increase of 16% from 2014;
- The number of people aged 65 and over who are unable to manage at least one self-care activity living on their own will rise to 17,590 in 2030, from 11,516 in 2014.

Hearing impairment

Current estimates suggest that 20% of people in Brent aged between 65 and 74 are living with a moderate or severe hearing impairment. With age, the incidence of people with a hearing impairment increases. Estimates show that 11,065 people in the borough aged 75 and over have a moderate or severe hearing impairment.

Visual impairment and sight deterioration

As with hearing impairment, sight loss can affect people of all ages and can impact a person's independence. Older people are particularly at risk of sight loss. Around 2 million people in the UK live with sight loss and by 2050 this is predicted to double to 4 million. Current estimates show that 2,021 people aged 75 and over in Brent are predicted to have a moderate or severe visual impairment (figure 41). This represents 12% of the population aged 75 and over in Brent. By 2030, 3,001 people aged 75 and over are predicted to have a moderate or severe visual impairment. This equates to a 48% increase on current predictions.

Adults with autism

National estimates are that approximately 1% of the adult population are regarded as having an autistic spectrum disorder (ASD). Currently estimates are that 2,158 adults aged 18 to 64 in Brent have an ASD. National rates of ASDs are higher in adult males (1.8%) compared to females (0.2%) 37. Forecasts show that between 2014 and 2030 the number of adults aged 18 to 64 with an ASD in Brent is predicted to rise by 10% overall (figure 37), with males accounting for the majority (Brent JSNA Highlight Summary Report, Winter 2014/15 NHS Brent CCG and LB Brent)

Adults with learning disabilities

Between 2014 and 2030, the number of adults aged 18 to 64 with a learning disability is predicted to rise by 8%. Furthermore, the number of adults aged 65 and over in Brent predicted to have a learning disability is projected to increase by 52% between 2014 and 2030. Accommodation is a key factor for people with learning disabilities and settled accommodation can have a strong impact on their quality of life, safety and social inclusion. In 2011/12, 73% of people aged 18 to 64 with a learning disability were living in settled accommodation in Brent (figure 39). This equates to 510 adults and is above the England average of 70% and the London average of 65.7%.

Urgent Care Centre - Activity Profile

Data regarding disability status for attendees at UCC is not available. However, from data analysis all attendees are walk-in (i.e. are not conveyed by ambulance nor directed by 111). 91% of attendees are discharged with no investigations and no significant treatment.

Barriers, Impact and Mitigation

Physical access/transport can act as a barrier to healthcare for disabled people. Any patient being directed to UCCs by 111 or other, have to make their own way to those services. Public transport links are accessible to people with physical disabilities that may use a wheelchair. However, similarly to parents with young children, there may be some anxiety about travelling to distal unfamiliar sites outside Brent.

There is no anticipation that this cohort of patients would be adversely affected by the closure of CMH UCC overnight. They will be diverted to the nearest alternative urgent care services. There are good public transport links between the CMH UCC and the UCC at Northwick Park Hospital. Alternative UCCs in Northwick Park Hospital, Ealing Hospital, Charing Cross Hospital are purpose-built sites, with a range of adjustments in place to meet the needs of people with disabilities. Drop off zones near reception areas are available for people being dropped off by car or taxi. Clearly marked disabled car parking spaces are available at these sites. These are free to those who are registered disabled and have a Blue Badge. Pedestrian entrances at the alternative UCCs are suitable for wheelchair users. The sites also have disabled toilets in key locations. Both digital and telephone services offer a route to GP care without the need for a person to travel for an initial conversation.

Those with visual impairment can experience difficulties making their way to clinic sites. UCCs are furnished with signage and people can receive directions on site to get to the service via reception. Those with hearing impairment may have difficulties hearing information given during their UCC appointment. Written information is provided.

Depending on their sensory impairment patients may be able to use alternative services such as NHS 111 online or telephone respectively. E-consultation might make access easier for this group – e.g., a 'playback' voicemail facility. Using written or text (SMS) communications may also reduce any negative impact for people with hearing impairments.

The needs of those with sensory impairment will be further sense checked during engagement through discussions with the voluntary sector with special interest in disability. The accessible information standard offers an opportunity for further improvements.

