Oxfordshire NHS
Primary Care Trust

Equality Impact Assessment (EIA) - Evidence Form

The PCT strives to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. This form is designed to help you to consider the needs and assess the positive, adverse or neutral impact of your policy, protocol, proposal or service on all groups within our local communities, and to record the evidence that you have done so. Any proposal or policy submitted to the Board must have undergone EIA.

This form will be used as evidence of the assessment you have undertaken. It will need to be made available to the Board and PCT's Equality and Diversity Steering Group.

Policy/Proposal/Service Title	**PROPOSAL FOR HEALTH TRAINER INITIATIVE**
Name of EIA Lead	Val Messenger, Deputy Director of Public Health
Others involved in assessment	Jackie Wilderspin, Assistant Director of Public Health
Date EIA commenced	19 January 2011

EIA Completed and Approved

Signature (Lead Director): _____

Name (print) ___Jonathan McWilliam_____

Job Title: ____Director of Public Health_____

Date: _____

ONCE COMPLETED, PLEASE SUBMIT TO EQUALITY AND DIVERSITY LEAD FOR EVIDENCE AND PUBLICATION.

STAGE 1: Standard Screening

EIA questions	EIA Narrative	Sources of Evidence
1. What is purpose and objectives of the policy, proposal or service?	The proposal to cease the health trainer initiative has the following purposes 1. To ensure that only effective services are provided by Oxfordshire PCT 2. To ensure that only efficient services are provided by Oxfordshire PCT and that we can demonstrate good value for taxpayers money	In the development of the proposal evidence was sought from: • EIAs for implementing the initiative (see section 3 below) • Health Trainer Data 01.04.2008 – 03.09.2010 • A review of the effectiveness, efficiency and evidence base for all Public health Functions in 2010 • Data on Heath Trainer City clients 01/04/09 – 15/11/10
2. Who is the policy, proposal or service aimed at?	The proposal is aimed at Oxfordshire residents who currently use or may have expected to access health trainers	n/a
3. Does it affect one group less or more favourably than another (see groups below)?	**There is some evidence that the initiative is accessed more by some of the groups considered, however despite sterling and determined efforts by health trainers the initiative has not been able to demonstrate clinical effectiveness or good return on investment, people accessing health trainers may be better served by investment in other initiatives.** • The initiative currently contacts approximately 250 clients per year. Around 150 agree health plans mostly for weight loss and exercise whilst the remainder are advised how to access services direct. Success rates on completion of health plans were generally low with around 1 in 4 meeting agreed plans for diet and exercise and less than 1 in 5 for quitting smoking. • This makes the cost per contact £1,400 per patient and the cost per health plan produced £2,300 per individual. Achieving targets in health plan cost £10,250 per person. • The services to which people are signposted e.g. for	EIAs for : • Health Trainer Service- Black and Minority Ethnic Communities in Oxford City • Health Trainer Service- Banbury • Expansion of the HEALTH TRAINER SERVICE- OXFORD • NHS Oxfordshire Consultation document on proposed new organisation structure for the commissioner 19.1.11

EIA questions	EIA Narrative	Sources of Evidence
	smoking cessation, exercise on referral and slimming on referral still exist so support is still available and can be accessed via GPs or health advocates, etc.. • Interpretation services and health advocates are available to facilitate access to services • Interpretation Services mean that all primary care services in Oxfordshire can access both face to face and telephony interpreting services to facilitate their work with people for whom English is not their first language. In 2009-2010 this was accessed in 47 different languages. • NHS Oxfordshire's Health Advocacy Service promotes appropriate access to primary care services and preventive health initiatives to Black and Minority Ethnic (BME) communities throughout Oxfordshire. Providing help with prevention and health promotion work (e.g. by encouraging women to come for screening or supporting diabetes treatment compliance); supporting patients to access appropriate services; and providing formal or informal cultural advice to health professionals • The introduction of the national NHS health Checks and family intervention Project will introduce new mainstream services which will facilitate access to support for health behaviour advice.	
Male or Females	**No** – Of the 433 clients signposted by the Oxford city health trainers 215 were female (50%). In addition the EIAs for introduction of the initiative felt that neither gender would be affected negatively or positively.	Data on Heath Trainer City clients 01/04/09 – 15/11/10 EIAs listed in 3 above
People of different ages	**The initiative is only available for adults** • The initiative has not been able to demonstrate clinical effectiveness or good return on investment, so any impact is estimated as minor. • The services to which people are signposted e.g. for smoking cessation, exercise on referral and slimming	EIAs listed in 3 above

