North Staffordshire Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group

Consultation on the Future of Health Services in Northern Staffordshire:

Equality & Health Inequality Impact Assessment of the Feedback from the Consultation

June 2019

OWNERSHIP & CONTROL
Organisation: North Staffordshire & Stoke on Trent Clinical Commissioning Groups
Assessment Lead: Associate Director, Anna Collins
Directorate/Team responsible for the assessment: Communication & Engagement
Board Member responsible for the assessment: Accountable Officer, Marcus Warnes
Date of commencing the assessment: 8th June 2018
Date for completing the assessment: 9th June 2019
Version: V:1
Purpose of the report: The purpose of the report is to present the feedback from the formal consultation on the Future of Local Health Services in Stoke-on-Trent and North Staffordshire from the point of view of respondents from the protected groups as defined by The Equality Act 2010 for conscientious consideration by the two Governing Bodies when determining which of the viable options should proceed to full decision making business case. This document is supplementary to the initial Equality Impact Assessment undertaken prior to formal consultation taking place. The Statutory Provisions as set out in the Public Sector Equality Duty (PSED) Section 149(3) of the Equality Act 2010 states that advancing equality of opportunity involves having due regard to: (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Most importantly due regard leads to: • Better informed decision makers • Better understanding of needs • Better health services • Reduced discrimination and reduction of health inequalities **Each option which proceeds to decision making business case (DMBC) will undergo its own individual Equality Impact Assessment to develop appropriate mitigations as required**
Sign Off: Extraordinary meeting of the Governing Bodies in common on 25th June 2019

BACKGROUND

The health and social care needs of the North Staffordshire and Stoke-on-Trent population are changing. People are living longer with increasing long-term conditions, requiring ongoing support and management. This is putting a significant strain on our services and the sustainability of the health system.

Given these pressures, we need to think differently about how we provide services closer to home, and in particular for adults with high clinical needs (such as multiple long term conditions and/or significant frailty) who are at risk of unnecessary or inappropriate admission to acute hospitals. Our community hospitals provide both bed-based services and wider non-bed based services including outpatient care, minor injuries, day case and, x-ray.

Our focus is on ensuring the greatest health benefit from these resources which will allow patients to manage their own conditions and access care from home. We are engaging with the public and local stakeholders to develop proposals to meet these aims, including what the future role of our community hospitals and associated services should be.

The draft model of care we have developed for our community services aims to meet the needs of the local population and deliver the right care in the right setting. This is consistent with the NHS Five Year Forward View, the GP Five Year Forward View and the Five Year Forward View for Mental Health. We believe the range of services within our communities, including community hospitals, can make a significant contribution to the development of new local care models. This should lead to better outcomes for patients and provide more sustainable services.

The clinical case for change along with the viable solutions to the problems described are clearly articulated in the Pre-Consultation Business case which has been developed with clinicians, providers, patients and other key stakeholders.

By designing a model of care closer to home, the Pre Consultation Business Case focussed on community-based services across North Staffordshire and Stoke-on-Trent. Specifically, we presented viable options for consultation covering:-

- proposals to integrate and expand existing wider community services into Integrated Care Hubs and asked where they should be located
- configuration of Adult Intermediate Rehabilitation Services (AIRS beds); and
- specialist services provided from Leek Moorlands Community Hospital

The formal consultation ran for 14 weeks from 10th December 2018 to 17th March 2019

STAKEHOLDERS WHO MAY BE ADEVRSELY AFFECTED BY THE PROPOSALS

In developing our approach and considerations we have been careful to give due regard to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex (gender), gender reassignment status, sexual orientation, marriage and civil partnership status, race, religion or belief, pregnancy and maternity status. Appropriate consideration was also given to gender identity, socio-economic status, immigration status and the FREDA principles of the Human Rights and health inclusion groups – where there are local concerns.
Stakeholder mapping was undertaken with the involvement of local groups, including our Local Equality Advisory Forum (LEAF) which informed the communication and engagement strategy. Great care was taken to ensure that we extended the consultation to reach communities who are generally under represented and bespoke focus groups, with reasonable adjustment where required were arranged to accommodate their needs. The methodology is described in detail in the feedback report with a list of organisations who were directly involved and through whom we cascaded information about the consultation process.

The initial Equality Impact Assessment of the consultation process identified some key groups who were considered might be affected to a greater extent by the proposals and particular attention was paid to ensuring that their contribution was facilitated:-
It was considered that the following groups of people all have the potential to be positively or negatively affected by the proposals:-

- Patients & service users – particularly older people
- Carers
- People with mobility impairment
- People of any age with a learning disability
- Socially isolated people
- Residents from deprived areas
- Patients with Long Term health conditions
- People of working age who are generally healthy and difficult to engage

PROTECTED GROUPS INVOLVED IN THE EQUALITY IMPACT ASSESSMENT

The North Staffordshire and Stoke on Trent CCGs have undertaken substantial engagement with a wide range of stakeholders and the public since it commenced pre-consultation in 2014. This on-going dialogue informed the development of the Case for Change.

Representatives of people with the protected groups were asked to provide feedback on a regular basis on the Equality Impact assessment through the CCGs Local Equality Advisory Forum (LEAF). The group meets bi-monthly and acts as a group of critical friends to give feedback from the perspective of groups including older people, race & ethnicity, LGB&T+, Disability (learning disability, deafness and disability support are represented), faith, pregnancy & maternity, homelessness, asylum seekers & refugees & gypsy/traveller.

