



Equality and Health Inequalities Analysis: Commissioning Guidance for Rehabilitation

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Description	This document is the Equality and Health Inequalities Analysis for the Commissioning Guidance for Rehabilitation. The guidance outlines: what rehabilitation is ie: scope, breadth and depth; the components of good rehabilitation; how to know whether the services that are commissioned are of good quality; and how to compare rehabilitation services, locally, regionally and nationally.
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Document Status

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1 Equality Analysis

Title: Commissioning Guidance for Rehabilitation

What are the intended outcomes of this work?

The document “Commissioning Guidance for Rehabilitation” is intended to support local commissioning groups in the commissioning of local rehabilitation services across a range of settings within the challenging environment of the modern NHS.

The guidance is evidence based, meets the requirements for commissioning innovative and sustainable services and is an instrument through which rehabilitation can be understood, analysed and compared both locally and nationally.

It is intended that the implementation of this guidance by CCGs will be informed by relevant local needs and impact assessments, to reduce health inequalities and meet the diverse needs of the local population.

Who will be affected by this work?

It is expected that the “Commissioning Guidance for Rehabilitation” will have a wide ranging impact, especially, and in the first instance, for people who require rehabilitation intervention to enable them to live their lives to the full in a healthy way.

The guidance is aimed at CCGs but:

- 1) Could be used as a tool to aid collaborative working practices between commissioning groups, commissioning and provider units, and between different organisations such as health/education/social care/physical/mental health services.
- 2) Could be used as a tool by provider organisations to audit/identify areas for development/service development.
- 3) Could be used as a source of information by other interested groups, such as patients and/or their families.

Evidence

What evidence have you considered?

The document “Commissioning Guidance for Rehabilitation” draws on a wide range of documents which set out ‘what good looks like’ in relation to rehabilitation; with extensive reference to peer reviewed national guidance and research, including scoping projects and stakeholder work with patients and relevant professional bodies.

For the evidence base please see the “Commissioning Guidance for Rehabilitation” document. The guidance advocates a person centred approach in order to deliver rehabilitation services that take account of individual circumstances, preferences and needs.

It is expected that CCGs will conduct comprehensive local needs assessments in

relation to the specific needs of diverse communities. The take-up of services is expected to be monitored by equality data and reported annually or as agreed with service providers. Both needs assessment and take-up monitoring should be used to inform the local implementation of this national guidance, and there should be ongoing review to ensure that equality and health inequalities duties are met.¹

Age

The guidance is intended to cover all issues related to rehabilitation intervention for any age, from children to frail elderly. No negative impact has been identified.

However, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs of these groups of people within their locality. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Disability

The guidance is intended to cover all issues related to person focussed rehabilitation intervention regardless of health condition and/or level of disability in both mental and physical health areas. No negative impact has been identified.

However, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs of people who have disabilities within their locality. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Gender reassignment (including transgender)

This guidance advocates a person-centred approach in order to deliver rehabilitation services that take account of individual circumstances, preferences and diverse needs, including those for people with gender reassignment (including transgender). No negative impact has been identified.

However, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs of this group of people within their locality. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Where no consultation mechanism exists locally, specifically for trans people we advise CCGs to take advice from national VCF organisations working on trans healthcare (e.g. The Lesbian, Gay, Bisexual and Trans Foundation² and Stonewall³).

Marriage and civil partnership

This guidance advocates a person-centred approach in order to deliver rehabilitation services that take account of individual circumstances, preferences and diverse needs, including the needs of carers and spouses. No negative impact has been

¹ Equality and Health Inequalities Duties – legal guidance
<https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/>

² Lesbian, Gay, Bisexual and Trans Foundation <https://lgbt.foundation/>

³ Stonewall <http://www.stonewall.org.uk/>

identified.

However, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs of different groups within their locality. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Pregnancy and maternity

This guidance advocates a person-centred approach in order to deliver rehabilitation services that take account of individual circumstances, preferences and diverse needs. No negative impact has been identified.

However, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs of women who are pregnant and/or accessing maternity services and who also need to access rehabilitation services within their locality. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Race

This guidance advocates a person-centred approach in order to deliver rehabilitation services that take account of individual circumstances, preferences and diverse needs. No negative impact has been identified.

However, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs of BME communities. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Religion or belief

This guidance advocates a person-centred approach in order to deliver rehabilitation services that take account of individual circumstances, preferences and diverse needs. No negative impact has been identified.

However, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs of religious groups within their locality, the results of which should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Sex

This guidance advocates a person-centred approach in order to deliver rehabilitation services that take account of individual circumstances, preferences and diverse needs. No negative impact has been identified.

However, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the particular needs of groups that have issues that are specific to their gender within their locality. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Sexual orientation

This guidance advocates a person-centred approach in order to deliver rehabilitation services that take account of individual circumstances, preferences and diverse needs. No negative impact has been identified.

It is also expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs of different groups within their locality, the results of which should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met. Where no consultation mechanism exists locally, specifically for lesbian, gay and bisexual people we advise CCGs to take advice from national VCF organisations working on LGB healthcare (e.g. The Lesbian, Gay, Bisexual and Trans Foundation and Stonewall cited above).

Carers

This guidance advocates a person-centred approach which includes carers and family members in the development of rehabilitation plans and takes account of individual circumstances, preferences and diverse needs. No negative impact has been identified.

However, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs and support required by carers of all ages within their locality. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Other identified groups

It is expected that CCGs will conduct comprehensive local needs assessments in relation to the rehabilitation needs of specific unique groups within their locality, taking into account inclusion health groups such as: homeless people and people with no fixed address; asylum seekers and refugees; sex workers; and people with drug and alcohol dependency. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Engagement and involvement

The benchmarking tool contained in this guidance is based on a previous consensus driven stakeholder engagement project undertaken by NHS England. This document sets out what patients consider to be the key components of good rehabilitation.

There have been stakeholder representatives on the 'Commissioning Guidance' and 'Task and Finish' working groups. The groups have included people with disabilities and CCG and professional body representatives who have advised on, and contributed to, content, style, emphasis and approval of the document.

The guidance also highlights the importance of stakeholder engagement in the conceptualisation and development of local rehabilitation services.

How have you engaged stakeholders in testing the policy or programme proposals?

There have been stakeholder representatives on the 'Commissioning Guidance' and 'Task and Finish' working groups for this project. The groups have included people with disabilities and CCG and professional body representatives who have advised on, and contributed to, content, style, emphasis and approval of the document.

- See document 'NHS (2014) Rehabilitation, Reablement and Recovery: Rehabilitation is everyone's business: Principles and expectations for good adult rehabilitation. Wessex Strategic Clinical Networks.
(<http://www.wessexscn.nhs.uk/about-us/latest-news/rehabilitation-reablement-and-recovery-quality-guidance-document-now-published/>)
- Minutes of the 'Commissioning Guidance' and 'Task and Finish' group meetings can be provided on request.

Summary of Analysis

The "Commissioning Guidance for Rehabilitation" document should be used to identify locally available rehabilitation services within a CCG area. It will help commissioners to identify both good quality rehabilitation services and areas that require development. It can also be used to compare rehabilitation services both locally and nationally.

It is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific rehabilitation needs of different groups within their locality. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Eliminate discrimination, harassment and victimisation

In order to avoid or reduce discrimination, harassment and victimisation, it is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific rehabilitation needs of different 'protected' groups and inclusion health groups within their locality. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Using the tool, services can be compared locally and nationally – so that areas for improvement or good practice can be identified.

Advance equality of opportunity

In order to ensure equality of opportunity to access good quality rehabilitation services, it is expected that CCGs will conduct comprehensive; evidence based local needs assessments in relation to the specific rehabilitation needs of individuals and/or groups and their ability to access rehabilitation intervention within their locality.

