

Equality Impact Assessment Form

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1. Document Control

1. Control Details

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3. Contributors/Reviewers

Name	Position	Date
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Adisa Djan	Equality and Employability Lead	21/12/18

4. Glossary of Terms

Term	Description

[screen tip-section B](#)

2. Assessment

1. Brief description of proposal / policy / service being assessed

The Director of Public Health in Nottingham City Council has a statutory duty for health protection which includes ‘information and advice to relevant organisations so as to ensure all parties discharge their roles effectively for the protection of the local population’. The Community Infection and Prevention and Control (CIPC) service is an integral part of this health protection function of the city council. The aim of this service is to reduce healthcare associated infections, ensure patients with infections are identified promptly and managed in accordance with national guidance, identify and manage outbreaks of infection and complete environmental infection prevention and control audits every two years within all GPs and dental practices. It includes provision of high quality comprehensive specialist advice, support, local surveillance and care relating to infection prevention and control to community-based services including GPs, NHS Dentists, care homes (including residential and care homes with nursing beds). The service also undertakes environmental infection prevention and control audits within all care homes with nursing beds on an annual basis. The team ensures that anyone discharged from hospital within Nottingham City with a diagnosis of Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin Sensitive Staph-Aureus (MSSA) and/or Panton Valentine Leukocidin (PVL) and C. difficile are reviewed and their treatment is continued where appropriate. These infections are mostly hospital acquired.

In the 2016/17 financial year, it was the intention of Local Authority to transfer the commissioning responsibility, along with service and funding to NHS Nottingham City CCG to continue operational delivery through CityCare. This was on the understanding that the service would feature as part of the re-procurement of Out of Hospital Community services contract and be market tested as part of the overall contract which would start from 1 July 2018. The contract was awarded to CityCare in December 2017. However, during 2016/17 the specification was never agreed between Local Authority and NHS and the funding never transferred. In addition, following the council's proposal to disinvest in IPC provision, Nottingham City CCG will no longer be able to deliver the IPC element of the Out of Hospital Community Services Contract CCG and is in the process of transacting a Contract Variation to the Out of Hospital contract to remove the £230,558 that had been agreed as NCC's contribution to IPC provision in Nottingham City.

This service will no longer be available to Residential Care Homes in Nottingham City. The CCG are considering options as a result to fund IPC provision in Care homes with nursing beds only.

The proposal is to discontinue NCC's contribution to IPC provision to achieve savings of £230,558.

Update note:

A decision has been taken (November 2018) to re-establish service provision with CityCare as provider. CityCare already provide a similar service to Care Homes with Nursing beds in Nottingham City.

[screentip-sectionC](#)

2. Information used to analyse the effects on equality:

A range of evidence has been used to analyse the effects on equality.

- A Nottinghamshire CIPC EIA was conducted before a similar service was commissioned for Nottinghamshire in 2015. This EIA was designed to make the case for the need for an expanded Community Infection Prevention and Control Service across Nottinghamshire (it was not an EIA designed to assess impact of disinvestment). It however identified that the following groups of people will be adversely impacted (increased risk of hospital acquired infection, illness and death) by a lack of IPC provision:

Older people (age over 64)
People living with disabilities
People living in Care Homes.

- The Health and Social Care Act (2008) Code of Practice for the NHS on the prevention and control of HCAs and related guidance.
NICE Quality Standard (QS61) – Infection Prevention and Control.
<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
- 2016/17 CIPC Performance report – 159 MRSA clinical swabs and samples were received from primary care. Of these, 94 patients consented to treatment and follow-up. 61 PVL referrals were received of which 4 consented to treatment and follow-up. 40 C-difficile cases were referred and treated during 206/17. The data does not provide information on the specific characteristics (age, location or disability status) of patients.
 - Current service specification (part of the Out of Hours Services Specification)
 - Nottinghamshire JSNA Chapter on Infection Prevention and Control
- An Engagement and consultation survey for all services that have been earmarked for decommissioning, disinvestment or remodelling is now open. IPC provision is included.