LEAF representatives were involved in the Options Development and Appraisal Reference

Groups.

During the consultation, focus groups with organisations representing protected and vulnerable groups were undertaken to develop a rich picture of their views. In addition, attendees at public events and survey respondents were asked to complete a demographic profiling questionnaire.
Engagement was planned to target a representative sample of the area that reflected the demographic composition of the area. A population profile of the area, including demographics such as age, gender, ethnicity and religion was produced from census data (see Appendix 3) with a quota calculated to provide a target sample to be gathered.

Demographic information gathered within the survey and at events was used to profile those engaged during the consultation against the profile of the CCGs' populations. The demographic profile of consultation respondents was monitored throughout the consultation period, with any under-represented groups targeted for further engagement.

Locations within the consultation area with the highest levels of deprivation were specifically targeted in line with the duty to engage those with health inequalities. The Indices of Multiple Deprivation (IMD) shows that Leek and Stoke-on-Trent were the most deprived areas within the consultation area. See Appendix 1 to see the IMD map. These areas were targeted for engagement to ensure the views of these communities were captured.

Organisations representing these groups of patients with long term conditions, protected and vulnerable groups and from areas of social deprivation were contacted to cascade information and organise events. Focus groups were held with carers' forums, Moorlands Home Link, Saltbox Carelink and carers' cafes were attended to promote the consultation. Focus groups were also held with Disability Solutions, Breathe Easy (a support group for those with lung conditions), North Staffs Mind and Green Door (a charity that provides workshops and outdoor activities to overcome isolation, especially among older and disabled people).

In response to the Stoke-on-Trent Adults and Neighbourhoods Overview and Scrutiny Committee, Residents' Associations were proactively contacted and attendance at meetings to promote the consultation was arranged.

Consultation information was made available on request in different formats and languages and reasonable adjustment and support was made available to give everyone an opportunity to participate; larger scale public events were be held in accessible locations and all participants were asked to specify any particular needs to allow them to meaningfully participate. Steps were taken to ensure that ethnic minority groups are represented in the cross-section of consultees by making contact with places of worship and social groups.

The consultation plan identified the 'working well' as the hardest to reach group. In order to reach people aged 30-50 who work during the day, the 10 largest employers in the area were contacted to reach the views of staff. Social media was also targeted to reach this age group.

A total of 93 organisations from the stakeholder database were used to increase engagement

with the specific groups within the nine protected characteristics and seldom heard groups.

Protected characteristics focus groups were organised collaboratively with organisations representing those groups identified in the Equality Impact Assessment and Quality Impact Assessment reports.

The table below shows the dates, locations and attendance figures from the protected characteristics focus groups.

Date of event	Organisation	Location	Attendance
22 January 2019	One Recovery Staffordshire	John O Gaunt Pool Dam, Newcastle-under-Lyme ST5 2RR	10
29 January 2019	Healthwatch Stoke	Dudson Centre Hope Street, Hanley, Stoke-on-Trent ST1 5DD	5
1 February 2019	Haywood Hospital User Group	Haywood Hospital High Lane, Stoke-on-Trent ST6 7AG	8
6 February 2019	Disability Solutions West Midlands	North Staffordshire Conference Centre Hartshill Road, Hartshill, Stoke-on-Trent ST4 7NY	9
11 February 2019	Green Door	Community Room, Marks and Spencers Wolstanton Grange Lane Wolstanton Retail Park Newcastle-under-Lyme ST5 0AP	9
14 February 2019	Trans Staffordshire	John O Gaunt Pool Dam, Newcastle-under-Lyme ST5 2RR	19
15 February 2019	Breathe Easy	Arnold Bennett Room, City Central Library Bethesda Street, Hanley, ST1 3RS	8
20 February 2019	North Staffs Mind	The Bill Goodwin Room, Dudson Centre Hope Street, Hanley, Stoke-on-Trent ST1 5DD	7
21 February 2019	Moorlands Home Link	Methodist Church 43 Chapel Street, Cheadle ST10 1DU	7
22 February 2019	Saltbox Carelink	Adelaide Street, Burslem, ST6 2BD	6
28 February 2019	Community Health Voice	Room 9, Cobridge Community Health Centre Church Terrace, Stoke-on-Trent ST6 2JN	7
6 March 2019	Haywood Hospital Volunteers	The Seminar Room, Haywood Hospital High Lane, Stoke-on-Trent ST6 7AG	13
15 March 2019	YMCA	Edinburgh House University Quarter, Harding Road, Hanley, Stoke-on-Trent ST1 3AE	8
Total			**116**

In addition, roadshows and events were undertaken to gather the views of the 'working well' who were highlighted as a hard to reach group.

Carers' focus groups were held at Carers' Hubs. These focus groups were not promoted publicly. During the events, respondents could complete demographic profiling questionnaires – although this was not compulsory.

The table below shows dates, locations and attendance figures from the Carers' Hub focus groups.