EIA questions	EIA Narrative	Sources of Evidence
	on referral still exist • People accessing health trainers may be better served by investment in other initiatives e.g. NHS health checks which will offer people aged 40-74 comprehensive health checks followed by signposting or treatment dependent on health risk identified.	
People from different ethnic groups	**Of the people making use of this initiative 27% who gave their ethnic group were not White-British. The Oxfordshire Data Observatory briefing on Ethnicity (June 2010) Says that, in 2007, 28% of Oxford City Residents classed themselves as either Black Asian or other minority ethnic group (BAME) or White Other. The figure for Cherwell was 11%. From this data use of health trainers by people from different ethnic groups does not appear disproportionate.** • The initiative has not been able to demonstrate that it is effective or efficient and so the actual impact is estimated as minor. • The initiative currently contacts approximately 250 clients per year. Around 150 agree health plans mostly for weight loss and exercise whilst the remainder are advised how to access services direct. Success rates on completion of health plans were generally low with around 1 in 4 meeting agreed plans for diet and exercise and less than 1 in 5 for quitting smoking. • This makes the cost per contact £1,400 per patient and the cost per health plan produced £2,300 per individual. Achieving targets in health plan cost £10,250 per person. • The services to which people are signposted e.g. for smoking cessation, exercise on referral and slimming on referral still exist so support is still available and can be accessed via GPs or health advocates, etc..	Health Trainer Data 01.04.2008 – 03.09.2010

EIA questions	EIA Narrative	Sources of Evidence
	• Interpretation services and health advocates are available for this population group • Interpretation Services mean that all primary care services in Oxfordshire can access both face to face and telephony interpreting services to facilitate their work with people for whom English is not their first language. In 2009-2010 this was accessed in 47 different languages. • NHS Oxfordshire's Health Advocacy Service promotes appropriate access to primary care services and preventive health initiatives to Black and Minority Ethnic (BME) communities throughout Oxfordshire. Providing help with prevention and health promotion work (e.g. by encouraging women to come for screening or supporting diabetes treatment compliance); supporting patients to access appropriate services; and providing formal or informal cultural advice to health professionals • The action plan which will mitigate further against any effect includes raising awareness of the health advocacy service, handing over of clients requiring ongoing care to the health advocacy service and ensuring awareness of interpreting services. • The introduction of the national NHS health Checks and family intervention Project will introduce new mainstream services which will facilitate access to support for health behaviour advice. **SEE ACTION PLAN** **For the reasons given above we believe that the proposal should not have a disproportionate effect on people from different ethnic groups**	
People of different religious beliefs	**No** – data on religious beliefs was not routinely collected as the initiative was not targeted at people with specific beliefs. The EIAs for introduction of the initiative felt that people with particular religious beliefs should not be	EIAs listed in 3 above