Although the data suggests that there is likely to be a lower proportion of patients with disabilities accessing CMH UCC services, it will be important to take into consideration accessibility of alternative services during the decision-making process – taking into account mobility issues and distance of travel.

Patients with a learning disability are known to face barriers accessing healthcare services[9]. They tend to be lower users of Urgent Care Services than other sections of the population. There is no data available on people with learning disabilities using the CMH UCC. Brent patients should be encouraged to bring a copy of their LD

[9] https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities

Passport with them should they attend a UCC to improve the quality of experience and outcomes. The passport gives UCC staff important information about them and how they prefer to communicate, their medical history and any support they might need while at the UCC. If they don't bring one, UCC staff can consider providing them with a blank copy to complete for themselves or with help from their carer. Patients with learning disabilities may experience anxiety over the prospect of travelling to less familiar services outside the borough. Local service data does not reflect high attendance from this cohort, therefore, impact cannot be measured.

Patients with mental health conditions that mean that leaving their home is a challenge (or their carers) may access advice from 111 online and/or telephone, Health Help Now App 24 hours per day, 7 days per week. The GP e-consult offer could provide a route to GP care without the need for a person to travel for an initial conversation.

Any potential negative impacts for this cohort may be mitigated by providing information on the range of alternative urgent care services that are available and/or do not require travel far from home. These include digital and telephone-based service options such as 111 on line, 111 by phone and Health Help Now App, which provide people with advice and sign posting to appropriate care. However, this will be sense checked with local people as part of our engagement work.

3. Gender reassignment. *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment*

Demographics
It has been estimated that there are 20 transgender people per 100,000 population in the UK.

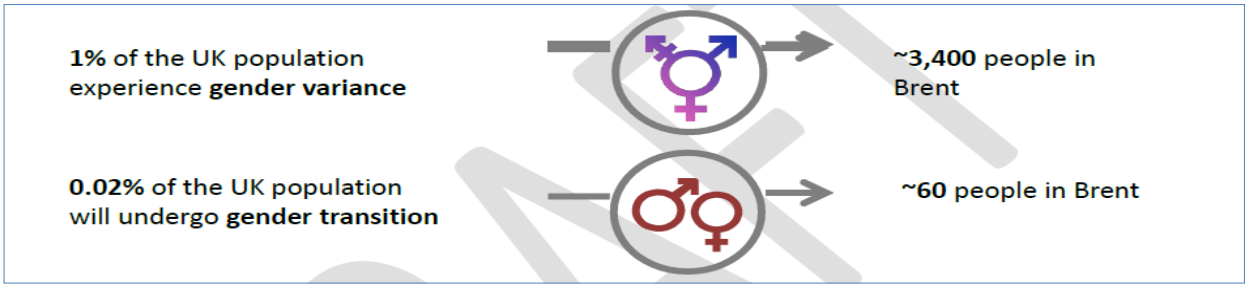

Figure 4. Estimated make of Brent people who are lesbian, Gay, Bisexual, experience gender variance or may undergo gender transition.

Urgent Care Centre – Activity Profile

There is nothing to suggest that this cohort of attendees would be adversely affected by the closure of CMH UCC overnight (and being diverted to other alternative urgent care services), However, we will sense check this with LGBTQ groups during our engagement process.

Barriers, Impact and Mitigation

Research shows Transgender people face widespread discrimination in healthcare settings. One in seven LGBTQ people (14 per cent) avoid seeking healthcare for fear

of discrimination from staff[10]. Although there is relative paucity of available evidence, the little that is available indicates that transgender people experience health inequalities[11], including sexual health inequalities, which may include higher rates of STIs, and difficulties accessing services and relevant information. One in seven LGBTQ people (14 per cent) have avoided treatment for fear of discrimination because they are LGBTQ. Some individuals who have undergone gender reassignment may have a greater need for privacy when accessing services than other sections of the population. The first appointment of the day may be preferred if waiting areas are less occupied, offering the most discretion. Closing the UCC overnight may have no impact on this group given the preference for daytime appointments.

Digital access might help in offering the confidentiality sought by the transgender community for initial consultations and a 'safe space' for healthcare. The CCG is also investigating options to roll out an initiative called "Pride in Practice" to help address feedback and reduce health inequalities for this protected group.