Date of event	Location	Attendance
23 January 2019	Carers' Hub – Cheadle Community Fire Station Ashborne Road, Cheadle ST10 1HF	9
4 February 2019	North Staffs Carers – Carers Support Group Carers Centre, 1 Duke Street, Fenton ST4 3NR	26
18 February 2019	Carers' Hub – The Green Treehouse Community Café High Street, Biddulph ST8 6AS	6
22 February 2019	Carers' Hub – Headway Carers Group Cobridge, Headway House, Elder Road, Cobridge, Stoke-on-Trent ST6 2JE	9
1 March 2019	Carers' Hub – Bradwell Carers Group The Jill Clewes Academy, Riceyman Road, Bradwell ST5 8LF	-

Community workshops were held with Healthwatch and VAST (a charity supporting voluntary groups) to keep voluntary and community organisations informed and ensure that feedback was gathered from these groups.

Date of event	Organisation	Location	Attendance
21 February 2019	Healthwatch Stoke-on-Trent	The Dudson Centre Hope Street, Hanley, Stoke-on-Trent ST1 5DD	14
26 February 2019	VAST	The Dudson Centre Hope Street, Hanley, Stoke-on-Trent ST1 5DD	16

Section 5 of the Feedback report indicates where protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort.

These have been detailed in the report for due consideration by the Governing Body and will be used to develop a specific Equality Impact Assessment of each of the options taken forward to Decision Making Business Case.

Further detail is provided in the report of findings

FEEDBACK FROM THE CONSULTATION

The table below shows the profile of respondents and participants to the consultation compared to the population of consultation area. This includes survey respondents and participants at public events, focus groups and meetings who completed demographic profiling questionnaires. Compared to other NHS consultations, both the overall response rate and inclusion of protected groups is comparable.

AUDIENCE RESPONSE COMPARISON

Demographic profiling		Total CCG population		Overall profile of consultation participants	
		Count	%	Count	%
Age	*Base*	482,837		622	
	Under 16	88,714	18%	0	0%
	16-19	22,506	5%	3	0%
	20-29	66,118	14%	14	2%
	30-39	58,108	12%	43	7%
	40-49	61,194	13%	75	12%
	50-59	65,027	13%	128	21%
	60-69	55,383	11%	175	28%
	70-79	42,148	9%	154	25%
	80 and over	23,639	5%	30	5%
Gender	*Base*	469,985		606	
	Males	232,991	50%	218	36%
	Females	236,994	50%	388	64%
Ethnicity	*Base*	469,985		613	
	White: Total	434,199	92%	602	98%
	White: English/Welsh/Scottish/Northern Irish/British	425,389	91%	600	98%
	White: Irish	1,256	0%	1	0%
	White: Gypsy or Irish Traveller	267	0%	0	0%
	White: Other White	7,287	2%	1	0%
	Mixed/multiple ethnic group: Total	6,583	1%	2	0%
	Mixed/multiple ethnic group: White and Black Caribbean	2,695	1%	1	0%
	Mixed/multiple ethnic group: White and Black African	767	0%	0	0%
	Mixed/multiple ethnic group: White and Asian	1,994	0%	1	0%
	Mixed/multiple ethnic group: Other Mixed	1,127	0%	0	0%
	Asian/Asian British: Total	22,456	5%	4	1%
	Asian/Asian British: Indian	3,402	1%	2	0%
	Asian/Asian British: Pakistani	11,001	2%	2	0%
	Asian/Asian British: Bangladeshi	1,253	0%	0	0%
	Asian/Asian British: Chinese	2,310	0%	0	0%
	Asian/Asian British: Other Asian	4,490	1%	0	0%
	Black/African/Caribbean/Black British: Total	4,689	1%	5	1%
	Black/African/Caribbean/Black British: African	3,103	1%	0	0%
	Black/African/Caribbean/Black British: Caribbean	1,130	0%	3	0%
	Black/African/Caribbean/Black British: Other Black	456	0%	2	0%
	Other ethnic group: Total	2,058	0%	1	0%
	Other ethnic group: Arab	563	0%	0	0%
	Other ethnic group: Any other ethnic group	1,495	0%	1	0%
Relationship status	*Base*	384,561		595	
	Single	128,300	33%	62	10%
	Married	180,076	47%	397	67%
	Living with partner	N/A	N/A	52	9%
	In a registered same-sex civil partnership	549	0%	0	0%
	Separated	9,594	2%	10	2%
	Divorced	36,057	9%	34	6%
	Widowed	29,985	8%	40	7%
Religion	*Base*	469,985		616	
	Christian	303,686	65%	389	63%
	Buddhist	1,364	0%	2	0%
	Hindu	1,975	0%	0	0%
	Jewish	157	0%	0	0%
	Muslim	16,578	4%	2	0%
	Sikh	841	0%	0	0%
	Other religion	1,657	0%	18	3%
	No religion	112,879	24%	159	26%
	Religion not stated	30,848	7%	46	7%
Disability	*Base*	469,985		647	
	With a disability / long-term condition	102,780	22%	192	30%
Sexual orientation	*Base*			584	95%
	Heterosexual	n/a	97%	500	86%
	Gay or lesbian	n/a	0.4%	7	1%
	Bisexual	n/a	0.4%	6	1%
	Other	n/a	0.2%	0	0%
	Don't know/refuse	n/a	1.8%	71	12%

