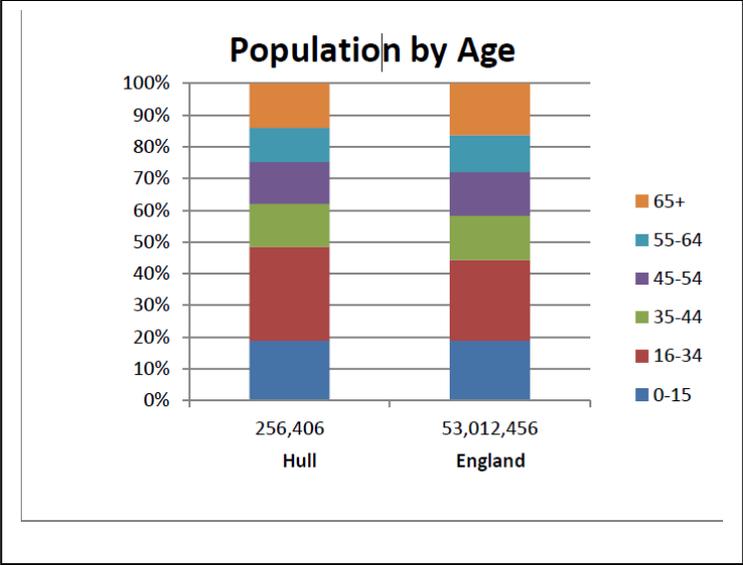


## Equality Impact Assessment - Service Review / Evaluation

For more information about the equality impact assessment process in commissioning, please see: [EIA Overview and Navigation](#).

Service Review Equality Analysis	
What service is being reviewed?	Hull Wheelchair Service
What is the purpose for the service review? (If this is described in another document please add cross reference link)	<p>Since April 2017, all clinical commissioning groups (CCGs) in England have been expected to start developing local personal wheelchair budget offers to replace the current wheelchair voucher system. The Voucher Scheme was introduced in 1996, enabling disabled people to use their own money to buy wheelchairs not normally provided by the NHS with the assistance of a voucher for the value of an NHS wheelchair.</p> <p>Personal wheelchair budgets aim to help people to access a wheelchair that meets their health and wellbeing needs and goals, as well as any specific wheelchair requirements that they have.</p> <p>Replacing the current wheelchair voucher scheme with personal wheelchair budgets is intended to provide:</p> <ul style="list-style-type: none"><li>• A more robust framework for person centred care and support planning</li><li>• More control to people, their carers and families over the wheelchair provided</li><li>• Greater clarity for wheelchair users about choices available including funding and what that should include</li><li>• An opportunity to explore how the provision of wheelchairs can be joined with other care and support, as part of a holistic person centred care and support plan and integrated personal budgets that combine health and social care funding</li></ul>

	The purpose of this Equality Impact Assessment is to identify is there will be any impact on the service users of the wheelchair service with the implementation of Personal Wheelchair Budgets.	
<b>Date of review:</b>	April 2018	
<b>Health Needs</b>	What data sources do you have about the population, disaggregated by protected characteristic?	
	Do you have any information about people who share protected characteristics that is relevant and applicable to this service review?	<p><b>Race</b></p> <p>2011 Census showed that black or minority ethnic residents now make up 10.3% of the population of Hull, compared to the 2001 Census figure of 3.8%. Many BME people in Hull are students or European migrants with only 2.8% of BME people over 65.</p> <p>In 2016 the most requested language from interpreter services was Polish (45% of all requests), followed by Russian (6%), Kurdish (5%), Farsi (4%).</p> <p><b>Disability</b></p> <p>Census 2011: 19.6% of the Hull population stated that their day-to-day activities were limited by disability (10% 'limited a lot'; 9.6% 'limited a little').</p> <p>The Hull local Health &amp; Lifestyle Survey 2014 reported that 27.7% of respondents identified that they have an illness or disability, which limits daily activities.</p> <p>NHS England requires NHS Hull CCG to submit quarterly data as part of the NHS England National Wheelchair Data Collection process. The indicators in relation to wheelchair users currently registered with the service within Hull for Q4-2017/18 (Jan-Mar 2018) report that there are 7136.</p> <p>Further details can be found here:  <a href="https://www.england.nhs.uk/publication/wheelchair-services-national-wheelchair-data-collection-guidance/">https://www.england.nhs.uk/publication/wheelchair-services-national-wheelchair-data-collection-guidance/</a></p>