We will seek to sense check this information with transgender persons as part of our engagement process. There is a data gap when it comes to the LGBTIQ community due to a lack of robust equality monitoring. When rolling out the digital offer, it may be worth considering addressing this by ensuring a robust and consistent monitoring approach across commissioned services.

Gender Reassignment is not a factor that influences eligibility or access to the service changes being consulted on. Therefore, it is not anticipated that service users will be disproportionately affected by the proposals.

4. Marriage and Civil Partnership

Demographics GP recording of marriage and civil partnership exists but is not of sufficient quality to carry out analysis.

Barriers, Impact and Mitigation
There is nothing to suggest that this cohort of attendees would be adversely affected by the closure of Brent UCC overnight (and being diverted to other alternative urgent care services). However, this will be sense checked with local people as part of our engagement.

5. Pregnancy and maternity

Demographics
No data available

Barriers, Impact and Mitigation

The maternity status of the patient is not a factor that influences eligibility or access to the services changes being consulted on. However, not unlike other vulnerable groups,

[10] https://www.stonewall.org.uk/lgbt-britain-health

[11] Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care April 2012 National Centre for Transgender Equality

pregnant women may experience anxiety travelling to unfamiliar distal sites for urgent care services.

Urgent Care Centre - Activity Profile

There is nothing to suggest that this cohort of attendees would be adversely affected by the closure of Brent UCC overnight and being diverted to other alternative urgent care services. A smaller proportion of women attend the UCC in the night compared to the day.

It is worth noting that NHS England considers it advisable for women who are pregnant or planning to become pregnant to have on-going face to face consultation and review, therefore a digital offer might be of less use to this cohort.

6. Race. Consider and detail (including the source of any evidence) **on different ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers**

Demographics

Brent is ethnically diverse: 64.7% of the population is Black, Asian or other minority ethnicity (BAME). The Indian ethnic group currently makes up the largest minority group representing 17.6% of the population, followed by Other Asian (12%). The White ethnic group represents 33%. to the London average and larger than average proportions from the 'Mixed' and 'Arab' categories.

Night attendances at UCC by ethnicity (Ethnic profile of service users during the day very similar to during the night) – see Appendix 2 for details.

Barriers, Impact and Mitigation

Urgent Care Centre – Activity Profile

There is nothing to suggest that this cohort of attendees would be adversely affected by the closure of Brent UCC overnight (and being diverted to other alternative urgent care services), this will be sense checked with local people as part of our engagement.

Evidence from a range of studies have highlighted the barriers experienced by Black, Asian and Minority Ethnic Groups (BAME) in accessing healthcare services. Some of the main reasons for poor satisfaction have been cited as poor language proficiency; lack of acculturation, and provider side discrimination (stereotyping and bias).

Community engagement undertaken to date suggests that the availability of an accessible route for an interpreter is highly important for BAME groups who experience language barriers. It would therefore be important to consider how services could better meet these accessibility needs and to engage BAME groups and relevant community and voluntary sector leads when promoting and explaining how to access services in general.

For the service change being proposed, this issue is not anticipated as likely to have an adverse impact. However, in terms of proposed plans to sign post patients to alternative urgent care services, the CCG would be advised to engage with community groups to ascertain the most effective ways of signposting patients who experience language barriers to the available services. The alternative services, as listed previously, such as NHS 111 have language interpretation services available. Any potential negative impacts

for this cohort may be mitigated by providing information in a range of languages and services such as 111 (telephone), as mentioned above. The CCG may need to gather information on language interpretation service offer at alternative UCCs for Brent patients. However, it is not anticipated that Brent patients experiencing language barriers would be worse off if sign posted to other similar services elsewhere. There are no immediately apparent reasons why BAME groups would be disproportionately impacted by proposed changes. The engagement process will allow us to sense check this with local people.

Patients for whom language makes access a challenge may be less confident leaving their home to travel out of borough for services. As above, access advice from 111 telephone is available 24 hours per day, 7 days per week. GP services have access to language interpretation services, which can be used for e-consult and also provide a route to GP care without the need for a person to travel for an initial conversation.