PROPOSED MODEL OF CARE

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

Group	Comments of significant difference	Considerations
Age	Respondents aged 40-49 were more likely to comment that 'Integrated care hubs/"one stop shops" are a good idea', compared to those aged 60-79. Respondents aged 40-69 were more likely to comment that 'The proposals reduce pressure on other NHS services/good use of resources' than those aged 70-79.	Respondents aged 70-79 were more likely to comment: 'Address transportation issues (lack of transport options)', compared to those aged 50-59. Respondents aged 40-49 were more likely to comment: 'Public consultation/research (talk/listen to us/find out needs)', compared to those aged 50-59 and 70-79. Respondents aged 50-59 were more likely to comment: 'Funding/investment needs to be sufficient/increased', compared to those aged 70-79. Respondents aged 40-49 were more likely to comment: 'Retain good/adequate staff/staffing levels', compared to those aged 70-79. Respondents aged 60-69 were more likely to comment: 'Provide rehabilitation/care beds (beds for people who have personal care needs to recover in)', compared to those aged 50-59 and 70-79.
Gender		Female respondents were more likely to comment: 'Funding/investment needs to be sufficient/increased', compared to male respondents.
Carers		'Funding/investment needs to be sufficient/increased', compared to respondents who were not carers.

INTEGRATED CARE HUBS

Respondents to the survey were asked to provide feedback on the proposal to create four integrated care hubs. Participants at the public events and focus groups were asked what they agreed with or disagreed with about the integrated care hubs and the new model of care.

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort.

The main issues and concerns were around the themes of access, retaining community hospitals, service provision, estates and buildings and finance.

When considering the location of the integrated care hubs, some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort.

Group	Comments of significant difference
Age	Respondents aged 70-79 were more likely to comment: 'Address transportation issues (lack of transport options)', compared to those aged 50-59. Respondents aged 40-49 were more likely to comment: 'Public consultation/research (talk/listen to us/find out needs)', compared to those aged 50-59 and 70-79. Respondents aged 50-59 were more likely to comment: 'Funding/investment needs to be sufficient/increased', compared to those aged 70-79. Respondents aged 40-49 were more likely to comment: 'Retain good/adequate staff/staffing levels', compared to those aged 70-79. Respondents aged 60-69 were more likely to comment: 'Provide rehabilitation/care beds (beds for people who have personal care needs to recover in)', compared to those aged 50-59 and 70-79.
Gender	Female respondents were more likely to comment: 'Funding/investment needs to be sufficient/increased', compared to male respondents.
Carers	Respondents who cared for an older person were more likely to comment: 'Funding/investment needs to be sufficient/increased', compared to respondents who were not carers.

This section presents the feedback on the proposals for integrated care hubs in:

- South of Stoke-on-Trent
- Staffordshire Moorlands
- Newcastle-under-Lyme
- North of Stoke-on-Trent.

Group	Comments of significant difference	Considerations
Option 1A: Longton		
Age	Respondents aged 30-39 and 50-59 were more likely to strongly agree or agree, compared to those aged 70-79.	To be considered when developing DMBC
Gender	Male respondents were more likely to strongly disagree or disagree, compared to female respondents.	To be considered when developing DMBC
Option 1B: Meir		
Marriage and civil partnership	Respondents who were single were more likely to strongly agree or agree, compared to those who were married or living with a partner.	To be considered when developing DMBC
Option 2A: Hub services delivered from the existing but refurbished Leek Moorlands Community Hospital		
Gender	Male respondents were more likely to disagree or strongly disagree, compared to female respondents.	To be considered when developing DMBC
Option 2B: Hub services delivered from a rebuilt facility at the existing Leek Moorlands Community Hospital site (preferred option)		
Age	Respondents aged 30-39 were more likely to strongly agree or agree, compared to those aged 60-79.	Respondents aged 50-59 were more likely to comment: 'Parking is an issue/lack of parking', compared to those aged 70-79. Respondents aged 60-69 were more likely to comment: 'Use/renovate existing site/buildings/facilities (good existing facility/hospital)', compared to those aged 50-59. Respondents aged 50-59 and 70-79 were more likely to comment: 'One site is not enough to cover area/need more than one hub/centre', compared to those aged 60-69.
Carers	Respondents who cared for a young person were more likely to strongly agree or agree, compared to those who were not carers.	To be considered when developing DMBC
Marriage and civil partnership	Respondents who lived with a partner were more likely to strongly agree or agree, compared to those who were single.	To be considered when developing DMBC
Option 2C: Hub services delivered from a new site in Kniveden		
Age	Respondents aged 50-59 and 70-79 were more likely to disagree or strongly disagree, compared to those aged 40-49.	To be considered when developing DMBC

Option 2D: Hub services delivered from existing Cheadle Community Hospital site.		
Age	Respondents aged 40-79 were more likely to strongly agree or agree, compared to those aged 30-39.	To be considered when developing DMBC
Gender	Male respondents were more like to disagree or strongly disagree, compared to female respondents.	To be considered when developing DMBC
Carers	Respondents who were carers for a young person were more likely to disagree or strongly disagree, compared to those who were not carers.	To be considered when developing DMBC
Learning Disability	Respondents with a learning disability were asked which option they preferred, with 10 (56%) choosing a refurbished Leek Moorlands Community Hospital (2A); 8 (44%) choosing a rebuilt facility at Leek (2B) and no respondents choosing Cheadle (2C) or Kniveden (2D) with it comments that Kniveden is a bad location for a hub. There were positive comments about both Leek option (2A and 2B), with comments that a purpose-built facility is a good idea and existing facilities should be used, but also that it is a waste of money to rebuild Leek Moorlands Community Hospital. Considerations were raised: transportation issues need to be addressed; enough well-trained staff are needed; consider quality of care while building work takes place and Leek Moorlands Community Hospital should remain open as care is needed in Leek.	To be considered when developing DMBC
Rurality	Respondents from rural locations in Leek Moorlands	Key considerations raised were around the need for more than one hub in Staffordshire Moorlands; to consider rural / isolated patients.
Option 3A: Hub services delivered from existing Bradwell Community Hospital site (preferred option)		
Age	Respondents aged 40-49 were more likely to strongly agree or agree, compared to those aged 50-79. Respondents aged 60-79 were more likely to comment that, convenient/central location/provides in community care options/close to home, compared to those aged 40-59.	To be considered when developing DMBC
Gender	Male respondents were more likely to comment that, convenient/central location/provides in community care options/close to home, compared to female respondents. Male respondents were more likely to disagree or strongly disagree, compared to female respondents.	To be considered when developing DMBC
Option 3B: Hub services delivered from Milehouse Primary Care Centre.		
Carers	Respondents who were not carers were more likely to disagree or strongly disagree, compared to those who	To be considered when developing DMBC

