

Appendix 3 Equality Impact Assessment (EqIA)

STEP 1: Responsibility and involvement

Title of proposal/ project/strategy/ procurement/policy	Joined Up Care: Aligning Adult Social Care with Health	Head of Service or Business Manager	Iain MacBeath (Director of Adult Care Services)
Names of those involved in completing the EqIA:	Keir Mann, Hayley King (Programme Managers, Integrated Care)	Lead officer contact details:	Jamie Sutterby & Edward Knowles (Assistant Directors, Health Integration East & West)
Date completed:	14 June 2017	Review date:	Dec 2017

STEP 2: Objectives of proposal and scope of assessment – what do you want to achieve?

<p>Proposal objectives: – what you want to achieve – intended outcomes – purpose and need</p>	<p>Hertfordshire County Council's is agreeing their medium term priorities for joined up care for adults with the NHS, to guide partnerships with local health organisations and inform the next Hertfordshire Better Care Fund (BCF) which will cover the period 2017-19.</p> <p>The top-level vision for integration, as outlined in the current and planned 2017-19 Better Care Fund (BCF) Plan is:</p> <p><i>“A system that delivers the right care and support at the right time and in the right place for individuals, their families and their carers”</i></p> <p>The joined up care priorities will be reflected in the 2017-19 Better Care Fund Plan and once submission dates in the delayed guidance have been confirmed will be approved by the Health & Wellbeing Board..</p> <p>Statutory social care services are accessible to all dependent on existing local and national eligibility criteria. The Joined Up Care proposals incorporate joint working for these services with health, but also priorities that will improve empowerment, independence and personal choice, and prevention. For example, integrated personal commissioning, home adaptation services and involvement of the community and voluntary sector. The proposals seek to promote greater health, care and wellbeing outcomes for older people across Hertfordshire alongside creating greater service efficiency for organisations.</p>
<p>Stakeholders: Who will be affected: the public, partners, staff, service users, local Member etc</p>	<p>These priorities cover adult care services for the whole county in partnership with NHS organisations, including the Clinical Commissioning Groups (CCGs), providers and other partners. This means those likely to be affected are:</p> <p>External</p> <ul style="list-style-type: none"> • the Public

Appendix 3 Equality Impact Assessment (EqIA)

	<ul style="list-style-type: none"> • Service users • Carers • Partners agencies <p>Internal</p> <ul style="list-style-type: none"> • Hertfordshire County Council staff • County Councillors
--	---

STEP 3: Available data and monitoring information

Relevant equality information	What the data tell us about equalities
<p>For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.</p> <p>Joined up care priorities, including those reflected in the 2017-19 Better Care Fund Plan, have been informed by data and feedback from a wide range of local and countywide plans and strategies which include:</p> <ul style="list-style-type: none"> • NHS STP (Sustainability and Transformation Plan): A Healthier Future Improving health and care for Herts and West Essex 2016-2021 http://www.healthierfuture.org.uk/ • Health & Wellbeing Board Strategy, 2016-19 https://www.hertfordshire.gov.uk/about-the-council/how-the-council-works/partnerships/health-and-wellbeing-board.aspx • Adult Care Services Three Year Plan https://www.hertfordshire.gov.uk/about-the-council/freedom-of-information-and-council-data/open-data-statistics-about-hertfordshire/what-we-spend-and-how-we-spend-it/integrated-plan/integrated-plan.aspx (PART B ADULT CARE SERVICES) • HCC Corporate Plan 2013-17 https://www.hertfordshire.gov.uk/about-the-council/freedom-of-information-and-council-data/open-data-statistics-about-hertfordshire/what-our-priorities-are-and-how-were-doing/what-our-priorities-are-and-how-were-doing.aspx • Various service user and staff engagement events for individual projects and services <p>In addition, the Hertfordshire JSNA and census data (see Herts Insight) has also</p>	<p>Existing plans and strategies, alongside Hertfordshire's Joint Strategic Needs Assessment (JSNA) points to:</p> <ul style="list-style-type: none"> • Demographic growth, particularly around older people (e.g. an 82% increase in over 85s between 2014-39) with this putting increasing pressure on the provision of existing health and community services to this group • Over 1m individuals (1,116,062, Census 2011) live with a long-term health problem or disability • A projected 'tipping point' this year where the number of older people needing care will outstrip the number of unpaid carers • A difference in health outcomes dependent on a wide range of factors and which can vary across protected groups, e.g. different life expectancies across localities and between men and women, higher smoking rates among certain ethnic groups and higher levels of obesity among those with a disability. • A higher than national average of excess winter deaths (640 in 85+ in 2014-15), higher in some localities than others although the exact reasons for this remain unknown. <p>Priorities propose incorporating existing and planned integrated working across health and social care. These programmes, projects and joint working arrangements are expected to consider, monitor and mitigate equality issues within their own planning.</p>

