



DERBY CITY COUNCIL

Equality Impact Assessment

Older People and Enablement – Sensory Rehabilitation Service for Adults

March 2012

Equality impact assessment form

Please use this form to record your findings, proposed actions, equality objectives and targets. Use the guidance notes to help you do the assessment or contact the Equality Standard Project Manager if you need some advice

About the policy, practice, service or function you are assessing

Name of policy, practice, service or function: **Derby Adult Health and Housing and NHS Trust's policy for the safe use of bed rails.**

Assessment team leader name: Phil McNelis

Date of assessment: 23.02.12 10.00 a.m. Room G16 Ground Floor Middleton House 27 St Mary's Gate

Department responsible: Adults, Health and Housing. Service Area: Derby City Multi Agency Health and Social Care Group

Other members of assessment team:

Name	Position	Area of expertise	Comments
Julie Carr	Senior Practitioner Occupational Therapist	Carries out Assessments Risk Assessments Bed Rails	
Anne Webster	Derby City Council	Equality & Diversity	Not present at the meeting but information to be included.
Martin Austin	Disability Direct	General Independent Living for Disabled People	Not present at the meeting but information to be included.
Pamela Thompson	Derby City Council	Engagement Officer for Diverse Communities	Not present at the meeting but information to be included.
Richard Talaska	Derby City Council	Engagement Officer Adults and Health	Not present at the meeting but information to be included.
Stephanie Marbrow	Royal Derby Hospital NHS Foundation Trust	Community Care Co-ordinator	
Darren Allsobrook	Derby City Council	Health & Safety Adviser	Apologies
Service Users			Consultation with 3 Service Users. Results included.

Question	Response/ findings
1 What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?	Main aims of the Bed Rail Risk Assessment Policy are: To ensure the safety of all adults in the community who have been identified as being at risk of falling out of bed.
2 Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person, team, department, or body – and include any outside organisations who deliver under procurement arrangements	Derby City Adults, Health and Housing. NHS Trust.
3 Who is affected by the policy, practice, service or function, or by how it is delivered? Such as, who are the external and internal customers, groups, or communities?	Adults aged 18 or over who live in Derby City who are eligible for services under the FACS criteria or are receiving serves from the NHS Trust.
4 What outcomes do we want to achieve, why and for whom? For example, what do you want to be providing, how well, what changes or improvements, and what should the benefits be for customers, groups or communities?	To support persons and staff in making individual decisions around the risk of using and not using bed rails. To reduce harm to persons caused by falling from beds or becoming entrapped in bed rails. To comply with MHRA and NPSA advice.
5 What existing or previous inspections of the policy, practice, service or function are there? For example, Best Value Inspections, policy reviews, research into the effects of a policy or practice. What did they tell you?	There have been no previous inspections. It is used in conjunction with Health and Social Care agencies existing related polices for eg Falls Prevention policy, Mental Capacity Act, including Deprivation of Liberty safeguards or consent policies.

Identifying potential equality issues and factors

Question	Response/ findings
<p>6 What do you already know about the equality impact or need? For example, from research, feedback, consultation or any performance monitoring</p>	<p>The policy impacts all disabled people where an initial risk of falling from bed has been identified. The risk is related to the physical or mental health status of the individual and therefore is applicable equally to all persons where this risk has been identified.</p>
<p>7 Is there any evidence of higher or lower take up under the policy or practice, or of the service or function for any particular groups? For example, who uses the service, who doesn't and why not?</p>	<p>The policy relates to assessments of any adult where a risk of falling out of bed has been identified. The policy does not apply to Children's Services as the type of equipment used and the decision making is very different.</p>
<p>8 Have there been any important demographic changes or trends locally? For example is the population changing, and if so, how and what might that mean for the service or function?</p>	<p>The mid year estimate for Derby population is 240,100 (ONS 2009). The city population is predicted to increase by 17% by 2030. Older People – Derby's overall population of older people is predicted to rise steadily but the increase will be most marked in the over 85 population, which is expected to increase by up to 40% by 2020. In line with national trends, some of the most significant population increases are in the post 65 population. In 2010 the 65 plus population in Derby is identified as 38,400 increasing to 41,900 in 2015 and 44,500 in 2020. This results in a 16% increase in this population. Younger People – The city has an ageing population like the rest of the UK, although it does have a slightly younger age profile than the national average.</p>

