

For more information about the equality impact assessment process in commissioning, please see the EIA Guidance 2018 located in **Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA.**

## Equality Impact Assessment (EIA) - Service Specification

### Please briefly describe the service

Safeguarding Adult (Health) Service - Health Representation in the Multi-Agency Safeguarding Hub (MASH).

Hull Multi Agency Safeguarding Hub (MASH) was formed in 2012, comprising of Local Authority staff and representatives from partners such as the police, fire brigade and health providers. Multi-agency approaches such as these are evidenced as good practice in safeguarding as they contribute to effective and timely information sharing (Stevens, 2013).

In 2017/18 the MASH received 1905 safeguarding concerns (HSAPB Annual Report 2017/18), of which, 41% became s.42 enquiries under the Care Act 2014. From those enquiries, the group of people that are most at risk are white females living in their own homes or residential care and they are most at risk of physical abuse or neglect (HSAPB Annual Report 2017/18). The safeguarding enquiry will more than likely identify the risk and take action to remove or reduce it and the risk will be reduced in 70% of all Hull safeguarding enquiries (HSAPB Annual Report 2017/18).

NHS Hull CCG has statutory duties under the Care Act 2014 to safeguard adults and promote the health and wellbeing of the local population. The organisation recognises the need for the health family to co-operate and work in partnership with other agencies

	<p>and organisations to achieve this (Care Act 2014) and this post-holder will work to offer health representation in the MASH.</p> <p><b>Aims</b></p> <ul style="list-style-type: none"> <li>• To assist the health family in discharging its duties under relevant legislation such as the Care Act 2014, Mental Capacity Act 2005.</li> <li>• To provide a credible, accessible and approachable service which empowers staff in safeguarding and protecting individuals in need of care and support who may be experiencing, or at risk of experiencing neglect and abuse. To be a source of specialist knowledge for the multi-agency network in relation to the contribution of health to the safeguarding of adults at risk process, ensuring, leading and participating in s.42 enquiries where health input is required.</li> <li>• To compile complex reports which reflect analytical data relating to safeguarding adults.</li> <li>• Cascade lessons learnt from safeguarding enquiries, SARs, DHRS, SIs and other relevant reviews in order to support and improve the safety of adults in needs of care and support.</li> <li>• To provide regular assurance to NHS Hull CCG that these processes are implemented and effective; with suitable action plans in place should any deficits be identified.</li> </ul>
<b>Name &amp; roles of person / people completing the EIA:</b>	Emma Stevens, Designated Professional Safeguarding Adults
<b>Date of assessment:</b>	26/06/19
<b>Who will be affected by this service / who will be the key beneficiaries?</b>	<p>Beneficiaries of the service is anyone aged 18 or over that meets the Care Act 2014 criteria in Hull:</p> <p>a) has needs for care and support (whether or not the authority is meeting any of those needs),</p> <p>(b) is experiencing, or is at risk of, abuse or neglect, and</p>

	<p>(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.</p> <p>Under sections 42 to 47 of the Care Act (2014) chapter 14 of the statutory guidance states:</p> <p><i>Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.</i></p>
<p>What <b>data sources</b> do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data, complaints, engagement feedback etc.)</p>	<ol style="list-style-type: none"> <li>1. Research – Hull Joint Strategic Needs Assessment (JSNA)/ Hull Adult Health and Lifestyle Survey 2014/ Public Health England Health Profile, Kingston upon Hull 2014.</li> <li>2. Research evidence (e.g. Stonewall)</li> <li>3. Professional insight from experience in safeguarding and designated roles.</li> </ol>
<p><b>Needs and issues</b></p> <p>What does this data tell you about the needs or issues affecting people from different protected characteristic groups, relevant to this service?</p>	
<p><b>General issues</b></p>	<p>This service applies to people aged 18 and over that meet the Care Act 2014 criteria, thus it does not apply to anyone outside the scope of this remit.</p>
<p><b>Race</b></p>	<p>The 2011 Census noted that 10.3% of the population of Hull are black or minority ethnic residents. This compares to the 2001 figure of 3.8%. Many BME people are students or European migrants with only 2.8% of BME people over 65.</p> <p>The three recent Domestic Homicide Reviews (undertaken by Hull Community Safety Partnership, 2018) involve families from BAME communities.</p>