Appendix 3 Equality Impact Assessment (EqIA)

been used to inform the latest BCF Plan on county issues and considerations, including health inequalities (see Section 2 of the Plan when published).

STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	Plans are expected to have a positive impact on this group. This is because joined up care proposals seek an improvement in system-wide coordination of services from health and social care integration. This means better quality and more efficient care for long-term conditions, and older people more likely to experience 'multi-morbidities'. More joined-up, person-centred care in the community also aims at maximising independence for individuals in their own homes and preventing ill-health, also of particular benefit to older people – this is particularly important in the face of a rising aging population.	<ul style="list-style-type: none"> • Consultation and engagement with service users / patients in the design of specific service changes. • Ongoing analysis of the local health inequalities experienced by older people to inform the improvement of services • Evaluation of impact of specific service changes on different age groups
Disability Including Learning Disability	Plans are expected to have a positive impact on this group for the reasons states above ('age'). The aspiration for this area of work is to help create better quality services centred around the individual that maintain independence.	<ul style="list-style-type: none"> • Working with Adult Disability Service (ADS) teams to ensure the opportunities and benefits of joint working are extended beyond older people's services where appropriate. • Ensuring the scope of new integrated services includes people with disabilities where evidence suggests that outcomes could be improved. • Further ongoing analysis of the issues caused by fragmentation of services, which are currently affecting those with disabilities including learning disabilities.
Race	The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services. The aspiration for this area of work is to help create better	<ul style="list-style-type: none"> • Continued promotion of a community first approach, use of community and voluntary assets, as part of joined up care • Improved identification and targeting of 'at risk' segments of the population to include

Appendix 3 Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>quality services centred around the individual that maintain independence.</p> <p>National and some local data shows some differences in health and wellbeing outcomes between different ethnicities, although the evidence base is still being developed. The local census predicts growing diversity as the population increases so it will be important to continue monitoring and considering this area.</p>	<p>consideration of differential outcomes for ethnic groups.</p> <ul style="list-style-type: none"> Continued development of local data sources – for example, the JSNA and Hertfordshire Fingertips - to monitor potential impact of race on health and wellbeing important when developing and reviewing services.
Gender reassignment	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence</p>	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Pregnancy and maternity	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence.</p>	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Religion or belief	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence</p>	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Sex	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence.</p> <p>An improved equity of service could also help to reduce existing health inequalities. For example, there is a difference in life expectancy of 7.1 years for men between the most deprived areas of Hertfordshire than the least deprived, while for women</p>	<ul style="list-style-type: none"> Ongoing analysis of the local health inequalities experienced between the sexes to inform the improvement of services

Appendix 3 Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	this is 5.9 years	
Sexual orientation	The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Marriage & civil partnership	The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Carers (by association with any of the above)	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact given the recognised role carers have in joint working and services under the BCF and joined up care priorities.</p> <p>Carers are recognised in the health and care system as providing vital support, particularly as the number of those with long-term conditions are rising. Currently, 1.9% of unpaid carers provide 50 or more hours per week in unpaid care.</p>	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services The Joined Up Care priorities are expected to comply with existing strategies and considerations, including the Carers' Strategy
Carers and CARE ACT 2014	From April 2015, carers will be entitled to an assessment of their own needs in the same way as those they care for. If the focus of your EqIA relates to care and support, consider carers' new rights and see the Care Act pages on Compass for more guidance	
Opportunity to advance equality of opportunity and/or foster good relations		
<p>Joined Up Care provides opportunities to advance equality of opportunity and foster good relations due to its positive implications for the wider health and social care system, and its close working with existing strategies to improve care, advice and support including NHS plans, the Sustainability and Transformation Plan and the Health & Wellbeing Board Strategy.</p> <p>A number of programmes or projects will be considering the equity of service provision by area / locality. Future activity will need to be mindful of any potential inequality or inequity (of service access or funding) is addressed and any person in need of with health and social care support are not adversely affected by an inequality of provision.</p>		