<b>Gender / Sex</b>	2012 estimates. Hull; male population 134,722 female population 131,644																					
<b>Gender identity (gender reassignment)</b>	Currently there are no national and local statistics available for this protected characteristic.																					
<b>Sexual orientation</b>	There are no statistics for how many LGBT people live within Hull. However, the Government estimates that 5% of the national population are LGBT.																					
<b>Religion or belief</b>	Hull (IAS) 2001 Census shows that 71.4% of population is Christian.																					
<b>Age</b>	<p>This service provides Wheelchair and assessment to all ages. The figure below shows the population of Hull (2011 Census Data).</p>  <table border="1"> <caption>Population by Age</caption> <thead> <tr> <th>Age Group</th> <th>Hull (256,406)</th> <th>England (53,012,456)</th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>~18%</td> <td>~18%</td> </tr> <tr> <td>16-34</td> <td>~28%</td> <td>~25%</td> </tr> <tr> <td>35-44</td> <td>~12%</td> <td>~12%</td> </tr> <tr> <td>45-54</td> <td>~10%</td> <td>~10%</td> </tr> <tr> <td>55-64</td> <td>~10%</td> <td>~10%</td> </tr> <tr> <td>65+</td> <td>~12%</td> <td>~13%</td> </tr> </tbody> </table>	Age Group	Hull (256,406)	England (53,012,456)	0-15	~18%	~18%	16-34	~28%	~25%	35-44	~12%	~12%	45-54	~10%	~10%	55-64	~10%	~10%	65+	~12%	~13%
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<b>Pregnancy and</b>	From JSNA 2011 the fertility rate in Hull is significantly lower																					

	<b>maternity</b>	statistically than national and regional comparisons.
	<b>Marriage or civil partnership</b>	Hull (IAS) the number of civil partnerships in 2010 was 16.
	<b>Socio-economic disadvantage</b>	<p>Hull JSNA (2012) using the Index of Multiple Deprivation (IMD) 2010 (Communities and Local Government 2011) score, identifies that Hull is ranked as the 10th most deprived local authority out of 326 (bottom 4%). Over half (85; 52%) of LLSOAs<sup>1</sup> in Hull are within the most deprived 20% of LLSOAs nationally, with one in five (31; 19%) within the second most deprived quintile. None of the 163 LLSOAs in Hull are in the least deprived quintile nationally and very few in the second least deprived quintile nationally. Using the IMD 2010 score, Orchard Park and Greenwood is the most deprived ward in Hull, followed by St. Andrew's and Myton. The least deprived ward within Hull is King's Park, followed by Bricknell and Holderness. Riverside is the most deprived area in Hull, with West and Wyke the least deprived areas.</p>
<b>Current service review</b>	How does the current service promote equality? (Are there examples of good practice or have you identified any gaps?)	<p>Previously clients who were assessed as being eligible for a wheelchair from the NHS were able to have a wheelchair voucher, which enabled them to take the money away from the service and independently pay for their own chair. The introduction of Personal Wheelchair Budgets allows the same clients to continue with this process through the third party option but also gives the opportunity to contribute to their NHS wheelchair prescription to either have a higher spec chair or add additional accessories. Additional funding can come from a variety of sources, including; the individual, alternative NHS funding streams, Social Care, Voluntary organizations or other external sources.</p> <p>The wheelchair service is able to provide information to signpost individuals to</p>