	<p>Therefore, the service provided must be available and accessible to all regardless of ethnicity. Non discriminatory safeguarding process supports individuals suffering discrimination. It is important to recognise that if practices are abusive and damaging to the individual and flout the law then this would come under safeguarding regardless of the cultural norm.</p> <p>Where required, interpreting and translation services will be available to service users whose first language is not English.</p>
<p><b>Disability</b></p>	<p>From the 2011 Census 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”). The local Health and Lifestyle Survey 2014 suggests that 27.7% of the population of Hull identify that they have an illness or disability which limits daily activities.</p> <p>Figures sourced from Projecting Older People Population Information System show the following estimates of people over 65:</p> <ul style="list-style-type: none"> <li>• Learning Disability: 762</li> <li>• Visual Impairment: 3,263</li> <li>• Hearing Impairment – Moderate or Severe: 15,707</li> <li>• Hearing Impairment – Profound: 402</li> </ul> <p>Over 11,000 people living in Hull in 2008 had a blue parking badge (estimate 75% will be over 65).</p> <p><i>“The number of people diagnosed with dementia by Hull GPs is 1,362; and the numbers are expected to increase by around 500. However, the level of people diagnosed is expected to be lower than the number of people actually living with dementia. It is estimated that 3,194 people actually have disease. In the next 15 years it is projected that this figure will increase by 29%” Hull Better Care Fund.</i></p> <p>Depression affects around 22% of men and 28% of women aged 65+ (Health and Social care Information Centre (2007), yet the Mental Health Foundation estimate 85% of these do not receive any NHS support for their mental health.</p> <p>Research shows that disabled people are more vulnerable to harassment and abuse (<a href="http://www.papworthtrust.org.uk">http://www.papworthtrust.org.uk</a>). More than 20% of disabled people have experienced harassment in public. 9 out of 10 people with a learning disability have been the victim of hate crime.</p>

	<p>Therefore, the service provided must be available and accessible to all regardless of disability. Where required reasonable adjustments must be made in line with the Equality Act 2010 to ensure access to services.</p>
<p><b>Gender / Sex</b></p>	<p>The 2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals.</p> <p>Although domestic abuse is not a gender specific crime, “Domestic violence can affect one in four women in their lifetimes, regardless of age, social class, race, disability or lifestyle. Domestic violence accounts for between 16% and ¼ of all recorded violent crime” (DH Guidance: Assessing Equality Impact in Safeguarding, 2011).</p> <p>Many people do not identify with the binary labels ‘male’ or ‘female’ as there are a range of gender identities.</p> <p>Therefore, the service provided must be available and accessible to all, regardless of gender.</p>
<p><b>Gender reassignment</b></p>	<p>There are no official statistics nationally or regionally regarding transgender populations. However, GRIES (Gender Identity Research and Education Society – <a href="http://www.gries.org.uk">www.gries.org.uk</a>) estimated that, in 2007 the prevalence of people who had sought medical care for gender variance was 20 per 1000,000 (10,000 people), of whom 6,000 had undergone transition.</p> <p>Stonewall found in their YouGov survey that more than 25% of trans respondents who were in a relationship in the last year had been subject to domestic abuse (Stonewall, 2018 LGBT in Britain Trans report).</p> <p>In the National LGBT survey (2017), 21% of trans respondents said their specific needs were ignored or not taken into account when they accessed, or tried to access, healthcare services in the 12 months preceding the survey. 18% said they were subject to inappropriate curiosity and 18% also said they avoided treatment for fear of discrimination or intolerant reactions.</p> <p>The Women and Equalities Committee report on transgender equality reports a significant concern about some social workers’ lack of knowledge on gender variance and recommended that this should be addressed through formal training.</p> <p>Therefore, the service provided must be available and accessible to all regardless of gender reassignment.</p>

## Sexual orientation

There are no statistics for how many LGBT people live within Hull. However, in 2016, estimates from the Annual Population Survey (APS) showed that 93.4% of the UK population identified as heterosexual or straight and 2.0% of the population identified themselves as lesbian, gay or bisexual (LGB). This comprised of:

- 1.2% identifying as gay or lesbian
- 0.8% identifying as bisexual

A further 0.5% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A further 4.1% refused, or did not know how to identify themselves.

The National LGBT survey (2017) indicated that on average, respondents were less satisfied with their life nowadays than the general population, scoring it 6.5 out of 10, compared with 7.7 for the general UK population.

There is evidence to suggest that minority sexual orientation groups can experience high prevalence of poor mental health and low wellbeing (Public Health England, 2017 - Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England)

A significant proportion of older gay people are likely to live alone, have limited family support and rely on formal services for help in the future (Age UK, 2018).

Many older gay people have experienced, or fear discrimination because of their sexual orientation and report this creates a barrier to receiving appropriate care and treatment (Stonewall, Working with older lesbian, gay and bisexual people).

Research from Stonewall, Being Gay One (2007) drew attention to widespread discrimination and negative attitudes towards gay, lesbian and bisexual employees within health services.

One in five LGBT people have experienced a hate crime or incident because of their sexual orientation and/ or gender identity in the last 12 months. Four in five anti-LGBT hate crimes and incidents go unreported, with younger LGBT people particularly reluctant to go to the police (Stonewall, 2017 – Hate crime in Britain).