EIA questions	EIA Narrative	Sources of Evidence
	affected either negatively or positively.	
People who do not speak English as a first language	**Data is not routinely available on the language spoken by people making use of this initiative** In general clients not speaking English would be supported using the interpretation service or health advocates as the initiative doesn't support most language groups; however one health trainer is bi-lingual and specifically interacts with south Asian communities that do not speak English. Data is not available on those who do not speak English, but South Asians (including British south Asians) made up 17% of contacts. • The initiative has not been able to demonstrate that it is effective or efficient and so the actual impact is estimated as minor. • The services to which people are signposted e.g. for smoking cessation, exercise on referral and slimming on referral still exist. • Interpretation services and health advocates are available for this population group • Interpretation Services mean that all primary care services in Oxfordshire can access both face to face and telephony interpreting services to facilitate their work with people for whom English is not their first language. In 2009-2010 this was accessed in 47 different languages. • NHS Oxfordshire's Health Advocacy Service promotes appropriate access to primary care services and preventive health initiatives to Black and Minority Ethnic (BME) communities throughout Oxfordshire. Providing help with prevention and health promotion work (e.g. by encouraging women to come for screening or supporting diabetes treatment compliance); supporting patients to access appropriate services; and providing formal or informal	EIAs listed in 3 above Health Trainer Data 01.04.2008 – 03.09.2010

EIA questions	EIA Narrative	Sources of Evidence
	cultural advice to health professionals • The action plan which will mitigate further against any effect includes raising awareness of the health advocacy service, handing over of clients requiring ongoing care to the health advocacy service and ensuring awareness of interpreting services. **SEE ACTION PLAN**	
People who have a physical disability	**No -** data on physical disability was not routinely collected as the initiative was not targeted at people with physical disabilities. The EIAs for introduction of the initiative felt that people with physical disabilities should not be affected either negatively or positively.	EIAs listed in 3 above
People who have a mental disability	**No -** data on mental disability was not routinely collected as the initiative was not targeted at people with mental disabilities. The EIAs for introduction of the initiative felt that people with mental disabilities should not be affected either negatively or positively. There is some data on emotional well-being which showed only 1% of clients setting personal health plans identified this as their primary issue.	EIAs listed in 3 above Health Trainer Data 01.04.2008 – 03.09.2010
People with learning disabilities	**No -** data on people with learning disabilities was not routinely collected as the initiative was not targeted at this group. The EIAs for introduction of the initiative felt that people with learning disabilities should not be affected either negatively or positively. A Direct Enhanced Service is available for GPs to offer annual health checks to people with learning disabilities	EIAs listed in 3 above
Women who are pregnant or on maternity absence	**No** – data on pregnancy and maternity was not routinely collected as the initiative was not targeted at people who are pregnant or on maternity absence. The EIAs for introduction of the initiative felt that women who are pregnant or on maternity absence should not be affected either negatively or positively.	EIAs listed in 3 above

EIA questions	EIA Narrative	Sources of Evidence
Single parent families	**No -** data on single parent families was not routinely collected as the initiative was not targeted at this group. The EIAs for introduction of the initiative felt that single parent families should not be affected either negatively or positively.	EIAs listed in 3 above
People with different sexual orientations	**No -** data on sexual orientation was not routinely collected as the initiative was not targeted people with different sexual orientations. The EIAs for introduction of the initiative felt that people with different sexual orientations should not be affected either negatively or positively.	EIAs listed in 3 above
People with different work patterns (part-time, full-time, job-share, short-term contractors, employed, unemployed)	**No -** data on work patterns was not routinely collected as the initiative was not targeted people with different work patterns. The EIAs for introduction of the initiative felt that people with different work patterns should not be affected either negatively or positively.	EIAs listed in 3 above