3. Impacts and Actions:

screentip-sectionD	Could particularly benefit X	May adversely impact X
People from different ethnic groups.	<input type="checkbox"/>	<input type="checkbox"/>
Men	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>
Trans	<input type="checkbox"/>	<input type="checkbox"/>
Disabled people or carers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy/ Maternity	<input type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay or bisexual people.	<input type="checkbox"/>	<input type="checkbox"/>
Older	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, <u>vulnerable children/ adults</u>).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Please underline the group(s) /issue more adversely affected or which benefits.</i>		Impacted groups as at 15/3/18

screentip-sectionE How different groups could be affected (Summary of impacts)	screentip-sectionF Details of actions to reduce negative or increase positive impact (or why action isn't possible)
Disabled people/Carers/Vulnerable children and	1 Actions will need to be uploaded on Covalent.

adults

People living with a disability may have complex needs and co-morbidities that necessitate frequent hospital visits or admission. Most MRSA infections occur in people who've been in hospitals or other health care settings, such as nursing homes and dialysis centres and several care homes in Nottingham City provide residence for people living with complex disabilities.

Clients who have a physical disability due to reduced mobility and are at increased risk of co-morbidities e.g. those catheterised long term may also be at increased risk.

Poor personal hygiene practices are also a significant risk for MRSA colonisation. Children therefore may be more susceptible - the highest rates of MSSA bacteraemia are seen in those aged under 1 year and over 64 years.

Older People

There is an increased risk of HCAI within the elderly population within a care home environment. Older people often do not have a sufficiently strong immune response to fight off the infection and have often been exposed to a wide range of antibiotics in the past, which further weakens their ability to fight infections. This combination of the antibiotic resistance, weakened immune system and underlying health conditions make it not only very easy for the infection to spread, but also make the effects more devastating.

The significant majority (84%) of cases of C difficile-

NHS Nottingham City CCG is considering options as a result of what IPC provision will be deliverable under the new contract following the removal of the £230k from Local Authority. It is not yet clear what this model will look like following a process of redundancy of IPC staff within CityCare which is being funded by CityCare.

Action 1

Ensure that residential care homes adhere to 10 criteria outlined in The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf). Adherence to these criteria are monitored by the Care Quality Commission, but assurance will be sought by Contract Managers/Officers in Adult Social Care. Evidence of compliance will be reviewed at quarterly performance management meetings.

Care home providers are already required to adhere to these standards and this requirement is stated in their contracts. This action is continuous with no end date. Compliance will be checked at performance management meetings which occur quarterly.

Action 2

Commission a service that ensures that a service will remain available for vulnerable groups identified in first column. The intention is for service provision to commence in January 2019.

associated disease occur in patients aged 65 years and over.

All citizens

The role of the service supports investigations and root cause analysis following outbreaks of infection and completion of audits within community provider settings. Decommissioning the service may result in insufficient assurance being received by the Director of Public health that infection prevention and control provision is adequate for citizens of Nottingham.

4. Have you considered the impact of any change on the Citizen’s experience? Work through the flowchart attached.



EIA fLowchart
Green.docx

5. Outcome(s) of equality impact assessment:

<input checked="" type="checkbox"/>	No major change needed	<input type="checkbox"/>	Adjust the policy/proposal
<input type="checkbox"/>	Adverse impact but continue	<input type="checkbox"/>	Stop and remove the policy/proposal

6. Arrangements for future monitoring of equality impact of this proposal / policy / service:

The intention is to commission a small-scale service that ensures continued service provision.

7. Approved by (manager signature) and Date sent to equality team for publishing:

Approving Manager:	Date sent for scrutiny: 21/12/2018
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<p>The assessment must be approved by the manager responsible for the service/proposal. Include a contact tel & email to allow citizen/stakeholder feedback on proposals.</p>	<p>Send document or Link to: equalityanddiversityteam@nottinghamcity.gov.uk</p>
<p>SRO Approval: Alison Challenger alison.challenger@nottinghamcity.gov.uk</p>	<p>Date of final approval:</p>

<p>Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:</p> <ol style="list-style-type: none">1. Read the guidance and good practice EIA's http://intranet.nottinghamcity.gov.uk/media/1924/simple-guide-to-eia.doc2. Clearly summarised your proposal/ policy/ service to be assessed.3. Hyperlinked to the appropriate documents.4. Written in clear user-friendly language, free from all jargon (spelling out acronyms).5. Included appropriate data.6. Consulted the relevant groups or citizens or stated clearly, when this is going to happen.7. Clearly cross-referenced your impacts with SMART actions.