	cared for an older person	
Option 4A: Hub services delivered from Haywood Community Hospital		
Age	Respondents aged 50-59 were more likely to strongly agree or agree, compared to those aged 60-79.	To be considered when developing DMBC
Disability	Respondents with a physical disability were more likely to disagree or strongly disagree, compared those with a sensory disability.	To be considered when developing DMBC

COMMUNITY HOSPITALS AND REHABILITATION CARE BEDS.

Group	Comments of significant difference	Considerations
Option 1: All 132 beds at Haywood Community Hospital		
Age	Respondents aged 60-79 were more likely to disagree or strongly disagree, compared to those aged 30-39.	To be considered when developing DMBC
Gender	Male respondents were more likely to disagree or strongly disagree, compared to female respondents	To be considered when developing DMBC
Marriage and civil partnership	Married respondents were more likely to disagree or strongly disagree, compared to those who were single.	To be considered when developing DMBC
Option 2: 77 beds at Haywood Community Hospital and 55 beds at Leek Moorlands Community Hospital		
Age	Respondents aged 30-39 were more likely to strongly agree or agree, compared to those aged 60-69.	To be considered when developing DMBC
Gender	Male respondents were more likely to disagree or strongly disagree compared to female respondents.	To be considered when developing DMBC
Marriage and civil partnership	Respondents living with a partner were more likely to strongly agree or agree, compared to respondents who were single or widowed.	To be considered when developing DMBC
Option 3: 77 community hospital beds at Haywood Community Hospital and 55 beds at Longton Cottage Hospital		
Marriage and civil partnership	Respondents who were married were more likely to disagree or strongly disagree, compared to those who were single.	To be considered when developing DMBC
Option 4: 77 community hospital beds at Haywood Community Hospital and 55 beds at Cheadle Community Hospital		
When analysing by the nine protected characteristics, there were no significant differences identified within cohorts.		

Option 5: 77 community hospital beds at Haywood Community Hospital and 55 beds at Bradwell Community Hospital		
Age	Respondents aged 60-79 were more likely to disagree or strongly disagree compared to those aged 40-49.	To be considered when developing DMBC
Marriage and civil partnership	Respondents who were married were more likely to disagree or strongly disagree compared to those who were single.	To be considered when developing DMBC
Option 6: 77 community hospital beds at Haywood Community Hospital and 55 NHS commissioned assessment beds in local care homes.		
Age	Respondents aged 60-79 were more likely to disagree or strongly disagree, compared to those aged 40-49. Respondents aged 40-49 were more likely to comment: 'Disagreement with proposal about use of care homes', compared to those aged 50-59 Respondents aged 50-59 were more likely to comment: 'Care staff are underpaid/should be paid more', compared to those aged 40-49 and 60-79 Respondents aged 70-79 were more likely to comment: 'Poor previous experience with my own/family's care', compared to those aged 40-59.	Respondents aged 60-69 were more likely to still have concerns, compared to those aged 30-59 Respondents aged 40-49 were more likely to state that this would somewhat alleviate their concerns, compared to those aged 70-79 Respondents aged 30-49 and 70-79 were more likely to support the option of the checks were in place, compared to those aged 60-69.
Gender	Female respondents were more likely to comment: 'Enough/well trained staff to cover needs', compared to male respondents Female respondents were more likely to comment: 'Concerns over the quality of local care homes', compared to male respondents.	To be considered when developing DMBC
Carers	Respondents who were not carers were more likely to disagree or strongly disagree, compared to those who cared for a young person. Respondents who were not carers were more likely to comment: 'Will be used as a cost cutting measure/taking beds from people who may still need them', compared to those who were carers for an older person Respondents who were carers for an older person were more likely to comment: 'It's a waste of money/stop wasting money', compared to those who were not carers.	Respondents who were not carers were more likely to still have concerns, compared to those who were carers for a young person.
Marriage and civil partnership	Respondents who were married were more likely to disagree or strongly disagree, compared to those who were single.	Respondents who were married were more likely to still have concerns, compared to those who were single Respondents who were single were

		more likely to state that this would alleviate their concerns, compared to those who were married.
Learning Disability	There was disagreement with the use of care homes, with concerns over the quality of local care homes; comments that healthcare provision outside of hospitals is poor and lacks the required health services; private firms should not be used for care; care homes should be for the elderly and are unsuitable for younger patients, and there is a need for quality checks and reviews to ensure standards are high. Considerations were also raised over the need for enough well-trained staff and that patient choice should be considered	To be considered when developing DMBC

GENERAL COMMENTS

By Age

- Respondents aged 40-49 were more likely to comment: 'Rehabilitation care should be separate from acute care', compared to those aged 70-79.
- Respondents aged 50-59 were more likely to comment: 'Proposal does not provide enough capacity to cover needs', compared to those aged 60-69.
- Respondents aged 50-59 were more likely to comment: 'Keep local/community hospitals open', compared to those aged 70-79.
- Respondents aged 70-79 were more likely to comment: 'Funding/Investment needs to be sufficient/Increased', compared to those aged 60-69.