The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met. CCGs also have Public Sector Equality Duties under the Equality Act 2010 and are required to demonstrate how they have complied with this duty.

Promote good relations between groups

During the development of the “Commissioning Guidance for Rehabilitation”, the Improving Rehabilitation Services Team received training in equality and diversity, and worked in an inclusive way with all stakeholders, including patients (NHS – 2014. Rehabilitation, Reablement and Recovery: Rehabilitation is everyone’s business: Principles and expectations for good adult rehabilitation. Wessex Strategic Clinical Networks - web link as above).

Evidence based decision-making

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research.

Full discussions have been had with the Equalities and Health Inequalities Team, as a result of which some amendments have been made to the “Commissioning Guidance for Rehabilitation” document, and further research has been sought and included in relation to the rehabilitation needs of transsexual, transgender, and gender-nonconforming people.

In addition CCGs have been referred to the Reducing Health Inequalities Legal Guidance published by NHS England. (web link above)

It is intended that the “Commissioning Guidance for Rehabilitation” document will be reviewed and updated according to any new published available literature or national documents during the year 2017/2018.

How will you share the findings of the Equality analysis? This can include corporate governance, other directorates, partner organisations and the public.

It is intended that discussions will be had with the ‘gateway team’.

Acting on advice from the Equalities and Health Inequalities Team, we would like to publish this analysis in partnership with the “Rehabilitation Commissioning Guidance” document. This will help to help ensure that the people of England get fair and equitable access to the rehabilitation services that they need.

2 Health Inequalities Analysis

Evidence

1. What evidence have you considered to determine what health inequalities exist in relation to your work?

This guidance draws on a wide range of documents which set out 'what good looks like' in relation to rehabilitation, with extensive reference to peer reviewed national guidance and research, including scoping projects and stakeholder work with patients and relevant professional bodies.

For a reference list please see the guidance document.

It is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific needs of the local population. The results of these should be used to inform the local implementation of this national guidance to ensure that equality and health inequalities duties are met.

Impact

2. What is the potential impact of your work on health inequalities?

It is expected that this guidance will have a wide ranging impact, especially for people who require rehabilitation intervention in order to live their lives to the full in a healthy way.

It is aimed at CCGs but:

- 1) Could be used as a tool to aid collaborative working practices between: commissioning groups, commissioning and provider units, between different organisations such as health/education/social care/physical/mental health services.
- 2) Could be used as a tool by provider organisations to audit/identify areas for development/service development.
- 3) Could be used as a source of information by other interested groups, such as patients and/or their families.

3. How can you make sure that your work has the best chance of reducing health inequalities?

The work has been scrutinised rigorously:

The "Commissioning Guidance for Rehabilitation" is based on current available evidence (peer reviewed national documents and research), guided by groups that are representative of our stakeholders (including patients with complex and diverse rehabilitation needs), written by experts within the field, guided by the NHS England Health Equalities and Inequalities Team.

A review of the document is intended in 2017/18, so that any newly published relevant evidence can be included.

It is expected that CCGs will conduct comprehensive local needs assessments in relation to the specific rehabilitation needs of different groups within their locality. The results of these assessments should be used to inform the local implementation of this national guidance to ensure that equality and health

inequalities duties are met.

Monitor and Evaluate

4. How will you monitor and evaluate the effect of your work on health inequalities?

Local NHS commissioners have regular consultations with their communities and patient groups, often in partnership with local authorities to set strategic priorities and address health inequalities. Evidence is collated and a strategy agreed based on the Joint Strategic Needs Assessments.

Local CCG commissioners are also assessed by NHS England through the clinical commissioning group assurance processes which includes the public sector equality duties. Providers are also subject to the Equality Act when delivering their services. The Equality Delivery System 2 is part of the assurance process for providers. These organisational processes seek to ensure we continue to foster good relations between communities and people with different protected characteristics.

For your records

Name of person(s) who carried out these analyses:

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