Question	Response/ findings
Question 8 - Continued	<p data-bbox="1055 156 1879 435">Disabled People – The number of disabled people in Derby moving into the 65+ age group is above the national average. In 2010 it was estimated there were 11,344 adults aged 18 – 64 with a moderate impairment and 3,243 with a serious disability. It is expected that this will increase by 2030 to 12,828 with a moderate disability and 3,730 with a serious disability (Source: Projecting Adult Needs and Service Information System – PANSI).</p> <p data-bbox="1055 480 1879 831">Race – The 2001 Census showed nearly 16% minority ethnic people living in Derby, including 8.4% Asian people, of which 4% are Pakistani and 3.8% Indian, 1.8% Black or Black British people, of which 1.4% are African Caribbean. Irish people make up 1.4% of the community. The community profile has changed since 2001 Census as new communities have settled in the city, for example people from Poland, Bosnia, Africa, Kosovo, Iraq and Turkey. There are around 180 nationalities represented throughout the city.</p> <p data-bbox="1055 876 1879 975">Gender – Of the population of 240,100, 121,500 (51%) are men and 118,600 (49%) are women. This reduces to 43% for men aged 65+ and 587% women aged 65+.</p> <p data-bbox="1055 1019 1879 1118">Religion and Belief – Main religion and beliefs in Derby include Christian 67.4%, Muslim 4.5%, Sikh 3.2% and people with no religion at 15.9%.</p> <p data-bbox="1055 1163 1879 1294">Sexuality – There are an estimated 15,846 lesbians, gay men and bi-sexual people living in Derby, according to the National Audit Office suggestion of 6.6% representation of the population.</p>

Question	Response/ findings
Question 8 - Continued	<p>Gender Re-assignment – The Gender Identity Research and Education Society (GIREs) estimate that 1 in 4,000. In the city of Derby this could equate to approximately 65 people.</p> <p>Pregnancy and Maternity – Marriage and Civil Partnerships have no specific implications for this service.</p>
9 Is there an indication that any of the policies or practices involved with the service or function creates particular problems or difficulties for any groups of customers or communities?	No, there is no indication of this. Part of the policy considers the incorrect use of bed rails as restraints, therefore protecting vulnerable adults with dementia, mental health problems and learning disabilities.
10 What information or data exists? For example, statistics, customer feedback, complaints, research, monitoring – who keeps it and can you get hold of it?	<p>Medequip Equipment Service provides regular data to stakeholders.</p> <p>Within Adults, Health and Housing 6 monthly reviews are completed with all people who have had bed rails provided by Social Care.</p>
11 Does any equality or diversity objectives already exist? If so, what are they and what is current performance like against them?	<p>Derby City Council's Equality and Diversity Policy, November 2009.</p> <p>The Equality and Diversity Policy underpins all other policies, service plans, procedures and systems.</p> <p>The Chief Executive has lead responsibility for implementing and monitoring this policy but all employees have a responsibility to work from it in all areas of their work.</p> <p>All local Authorities need to be aware of the Equality Act 2010 and make sure their services comply.</p>

Question	Response/ findings
Question 11 - Continued	<p>Equality and diversity are very important to us at the Council because it means we try to do our best to make sure people are treated fairly and given fair opportunities. We value the cultural diversity of all Derby people as this adds richness to our city, which we are very proud of. Everyone has different needs and equality is about meeting these different needs. We also realise that we need a diverse workforce so we can provide the best possible services to all.</p> <p>We are very proud to have achieved 'Excellent' in the Equality Framework for Local Government. The framework is based on three levels of achievement – 'developing', 'achieving' and 'excellent' and there are five areas we worked on, these are:</p> <ul style="list-style-type: none"> • Knowing your communities and equality mapping. • Place shaping, leadership, partnership and organisational commitment. • Community engagement and satisfaction. • Responsive services and customer care. • A modern and diverse workforce. <p>Corporate Equality and Diversity Plan 2009 – 2012. It covers the work we plan to do on equality for the next three years. Having an equality diversity policy is not enough on its own and it is important that we have a plan to make our policy come to life, so, we have a three year Equality and Diversity Plan, which all Council departments have signed up to.</p> <p>Staff Code of Conduct and Customer Care Strategy sets out how staff should act when dealing with Service Users.</p>

Question	Response/ findings
Question 11 - Continued	All policies are printed in English, but on all documents there is a help message for people who need documents in other ways – style, language – that will help people access it.
12 Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?	Gender re-assignment, sexuality, religion and belief – no information is available on the take up of services for these groups. An action will be to liaise with Gender and Sexuality Diversity Forum and Minority Community Diversity Forum to ascertain if the Bed Rail Policy is having a positive or negative affect on particular groups or communities.

Collecting the information and data about how the policy, practice, service or function, impacts on communities

Please record your information and data in this table and think about:

- what information or data you will need
- using both quantitative and qualitative data
- making sure that where possible there is information that allows all perspectives to be considered
- identifying any gaps in the information/ data and what it can tell you

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information
1 Customer feedback and complaints	Adults, health and Housing complaints procedure. Six monthly reviews by Occupational Therapist in Adults, Health and Housing.			
2 Consultation and community involvement			Based on consultation and discussions with Equality Impact Assessment member organisations.	
3 Performance information including Best Value				