By Gender

- Female respondents were more likely to comment: 'Don't close beds/reopen previously closed beds', compared to male respondents.
- Male respondents were more likely to comment: 'Disagreement with proposal about use of care homes', compared to female respondents.
- Male respondents were more likely to comment: 'Taking into account the long-term costs', compared to female respondents.
- Female respondents were more likely to comment: 'Proposal does not provide enough capacity to cover needs', compared to male respondents
- Female respondents were more likely to comment: 'Enough/well trained staff to cover needs', compared to male respondents.
- Female respondents were more likely to comment: 'Healthcare provision outside hospitals is not adequate/poor', compared to male respondents.
- Male respondents were more likely to comment: 'Proposal does not provide enough capacity to cover needs', compared to female respondents.

From people with a caring responsibility

- Respondents who were carers for an older person were more likely to comment: 'Disagreement with proposal about use of care homes', compared to those who were not carers. Respondents who were carers for an older person were more likely to comment: 'Needs to be local/community-based', compared to respondents who were not carers.
- Respondents who were carers for an older person were more likely to comment: 'Caring for patients at home/in the home is best', compared to respondents who were not carers.
- Respondents who were not carers were more likely to comment: 'Beds need to be split geographically/at more than one location', compared to those who cared for an older person. Respondents who were carers for an older person were more likely to comment: 'Agree with proposal for Haywood/ need beds at Haywood', compared to those who were not carers.
- Respondents who were not carers were more likely to comment: 'Disagreement with proposal about use of care homes', compared to respondents who were carers for an older person.
- Respondents who were carers for an older person were more likely to comment: 'Keep local/community hospitals open', compared to those who were not carers.

FEEDBACK ON CONSULTANT-LED OUTPATIENT CLINICS

This section presents feedback on the location of consultant-led outpatients clinics. The following Tier 4 services that have low clinic numbers are proposed to move from Leek Moorlands Community Hospital to the Royal Stoke University Hospital:

- Colon and rectal check ups
- Dermatology (skin problems such as eczema and psoriasis)
- Nephrology (kidney problems)
- Neurology (issues such as headache and migraines)
- Trauma and orthopaedic surgery (follow up appointments and for x-ray only)
- General surgery (minor surgery such as lumps and hernias).

Group	Comments of significant difference	Considerations
Age	Respondents aged 30-39 were more likely to strongly agree or agree, compared to those aged 50-59 and 70-79.	Respondents aged 50-59 were more likely to comment: 'Will provide/ensure good/efficient patient care', compared to those aged 60-69.
Gender	Male respondents were more likely to disagree or strongly disagree, compared to female respondents	To be considered when developing DMBC

OVER-ARCHING THEMES

- **Age**
  - Respondents aged 40-59 were more likely to travel in their own car, compared to those aged 70-79.
  - Respondents aged 60-69 were more likely to comment: 'Consider the needs of non-drivers', compared to those aged 40-59
  - Respondents aged 60-69 were more likely to comment: 'Using expensive taxis', compared to those aged 50-59.
  - Respondents aged 50-59 were more likely to comment: 'Delivering patient care is more important than cost efficiency/savings', compared to those aged 70-79
  - Respondents aged 50-59 were more likely to comment: 'Need to provide community/rehabilitation beds', compared to those aged 60-69
  - Respondents aged 70-79 were more likely to comment: 'Keep/use Cheadle hospital', compared to those aged 50-59.
  - Respondents aged 40-49 were more likely to comment: 'Consider the needs/effects on elderly/aging patients', compared to those aged 60-69.

- **Caring responsibilities**
  - Respondents who were not carers were more likely to travel by foot, compared to those who were carers for an older person.
  - Respondents who were not carers were more likely to comment: 'Cost of parking', compared to those who were carers for an older person
  - Respondents who were not carers were more likely to comment: 'Long journey times', compared to those who were carers for an older person
  - Respondents who were carers for an older person were more likely to comment: 'Can't use public transport, too difficult', compared to those who were not carers.

- **Marriage and civil partnership**
  - Respondents who were widowed were more likely to use public transport, compared to those who were married.
  - Respondents who were single were more likely to comment: 'Complaints of closures/cancellations to public transport routes', compared to those who were married.

- **Disability**
  - Respondents with a sensory disability were more likely to comment: 'Difficult driving to locations (inc. traffic)', compared to those with a physical disability or those with a long-term condition.
- **Gender**
  - Male respondents were more likely to comment: 'Parking is an issue/lack of parking', compared to female respondents
  - Male respondents were more likely to comment: 'Funding/investment needs to be sufficient/increased', compared to female respondents.