People in deprived areas and people from different socio/economic groups	**The initiative is targeted at the adult population (aged 18+) in specific wards in Oxford City and Banbury (Blackbird Leys, Rose Hill, Wood Farm, Barton, Ruscote, Neithrop, Grimsbury and Castle & Hardwick)**. • The initiative has not been able to demonstrate that it is effective or efficient and so the actual impact is estimated as minor. • The initiative currently contacts approximately 250 clients per year. Around 150 agree health plans mostly for weight loss and exercise whilst the remainder are advised how to access services direct. Success rates on completion of health plans were generally low with around 1 in 4 meeting agreed plans for diet and exercise and less than 1 in 5 for quitting smoking. • This makes the cost per contact £1,400 per patient and the cost per health plan produced £2,300 per individual. Achieving targets in health plan cost £10,250 per person. • The services to which people are signposted e.g. for smoking cessation, exercise on referral and slimming on referral still exist. • Interpretation services and health advocates are available where required • The introduction of the national NHS health Checks and family intervention Project will facilitate access to support for health behaviour advice. • The action plan which will mitigate further against any effect includes safe handover of clients requiring ongoing care and introduction of the NHS health checks and Family Intervention Project. **SEE ACTION PLAN**	EIAs listed in 3 above NHS Oxfordshire Consultation document on proposed new organisation structure for the commissioner 19.1.11
Asylum seekers and refugees	**No -** data on asylum seekers and refugees was not routinely collected as the initiative was not targeted at this group. The EIAs for introduction of the initiative felt that	EIAs listed in 3 above

	asylum seekers and refugees should not be affected either negatively or positively	
Prisoners and people confined to closed institutions, community offenders	**No** - Health trainers in Prisons and the probation service are currently unaffected by this proposal	EIAs listed in 3 above NHS Oxfordshire Consultation document on proposed new organisation structure for the commissioner 19.1.11
Carers	**No -** data on carers was not routinely collected as the initiative was not targeted at this group. The EIAs for introduction of the initiative felt that carers should not be affected either negatively or positively. There are other services which are targeted at carers	EIAs listed in 3 above
Rural and/or isolated communities	**No** – The initiative does not serve these communities	EIAs listed in 3 above
4. Have you identified any potential discrimination or adverse impact that cannot be legally justified? If unsure, consult with the PCT Equality and Diversity Lead.	**No.** • Any minor adverse impact can be justified due to the imperative to ensure that taxpayers money is spent on cost effective interventions. The initiative has not been able to demonstrate that it is effective or efficient and so the actual impact is estimated as minor. • The initiative currently contacts approximately 250 clients per year at a cost of £369K. Around 150 agree health plans mostly for weight loss and exercise whilst the remainder are advised how to access services direct. Making the cost per contact £1,400 per patient and the cost per health plan produced £2,300 per individual. Achieving targets in health plan cost £10,250 per person. We will mitigate any adverse impact by implementing the actions outlined in the attached action plan.	

Appendix 3

EIA Action Plan Follow-up

(for EIA of existing services, policies or projects)

EIA Recommendations	Key actions required	Officer Responsible	Progress Made
People from different Ethnic Groups: Need to mitigate any impact as much as reasonably possible	1. Ensure awareness of health advocacy service 2. Handover clients to health advocates where appropriate 3. Ensure awareness of interpreting services	1. C.Newall 2. M. Dent 3. M. Hardwick	1. Part of existing service requirements 2. Clients requiring on going care to be identified to M.Dent as part of handover arrangements 3. Will be built into re-procurement of the service for June 11.
People who do not speak English as a first language: Need to mitigate any impact as much as reasonably possible	1. Ensure awareness of health advocacy service 2. Handover clients to health advocates where appropriate 3. Ensure awareness of interpreting services	1. C.Newall 2. M.Dent 3. M.Hardwick	1. Part of existing service requirements 2. Clients requiring on going care to be identified to M.Dent as part of handover arrangements 3. Will be built into re-procurement of the service for June 11.
People in deprived areas and people from different socio/economic groups: Need to mitigate any impact as much as reasonably possible	1. Safe handover of clients 2. Ensure that implementation of new services (e.g. NHS health checks and the new Family Intervention Project) take into account local inequalities, such as deprivation	1. JW/MD 2. T.Porter	1. Plan for client handover developed and shared with health trainers 25/1/11 2. Plan to introduce interim NHS health checks LES to commence April 2011 and to go out to formal tender for full service to commence around April 2012.