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information																										
4 Take up and usage data	From Mediquip data.		<p>Bed Rails issued</p> <table border="1"> <tr><td>Jan</td><td>7</td></tr> <tr><td>Feb</td><td>8</td></tr> <tr><td>Mar</td><td>6</td></tr> <tr><td>Apr</td><td>6</td></tr> <tr><td>May</td><td>6</td></tr> <tr><td>Jun</td><td>7</td></tr> <tr><td>Jul</td><td>2</td></tr> <tr><td>Aug</td><td>11</td></tr> <tr><td>Sept</td><td>13</td></tr> <tr><td>Oct</td><td>14</td></tr> <tr><td>Nov</td><td>14</td></tr> <tr><td>Dec</td><td>7</td></tr> <tr><td>Total</td><td>101</td></tr> </table>	Jan	7	Feb	8	Mar	6	Apr	6	May	6	Jun	7	Jul	2	Aug	11	Sept	13	Oct	14	Nov	14	Dec	7	Total	101	
Jan	7																													
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Sept	13																													
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Nov	14																													
Dec	7																													
Total	101																													
5 Comparative information or data where no local information																														
6 Census, national or regional statistics			<p>Derby's mid year estimate is a population of 240,100. Census showed that 19% disabled people living in Derby and nearly 16% minority ethnic groups. Main religions are Christian 67.4%, Muslim 4.5%, 3.2% Sikh and 16% no religion. Mid year estimates show that the elderly population will increase by 17% by 2030.</p>																											

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information
7 Access audits or assessments such as Disability Discrimination Act assessments				
8 Workforce profile			The current Adults, Health and Housing workforce profile is available from Derby City Council's web site, www.derby.gov.uk/equality .	
9 Where service delivered under procurement arrangements – workforce profile for deliverers				
10 Monitoring and scrutiny outcomes			Six monthly occupational therapy visits are completed within Adults, Health and Housing 28 Ongoing 17 female 11 male 21 White British 5 Asian British Pakistani 2 White European	

Analysing the information and data and setting equality objectives and targets

Please give your detailed findings in this table

Service or function	Policy or practice	Findings	Which groups are affected and how	Whose needs are not being met and how?
Policy for the safe use of bed rails.			Adults aged 18 or over who live in Derby City who are eligible for services under the Fair Access to Care Services criteria or are receiving services from the National Health Service Trust.	
		Information shows that gender and race are in line with census data.	Minority ethnic communities are in line with census data. 20% current bed rails in place that have been provided by Adult, Health and Housing are for people from ethnic minority background. This is slightly higher than the 16% census data and demonstrates bed rail assessments are not excluded from this group.	

Service or function	Policy or practice	Findings	Which groups are affected and how	Whose needs are not being met and how?

Objectives - process, impact or outcome based

Please give your proposed objectives/ targets in this table

Objective/Target:	To ensure use of bed rails is risk assessed by Occupational Therapists in Adults, Health and Housing and National Health Service Trust.
Specific	Improvement through better used IT system or linking with Mediquip.
Measurable	Through regular reviews and mechanisms in place – possible.
Achievable	Data relative to accidents and incidents. Use of Medical Device Alert reports.
Relevant	To ensure policy is adhered to.
Timed	Six monthly.

Objective/Target:	
Specific	Gain Service User feedback.
Measurable	Feedback form.
Achievable	Through 6 monthly reviews.
Relevant	Feedback could improve service delivery.
Timed	Six monthly.

Objective/Target:	
Specific	
Measurable	
Achievable	
Relevant	
Timed	

Monitoring and reviewing - incorporating into performance management

Please summarise your objectives and targets in this table with your proposed monitoring and reporting arrangements

Objective	Planned action	Target performance			Responsible lead officer	Reporting cycle, for example, quarterly
		2012/13	2013/14	2014/15		
Monitor the number of bed rails.	Mediquip to provide report on figures.	Annual	Annual	Annual	Phil McNelis Service Manager	Quarterly
Risk assessments to be completed by Health and Social Care staff as advised in Bed Rail Policy	Regular meeting between management Adults, Health and Housing and Nation Health Service Trust to audit use of Bed Rails and Risk Assessments.				Carol Fox Head of Service, Stephanie Marbrow Community Care Co-ordinator	Quarterly
Monitoring to take place on the positive or negative affect on particular people in the community, or particular groups or comments.	Liaison/meetings to take place with Engagement Officer for Gender and Sexuality Diversity Forum and Minority Communities Diversity Forum to ascertain if the bed rail policy is having a positive or negative effect on particular groups or communities.				Phil McNelis Service Manager Carol Fox Head of Service	Quarterly

Identify what impact the policy or project has on particular Communities of Interest

	Impact positive or negative for the following groups	Actions to limit the negative impact or increase the positive impact?
Older People Younger people Minority Ethnic People Disabled People Women and Men	Bed rails are used by a range of adults following assessment. Feedback from 4 Service Users/Carers March 2012. Two male older people White British, one female older person White British and one older person White European have confirmed the positive impact of the bed rails and that their individual needs were taken into account when the assessment took place.	
Gender reassignment Sexual orientation Transgender people Religion and Belief Groups Carers	Information to be collected on these groups.	