HEALTH EQUALITIES AND INEQUALITIES

Public event participants were asked if there were any specific groups who may be disproportionately or unfairly impacted. The table below shows which groups participants thought would be disproportionately or unfairly impacted by the proposals.

		Number of tables mentioning this theme					Total
		Longton	Leek	Haywood	Bradwell	Cheadle	
Particular groups	Consider those with mental health issues	1	1	0	1	2	4
	Consider the elderly population	0	4	1	1	4	4
	Consider vulnerable children and younger people (e.g. young carers)	0	2	1	1	1	4
	Does not consider rural/isolated patients	0	5	1	2	7	4
	Consider disabled patients	0	1	0	1	0	2
	Consider poverty in the area	0	1	0	0	1	2
	Consider end-of-life / terminally ill patients	1	1	0	0	0	2
	Consider families and support networks (e.g. patients without family support/living alone)	0	0	1	2	0	2
	Consider those with language difficulties (e.g. English not first language)	0	0	1	1	0	2
	Consider dementia patients	0	0	0	1	1	2
	Consider those with learning difficulties	0	0	1	0	0	1
	Consider vulnerable adults	0	0	1	0	0	1
	Punjabi community may be disproportionately affected	1	0	0	0	0	1
	Consider those with alcohol dependence or substance misuse	1	0	0	0	0	1
	Existing care home residents will be affected	0	0	0	1	0	1
General comments	Poor transport access (buses/trains/difficult for non-drivers)	0	2	2	1	6	4
	Proposal requires adequate/good staff/staffing numbers	0	3	0	2	1	3
	Consider patient choice	1	1	0	0	1	3
	Need more information on plans	0	3	0	0	1	2
	Consider continuity of care	0	0	1	1	0	2
	Funding needs to be sufficient to cover proposal	0	1	0	0	0	1
	Improve communication within NHS services (and social care/voluntary sector	0	1	0	0	0	1
	Care in hospital may be better than care at home	0	2	0	0	0	1
	Stop closing/reducing services	0	1	0	0	0	1
	Model of care is already being implemented	0	1	0	0	0	1
	Need provision of community/recovery beds	0	0	0	1	0	1
	Vulnerable people should benefit from the proposal	0	0	0	0	1	1
	Parking is an issue/lack of parking	0	0	0	0	1	1
Base (number of tables)		2	13	3	9	11	

Focus group participants were asked if there were any specific groups who may be disproportionately or unfairly impacted. The table below shows the groups they think may be disproportionately or unfairly impacted and other general considerations.

		Mentions at protected characteristics focus groups	Mentions at carers focus groups	Mentions at community workshops	Total number of focus groups mentioning this theme
Particular groups	Consider those with mental health issues	1	1	2	4
	Consider the elderly population	1	1	1	3
	Consider disabled patients	1	0	0	1
	Consider vulnerable children and younger people (e.g. young carers)	0	0	1	1
	Consider those with alcohol dependence or substance misuse	0	0	1	1
	Does not consider rural/isolated patients (Inc. large area to cover, consider geographical needs)	0	0	1	1
	Consider families and support networks (e.g. patients without family support/living alone)	0	1	0	1
	Consider vulnerable adults	0	1	0	1
	Consider those with multiple conditions	0	0	1	1
	Consider homeless patients	0	0	1	1
General considerations	Improve communication within NHS services (and social care / voluntary sector	1	2	1	4
	Need more information on plans	1	1	1	3
	Poor transport access (buses/trains/difficult for non-drivers)	1	2	0	3
	Funding needs to be sufficient to cover proposal	0	1	1	2
	Consider patient choice	1	0	0	1
	Use both hospitals/need more than one hub to cover patient needs	1	0	0	1
Base (number of events)		13	5	2	19

Locations within the consultation area with the highest levels of deprivation were specifically targeted in line with the duty to engage those with health inequalities. The Indices of Multiple Deprivation (IMD) shows that Leek and Stoke-on-Trent were the most deprived areas within the consultation area. These areas were targeted for engagement to ensure the views of these communities were captured.

Geographic representation of survey respondents

Survey respondents were asked to provide their postcode. This was then used to understand where respondents lived.

Using the ‘postcode district coverage’ and ‘Local Authority area’, four geographies were created (see assigned geographies in the table below).