	potential sources of support.
<p><b>Outcomes and demand</b></p> <p>How does the current service evidence improved health outcomes for different groups of people? (e.g. by age, gender, disability, ethnicity, sexual orientation, religion or belief, pregnancy &amp; maternity)</p>	<p>It is anticipated that improved approaches to person centered care will result in increased choice and control for wheelchair users.</p> <p>It is expected that this will have a positive effect upon those with a disability to achieve improved outcomes and quality of life.</p> <p>The wheelchair service will be expected to collect necessary outcomes measurement to support this; this is a piece of work currently being undertaken by NHS PWB Champion Sites.</p>
<p>What can you tell about the demand for the service by different groups? Is there an over or under-representation of particular groups, relative to the population?</p>	<p>The service can be accessed by anyone who is referred by a health or social care professional. Provision of a wheelchair is dependent upon meeting the following criteria:</p> <ul style="list-style-type: none"> <li>a) A chair is required for short-term purposes, e.g.: <ul style="list-style-type: none"> <li>- Following an episode of acute clinical intervention to support a hospital discharge</li> <li>- Where extensive repair work is required to a wheelchair which is on long-term loan to a service user</li> <li>- The service user is awaiting the delivery of a long-term loan wheelchair.</li> </ul> </li> <li>b) Requirement of a wheelchair for long-term use, e.g.: <ul style="list-style-type: none"> <li>- Longer than 6 months and,</li> <li>- Where it can be demonstrated that the wheelchair will be used at least three times a week.</li> </ul> </li> <li>c) Requirement of a wheelchair as part of an end of life care plan</li> <li>d) Children over 36 months who require a wheelchair/buggy for mobility</li> <li>e) Children under 36 months who have significant postural and mobility needs that cannot be met by commercially available buggies</li> </ul>

	<p>Personal Wheelchair Budgets will be available to all clients who are eligible for an NHS wheelchair with the following exceptions:</p> <ul style="list-style-type: none"> <li>a) Short Term Loan</li> <li>b) Rapidly Changing Condition</li> <li>c) Rapidly Deteriorating Condition</li> </ul> <p>Those clients within the exclusion group will still be provided a wheelchair to meet their identified needs. However due to the timescale involved of organizing the chair and the longevity of the provision it would not be appropriate to provide a Personal Wheelchair Budget to these client groups.</p>
<p><b>Benchmark</b></p> <p>How does the service compare to other comparable services with respect to evidencing improved outcomes across different groups?</p>	<p>Hull CCG has been implementing Personal Wheelchair Budgets as part of the NHS Champion site roll out and it therefore an early implementer of the process.</p> <p>The above mentioned outcome measures which are in the process of being developed will provide supporting evidence on the effectiveness of Personal Wheelchair Budgets.</p>
<p><b>Communication and Engagement</b></p> <p>How are you going to engage with different groups and communities and show that their feedback informs your service review?</p>	<p>Two Personal Wheelchair Budget Events have been held inviting service users, carers and professionals involved in wheelchair provision to discuss and gain feedback on Personal Wheelchair Budget proposals and accompanying documentation.</p> <p>Presentation given to PMLD Group</p> <p>Posters on display within the Wheelchair Service Clinic requesting engagement</p>

		from interested parties.
	Has the Equality Reference Group been consulted? <sup>1</sup>	No, group no longer exists. Various types of publicity have been used to share information around the implementation of PWB. There has been no specific activity understand to engage with groups representing protected characteristics
	Is information provided to your target market appropriate and accessible?	Yes, Co-production has been undertaken in relation to all of the information being shared around Personal Wheelchair Budgets.
<b>Options appraisal</b>	Does your options appraisal clearly show any differential impact on protected characteristics groups for each option?	No differential impact identified.
	Is further engagement needed?	Yes, A request has gone out to Service users and carers to form a Co-production group to evaluate the progress and future development of Personal Wheelchair Budgets.

Follow up actions		
Action required	By whom?	By when?
Outcomes Measure to be adopted by provider	NRS	As soon as measure agreed by NHSE/PHB Champion sites

<sup>1</sup> Please contact Sue Lee, Communication and Engagement Lead

Formation of coproduction group in conjunction with East Riding CCG	Clinical Commissioning lead equipment and wheelchairs.	June 2018
Quarterly review of number of Personal Wheelchair Budgets issued. Data to be provided by provider to CCG.	NRS	Commencing July 2018

### Signoff

<b>Signed off by:</b>		<b>Date:</b>	
<b>Name &amp; Role</b>	 <hr style="border: 0.5px solid blue;"/> 		<b>16.05.18</b> <hr style="border: 0.5px solid blue;"/>