Therefore, the service provided must be available and accessible to all regardless of sexual identity or orientation. The service should recognise and respect all individual sexual orientation and would support individuals suffering discriminatory practice who are adults at

	<p>risk.</p>
<b>Religion or belief</b>	<p>According to the 2011 Census, 54.9% of the population has identified themselves as Christian and 3.1% of the population is made up of other religions. The remainder did not state anything (7.2%) or stated “no religion” (34.8%).</p> <p>The majority of referrals into Channel are in relation to people holding extreme right wing beliefs.</p> <p>Therefore, the service provided must be available and accessible to all regardless of religion or belief. Non discriminatory safeguarding process support individuals suffering discrimination. It is important to recognise that if practices are abusive and damaging to the individual and flout the law then this would come under safeguarding regardless of the cultural norm.</p>
<b>Age</b>	<p>The 2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals. In the over 65 year age group the 2016 estimates suggest that there are 20,585 male and 24,244 females in this cohort.</p> <p>Age related frailty and health conditions disproportionately affect older people such as dementia and increase a person’s dependency and susceptibility to harm or abuse (DH Guidance: Assessing Equality Impact in Safeguarding 2011).</p> <p>Hidden Voices: Older Peoples Experience of Abuse 2006 – report by Action on Elder Abuse, found that 23% of calls to their help line were from older adults in care homes. This was disproportionately high given that only 4.9% of the survey group was in a care home setting.</p> <p>Therefore, the service provided must be available and accessible to all people aged over 18</p>
<b>Pregnancy and maternity</b>	<p>Women who lack social support have been found to be at increased risk of antenatal and postnatal depression, and having a poor relationship with a partner is also a risk factor for postnatal depression (JSNA, 2018). Pregnancy can be a key trigger point for domestic abuse.</p> <p>There is a higher risk of adverse events in pregnancy and during the birth for women who are teenagers, who are older, who smoke, who are overweight and who have other risk factors such as diabetes (JSNA, 2018).</p>

	Therefore, this service must be available and accessible to all.
<b>Marriage or civil partnership</b>	<p>In 2016, there were 249,793 marriages in England and Wales, 1.7% more than in 2015, but 1.0% fewer than in 2014. 97.2% of all marriages were between opposite-sex couples and 2.8% were between same-sex couples. There were 7,019 marriages between same-sex couples in 2016, an increase of 8.1% from 2015; of these marriages, 55.7% were between female couples. Marriage rates for opposite-sex couples in 2016 were lower at all ages compared with 2006, except for men aged 60 years and over and women aged 50 years and over (ONS, Marriages in the UK, 2016)</p> <p>Therefore, the service provided must be available and accessible to all regardless of marriage, civil partnership status.</p>
<b>Any other relevant groups</b> (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	<p><b>Socio-economic disadvantage</b></p> <p>Using the Index of Multiple Deprivation (IMD) 2015 score, Hull has moved from the 10<sup>th</sup> to the 3<sup>rd</sup> most deprived local authority out of 36.</p> <p>From the IMD 2015, Hull is ranked as the 3rd most deprived local authority in England (out of 326 local authorities), having been ranked the 10th most deprived local authority in 2010. This means that Hull is relatively more deprived in 2015, compared to other local authorities, than it was in 2010. Hull Clinical Commissioning Group (CCG) is ranked as having the 5th most deprived population out of the 209 CCGs.</p> <p>Therefore, the service provided must be available and accessible to all regardless of socio-economic status. The service will recognise the problems of disadvantaged groups whether because of literacy, socio economic situations such as homelessness, low income or refugee groups, asylum seekers or immigrants suffering from adjustment problems. The service should offer support to any vulnerable adult to help them through the process including translators or other support needed.</p>
<b>How has engagement informed your service specification?</b>	Engagement has taken place with the Local Authority Safeguarding team/ MASH and staff within NHS Hull CCG.
<b>How has engagement reached out to groups representing a diverse range of protected</b>	Engagement with a diverse range of groups occurred indirectly. Staff within the LA safeguarding team/ MASH directly engage with individuals and

<b>characteristics?</b>	groups that represent a diverse range of protected characteristics and their views were deemed representative of the populations that they serve.
<b>What has been put in place to ensure the accessibility and acceptability of the service design?</b>	The overall aim of this service specification is to ensure the accessibility and acceptability of the service design which will be achieved through ensuring everyone who meets the Care Act 2014 criteria is eligible for the service.
<b>How does service design reflect the insight gained through engagement (of different population groups)?</b>	The service specification is based on the needs of the local population in Hull. It is focused on delivering a service that meets the requirements of the Care Act 2014.
<b>Has your equality analysis identified any specific outcomes that need to be incorporated into the service specification (beyond what is required in the standard contract)?</b>	No
<b>How will you feedback to the groups you have engaged about service design?</b>	Regular meetings with the LA safeguarding team/ MASH

### Follow up actions

Action required	By whom?	By when?
Review equality analysis at service specification meeting with LA/ MASH.	CCG Designated Professional for Safeguarding Adults	December 2019
Utilise data collected from the service (e.g. age, gender, disability, ethnicity) to inform the EQIA at the next service review.	CCG Designated Professional for Safeguarding Adults; service provider and MASH	December 2022

### Signoff

<b>Signed off by:</b>  <b>Name &amp; Role</b>		<b>Date:</b>	<b>02.08.19</b>
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