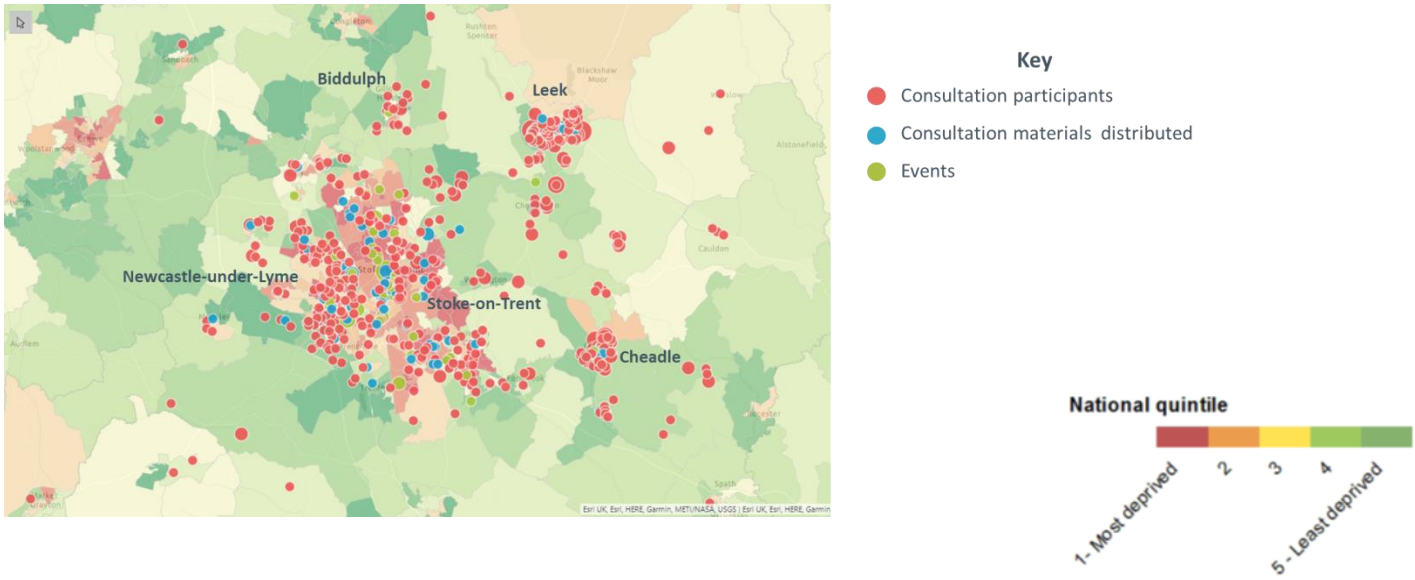
When creating these ‘assigned geographies’ the following was considered: the number of responses/postcodes within a geography, the Local Authority Area and the need to understand the viewpoints of respondents from across the consultation area. Consequently, respondents from the Cheadle area have been shown separately from the rest of Staffordshire Moorlands (described below as Leek and Moorlands).

It was also important to understand survey respondents in the context of the Index of Multiple Deprivation (IMD). When looking at the IMD rank of average score, Stoke-on-Trent is ranked 14th most deprived area in the country. Newcastle-under-Lyme is ranked 156 and Staffordshire Moorlands is ranked 207. (Please note: 1 is most deprived and 326 is least deprived).

The assigned geographies produced for this report of findings, as far as possible, using the postcode districts, have been created to allow comparison with the IMD for the local authority areas. Consequently, when comparing the responses by ‘assigned geography’ this is, as far as possible, comparing areas by deprivation.

The map below shows the consultation activity for the area overlaid on a map showing the Indices of Multiple Deprivation.

Consultation Activity and Index of Multiple Deprivation



With the exception of participants from a rural location, there were no significant differences between respondents from either areas of high deprivation or from people who had a long term condition. People from rural locations were more likely to express concerns about services needing to be accessible.

Postcode district	Postcode district coverage	Local authority area	Number of survey responses within postcode district	Assigned geography	Number of responses within geography
ST1	Hanley, Cobridge, Sneyd Green, Birches Head, Shelton	Stoke-on-Trent	17	Stoke-on-Trent	108
ST2	Bentilee, Abbey Hulton, Bucknall	Stoke-on-Trent, Staffordshire Moorlands	12		
ST3	Longton, Meir, Blurton, Weston Coyney	Stoke-on-Trent, Stafford, Staffordshire Moorlands	37		
ST4	Stoke, Fenton, Penkhull, Trentham	Stoke-on-Trent, Stafford	21		
ST6	Tunstall, Burslem, Smallthorne, Brown Edge	Stoke-on-Trent, Staffordshire Moorlands	21		
ST5	Newcastle-under-Lyme, Keele, Chesterton	Newcastle-under-Lyme, Stafford	105	Newcastle-under-Lyme	124
ST7	Kidsgrove, Talke, Talke Pits, Alsager, Mow Cop, Audley	Newcastle-under-Lyme, Cheshire East, Stoke-on-Trent, Staffordshire Moorlands	19		
ST10	Cheadle, Church Leigh, Tean, Alton	Staffordshire Moorlands, East Staffordshire	70	Cheadle	76
ST11	Blythe Bridge	Staffordshire Moorlands, Stafford	3		
ST12	Barlaston	Stafford, Stoke-on-Trent	1		
ST15	Stone	Stafford, Staffordshire Moorlands	2		
ST13	Leek	Staffordshire Moorlands	139	Leek and Moorlands	173
ST8	Biddulph	Staffordshire Moorlands, Stoke-on-Trent	14		
ST9	Werrington, Endon	Staffordshire Moorlands, Stoke-on-Trent	15		
SK17	Buxton	Buxton, Tideswell, Hartington, Longnor, Chelmorton	5		

Local Authority District name	IMD - Rank of average score	IMD - Rank of proportion of LSOAs in most deprived 10% nationally*
Stoke-on-Trent	14	13
Newcastle-under-Lyme	156	148
Staffordshire Moorlands	207	200

*where 1 is most deprived and 326 is least deprived

https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

CONCLUSION

The Governing Bodies must give due regard to the information provided in this report when making any decisions.

The Public Sector Equality Duty is an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation and the duty is upon the decision maker personally and cannot be delegated.

The Governing Body members should assess the risk and extent of any adverse impact and the ways in which such a risk may be eliminated before the adoption of a proposed policy/decision.

Key themes across feedback from all groups were access, estates and finance; the need to ensure easy access to services, retain and use existing buildings and not waste money.