7. Religion or belief. Consider and detail (including the source of any evidence) **on people with different religions, beliefs or no belief**
Demographics

Information from the 2011 Census suggests the most common religion in BRENT is Christianity (54%), followed by Islam (10%).

Estimated religion of patients attending the Urgent Care Centre based on 2011 Census data applied to location of attendances.

Barriers, Impact and Mitigation

Urgent Care Centre – Activity Profile

There is nothing to suggest that this cohort of attendees would be adversely affected by the closure of Brent UCC overnight (and being diverted to other alternative urgent care services), However, we will sense check with local people as part of our engagement.

Brent Council has a Social inclusion Forum which brings together key officers from public, private, voluntary, community & faith sector organisations to deliver improved social inclusion outcomes for local residents. The CCG will contact that group to engage with them over the coming months. We also plan to engage with Brent Multi-Faith Forum.

Digital and phone services Offers more choice for appointments at times that do not conflict with religious / faith commitments

Some faith groups restrict how women (and sometimes children) interact with health providers e.g. some women not able to see GP without permission from husband or other male in household or without male accompanying them. Online consultation allows for this to happen from own home.

Introducing a digital method of accessing care may allow women greater freedom in being able to access care in their own home; however, this is of course dependent on their level of digital access at home. Timings for religious activities such as prayer can make attending set appointment times outside the home more challenging. It is possible that a digital offer could make this easier, depending on appointment times etc within this.

8. Sex. *Consider and details (including the source of any evidence) on men and women (potential link to carers below)*

Demographics

According to the 2011 census, there were 1,721 more males (156, 468) than females (154,747) in Brent, giving a gender ratio of 50.3 to 49.7.

Urgent Care Centre – Activity Profile

A smaller proportion of women attend the UCC in the night compared to the day. See Appendix 2 for details.

Barriers, Impact and Mitigation

There is nothing to suggest that this cohort of attendees would be adversely affected by the closure of CMH UCC overnight (and being diverted to other alternative urgent care services), However, we will sense check with local people as part of our engagement.

Young white males have been shown to be unlikely registered in primary care and use services of greater convenience such as walk-in services[12]. A digital offer could potentially be developed which helped to target key messages to this cohort via approaches such as app notifications. There is also research suggesting that women attempt self-treatment more often and are more likely to consult a lay person for support. The digital offer such as Health Help Now App includes a symptom checker and offers self-care advice.

9. Sexual orientation. *Consider and detail (including the source of any evidence) on heterosexual people, as well as lesbian, gay and bi-sexual people*

Demographics

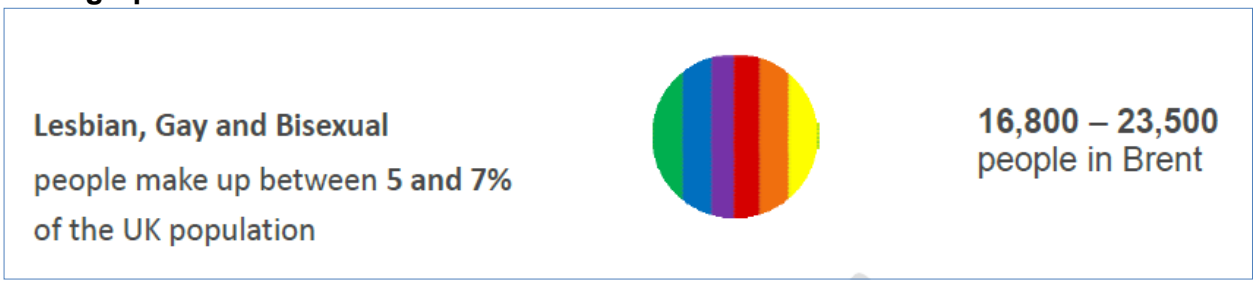

Figure 5: Proportion of LGB in Brent

- Around 3.3 million lesbian, gay and bisexual people in England - Stonewall
- 1.7% of adults in the UK identify themselves as lesbian, gay or bisexual
- 2.5% in London. 3.3% of 16-24 year olds identify as gay, lesbian or bisexual – annual population survey 2015

There is a data gap when it comes to the LGBT community, as the sexual orientation monitoring standard is less well established and has not been fully embedded across

[12] Monitor. Walk-in centre review: final report and recommendations. February, 2014. www.monitor.gov.uk

providers. When introducing a digital offer it may be worth considering addressing this by ensuring a robust and consistent approach towards this monitoring across BRENT practices.