Appendix 3 Equality Impact Assessment (EqIA)

STEP 4a: Impact Assessment – Staff (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working. Specific projects or service changes may require a change of location or more often co-location either to an existing site or to another however these changes will be completed in engagement with the staff involved.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Disability Including Learning Disability	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Race	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Gender reassignment	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Pregnancy and maternity	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working. Specific projects or service changes may require a change of location or more often co-location either to an existing site or to another however these changes will be completed in engagement with the staff involved.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Religion or belief	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Sex	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Sexual orientation	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Marriage & civil partnership	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services

Appendix 3 Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
	which people work through joint working.	
Carers (by association with any of the above)	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working. Specific projects or service changes may require a change of location or more often co-location either to an existing site or to another however these changes will be completed in engagement with the staff involved.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Opportunity to advance equality of opportunity and/or foster good relations		
<p>Joined Up Care provides opportunities to advance equality of opportunity and foster good relations due to its positive implications for the wider health and social care system, and its close working with existing strategies to improve care, advice and support including NHS plans, the Sustainability and Transformation Plan and the Health & Wellbeing Board Strategy.</p>		

STEP 5: Gaps identified

<p>Gaps identified Do you need to collect more data/information or carry out consultation? (A 'How to engage' consultation guide is on Compass). How will you make sure your consultation is accessible to those affected?</p>	<p>The above will be monitored on an ongoing basis, and necessary action taken where identified.</p> <p>It is expected that existing and planned programmes, projects and joint working arrangements across the county consider equality issues and put in place steps for mitigation if necessary.</p>
---	---

STEP 6: Other impacts

Consider if your proposal has the potential (positive and negative) to impact on areas such as health and wellbeing, crime and disorder and community relations. There is more information in the guidance.

STEP 7: Conclusion of your analysis

Select one conclusion of your analysis	Give details
<input checked="" type="checkbox"/> No equality impacts identified – No change required to proposal.	No negative impacts have been identified, although this will continue to be monitored to ensure this remains the case, and that opportunities to improve equality are developed and implemented
<input type="checkbox"/> Minimal equality impacts identified – Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate).	

Appendix 3 Equality Impact Assessment (EqIA)

Select one conclusion of your analysis	Give details
<ul style="list-style-type: none"> – Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality. 	
<input type="checkbox"/> Potential equality impacts identified <ul style="list-style-type: none"> – Take 'mitigating action' to remove barriers or better advance equality. – Complete the action plan in the next section. 	
<input type="checkbox"/> Major equality impacts identified <ul style="list-style-type: none"> – Stop and remove the policy – The adverse effects are not justified, cannot be mitigated or show unlawful discrimination. – Ensure decision makers understand the equality impact. 	

STEP 8: Action plan

Issue or opportunity identified relating to: <ul style="list-style-type: none"> – Mitigation measures – Further research – Consultation proposal – Monitor and review 	Action proposed	Officer Responsible and target date
Monitor and review	There is opportunity for services included within the joined up care priorities to monitor impact on a continued basis and report back as necessary.	Jamie Sutterby and Edward Knowles At least a Quarterly Review and as defined by specific each programme or project
Further research	There are some national and local knowledge gaps on health outcomes in relation to protected characteristics (e.g. race) – developments by local HCC and NHS teams (for example, the Community Intelligence Unit) can be monitored and built into future iterations of the priorities.	Integrated Care Programme Team - Bi-annual review of the Joined Up Care Plan

This EqIA has been reviewed and signed off by:

Head of Service or Business Manager: Edward Knowles and Jamie Sutterby

Appendix 3
Equality Impact Assessment (EqIA)

(Assistant Directors, Health Integration – East & West) **Date:** 14th June 2017