Barriers, Impact and Mitigation

Research shows LGBTQ people face widespread discrimination in healthcare settings. One in seven LGBTQ people (14 per cent) avoid seeking healthcare for fear of discrimination from staff[13], including sexual health inequalities, which may include higher rates of STIs, and difficulties accessing services and relevant information. One in seven LGBTQ people (14 per cent) have avoided treatment for fear of discrimination because they're LGBTQ.

Historic social or health system discrimination can impact a patient's comfortableness during a consultation for example those who identify as Lesbian, Gay or Bisexual were about one and a half times more likely to report unfavourable experiences especially relevant to primary care intervention. Engagement with young LGB persons undertaken to date suggests that this is an issue locally, as it is nationally, which needs addressing. Digital access might help in offering the confidentiality sought by the LGB community for initial consultations and a 'safe space' for healthcare.

We will seek to sense check this information with transgender persons as part of our engagement process. There is a data gap when it comes to the LGBTIQ community due to a lack of robust equality monitoring. When rolling out the digital offer, it may be worth considering addressing this by ensuring a robust and consistent monitoring approach across commissioned services.

10. Carers. *Consider and detail (including the source of any evidence) on part-time working, shift- patterns, general caring responsibilities.*

Demographics

GP recording of provision of unpaid care is a significant undercount compared to 2011 Census data and can therefore not be reliably analysed. Census data identifies around 1 in 14 local residents in Brent who provide unpaid care (7%). Around 1 in 70 residents provide 50 or more hours a week.

Barriers, Impact and Mitigation

Urgent Care Centre – Activity Profile

Carers may have to travel to distal or out of borough sites for walk in services. The development of the digital first offer may also help this cohort of residents' access primary or urgent care in a more convenient way without the need for a face to face attendance. Often carers of disabled people use the internet to access services. Carers may benefit from use of a digital first offer as this will allow them to consult a primary care practitioner whilst continuing with their care responsibilities.

[13] https://www.stonewall.org.uk/lgbt-britain-health

Local carers have expressed preferences for continuity of care, which is much less likely to be available via urgent care centres. GP e-Consult offers that continuity with the added benefit of being virtual, thereby eliminating the need to travel to initial appointment. Brent CCG will engage with Brent Carers Centre. It will be important to consider the needs of carers in any new offer and to engage with carers.

11. Other identified groups

NHS England has agreed an additional definition which relates to inclusion health and people with lived experience. Inclusion health has been used to define a number of groups of people who are not usually provided for by healthcare services and covers people who are **homeless, rough sleepers, vulnerable migrants, sex workers Gypsies or Travellers** and other multiply excluded people. The definition also covers **Female Genital Mutilation (FGM), human trafficking and people in recovery**. Please consider these groups too in your analysis

Demographics
Data regarding other identified groups' status for attendees at UCC is not available.

Barriers, Impact and Mitigation

Urgent Care Centre – Activity Profile

There is nothing to suggest that this cohort of attendees would be adversely affected by the closure of Brent UCC overnight (and being diverted to other alternative urgent care services). However, this will be sense checked with local people as part of the engagement.

Recently arrived migrants may experience barriers to accessing GP services due to stigma, lack of understanding of how services work and a lack of community networks. Some might benefit from widening access to incorporate a digital offer, and it will be important to consider the need to undertake outreach and advertising once decisions have been made around the future of primary and urgent care to ensure that this and other community groups are aware of what is available to them from their local NHS. We have not identified data to suggest that this cohort of attendees would be adversely affected by the reduction in appointments offered at the Weekend Plus hubs or appointments offered at their own practice outside of core hours. However, this will be sense checked with local people as part of the engagement.

While some of these groups might not use the digital access route themselves it is hoped that they will benefit indirectly, from the increased capacity of healthcare services with more patients accessing the right care first time.

12. Consider and detail (including the source of any evidence) on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access

Demographics

Brent is ranked amongst the top15 % most-deprived areas of the country. This deprivation is characterised by high levels of long-term unemployment, low average incomes and supported through benefits and social housing. Children and young people

are particularly affected with a third of children in Brent living in a low-income household and a fifth in a single – adult household.

The proportion of our young people living in acute deprivation is rising. Living in poverty generally contributes to poorer health, wellbeing and social isolation. Statistics show that people on low incomes are more likely to have a life limiting health condition, take less exercise and have a shorter life. While overall life expectancy is in line with the rest of London there are significant health inequalities within the borough.

Attendances to UCC by area deprivation (IMD 2015) – night and day

People from the areas surrounding the UCC may have slightly lower rates of illness and disability compared to London and deprivation is broadly similar

Barriers, Impact and Mitigation

Urgent Care Centre - Activity Profile

CMH UCC is situated in Park Royal, which is in the south of the borough. In Brent, deprivation is more generally distributed in the south. The majority of people who attend the UCC are from the NW10 or NW2 post codes, which include Brent's most deprived wards. People from lower socio-economic groups tend to be the most common users of walk-in centres. The percentages of people affected by income deprivation and child poverty are higher in the south.

The majority of people on low incomes tend not to have access to a car and face a number of barriers in accessing healthcare that relate both to problems with travel and the location of service. Although there are good bus routes outside the CMH location, the impact of travelling to more distal UCCs on those in the more deprived wards near the CMH UCC may be significant due to potential financial constraints that prohibit them accessing public transport. Parents with young children may experience anxiety about taking children late at night, by public transport, to sites that are distal and unfamiliar.

This impact can be mitigated by providing information on the range of alternative urgent care services that are available and/or do not require travel far from home. These include digital and telephone-based service options such as 111 on line, 111 by phone and Health Help Now App, which provide people with advice and sign posting to appropriate care. However, this will be sense checked with local people as part of our engagement.

Summary on analysis. *Considering the evidence please summarise the impact of your proposals. Consider whether the evidence shows potential for differential impact; if so, state whether adverse or positive and for which groups. How will you mitigate any negative impacts? How will you include certain protected groups in services or expand their participation in public life?*

The National Framework reflects the new NHS framework and structures created by the Health and Social Care Act 2012 effective from 1 April 2013. Standing Rules Regulations have been issued under the National Health Service Act 2006, and directions are issued under the Local Authority Social Services Act 1970 in relation to The National Framework.

Considering the evidence there is nothing to suggest potential for differential impact and any adverse outcome caused by the closure of Brent UCC overnight (and being diverted to other alternative urgent care services). The development of the digital offer (ie e-consult) may also help residents' access primary and urgent care in a more convenient way without the need for a face to face attendance. Where we have identified barriers for certain protected groups, we are engaging in a continuous process of examining how these can be mitigated and addressed in how we develop our proposals.

It is important to note that although this screening has been a desktop review:

- It has been fully informed by and references feedback from community groups collected by the CCG over the past year and as part of our engagement work.
- Based on the information gathered through this screening process it will be important to sense check our findings with local residents and members of different protected groups. Any gaps in evidence will be addressed via on-going engagement.

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Part B

B	The Public Sector Equality Duty

B1	*Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?* **YES** As part of the access review and proposals, it may be possible to tackle reported feelings from members of local BAME and LGBT groups that they experience a level of discrimination or that their experience is affected negatively by memories of historic discrimination.
B2	*Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?* **NO**
B3	*Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?* **YES** The development of the digital first offer may help residents' access primary and urgent care in a more convenient way without the need for a face to face attendance. This may benefit residents including carers and those who require greater levels of privacy of access such as members of the transgender community.

Part C	The duty to have regard to reduce health inequalities
C1	*Will the initiative contribute to the duties to reduce health inequalities?* **YES** The development of the digital first offer may help residents' access primary and urgent care in a more convenient way without the need for a face to face attendance.
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups? This may benefit residents including carers and those with a disability
C2	*Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?* **YES** The development of the digital first offer may help residents' access primary and urgent care in a more convenient way without the need for a face to face attendance. This may residents including carers

Part G

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Date of analysis completed:
Date analysis signed:
Name of Executive lead / reviewer:
Signature of Executive lead / reviewer: