

Appendix A

NHS Herts Valleys Clinical Commissioning Group

Board Meeting

9 March 2017

Title	CCG contributions to adult social care	Agenda Item: 7
Purpose* (tick)	Decision <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/>	
Responsible Director(s) and Job Title	Cameron Ward Interim Accountable Officer	
Author and Job Title	Cameron Ward Interim Accountable Officer	
Short Summary of Paper	<p>A decision was made by the Investment Committee on 1 December 2016 to give notice on ending the additional and discretionary payment to Hertfordshire County Council (HCC) for £8.5m from 1 April 2017. The payment was intended to make a contribution to social care as previously agreed by the CCG in 2015 and 2016. The decision on 1 December was made as there is a need for us to consider our financial commitments on our legal duty of healthcare:</p> <ul style="list-style-type: none"> • there was little evidence of the benefits of the additional payments; • the payment was discretionary; and • the CCG needs to ensure it uses all its funds as wisely as possible and for there to be a return on the investment routinely and especially during times of financial challenge. <p>There was a legal challenge by HCC to the decision and a potential judicial review. Following legal advice and taking into account the issues raised, the Investment Committee decided on 19 February to rescind its decision of 1 December and re-run the assessment and decision making process. Due to the high profile nature of the decision and in line with the Investment Committee's terms of reference the decision will be made by the Board.</p> <p>Bearing in mind the overall impact of the potential decision and the associated timescale for implementation there is merit in considering a phasing of any withdrawal of social care payments. This is subject to Board discretion and a payment of £4.5m for 2017/18 is suggested for a contribution to social care for next financial year only.</p> <p>In either event there is a mutual need to review the arrangements of joint payments going forward, for example the Better Care Fund, so that both parties maximise the impact of joint investments, meet their financial commitments and provide for better outcomes for local residents. Additionally there is learning taken from the recent past so that joint arrangements are based on a more formal and transparent footing.</p>	
Recommendation(s)	<p>The Board is being asked to:</p> <p>Decide whether the CCG should make a further non-recurrent payment of £8.5m in 2017/18 as a contribution to Hertfordshire County Council to support social care.</p> <p>If the Board decides not to make a further contribution to social care there is a need to consider the phasing over time of its withdrawal of this contribution, and it is proposed that rather than withdrawing the full contribution with immediate effect, a contribution of £4.5m should be made in 2017/18, with the full withdrawal being effective from April 2018.</p>	

	<p>If a decision is made to proceed with the payment, what healthcare reductions will be required? In addition, what are the information requirements to ensure there is heightened scrutiny of the destination of the monies and their resulting impact?</p> <p>Re-emphasise the need for both organisations to work more closely to deliver joint strategic plans and to maximising the impact of joint investments.</p>
Engagement with Stakeholders/Patient/Public	There has been discussion with Hertfordshire County Council, local NHS providers, Hertfordshire Healthwatch and NHS England associated with this decision.
Links to Strategic Objectives (tick all that apply)	
Objective 1: We will continually improve engagement with patients, carers, the public and member practices so that they contribute to and influence our work and activities.	<input type="checkbox"/>
Objective 2: We will commission safe, high quality services that meet the needs of the population, reducing health inequalities and supporting local people to stay well and avoid ill health.	<input type="checkbox"/>
Objective 3: We will work with health and social care partners to transform the delivery of care through the implementation of <i>Your Care, Your Future</i> , the strategic review in west Hertfordshire.	<input type="checkbox"/>
Objective 4: We will ensure that there is a financially sustainable and affordable healthcare system in West Hertfordshire.	<input checked="" type="checkbox"/>
Board Assurance Framework (BAF) and Corporate Risk Register (CRR) What current risks does this report align to?	BAF 2.3 Risk that we do not close the health inequalities gap between the most and least deprived communities. 4.1 Risk that we do not deliver a financially sustainable health and social care system. 4.2 Risk that we do not deliver best value from the total CCG budget. 4.3 Risk that we do not achieve financial balance for 2016/17. CRR SO4/22 Higher levels of hospital activity than planned/anticipated, resulting in increased expenditure over budget and a threat to the CCG of not achieving financial year end balance. SO4/23 Additional expenditure for operational reasons will occur which is not budgeted for e.g. escalation beds resulting in a threat to the CCG of not achieving year-end financial balance. The possible risk of disengagement by HCC is mitigated through the phasing of the withdrawal.
Risks (e.g. patient safety, financial, legal) What risks have been identified as a result of this report? How are they being mitigated?	There are several risks associated with the decision required by the Board although no risks for escalating and mitigating for the Investment Committee. The Board risks include: <ol style="list-style-type: none"> 1. Potential for patient impact depending on the response by HCC. Any health impact will be mitigated through a NHS response. 2. The continued disengagement by HCC in joint working with the NHS. This will impact on day to day operations and strategic planning. 3. Reputation to the CCG – this is being mitigated through regular communications and engagement with partners. 4. If the decision is made to continue to make additional contributions to HCC then there will need to be a further £8.5m of savings identified with the CCG's QIPP plans. This is likely to impact significantly on the provision of healthcare.
Resource Implications	If the decision is made not to fund additional social care payments then there will be a full-year effect saving of £8.5m to the CCG. If the decision is made not to fund it is proposed there is a phased withdrawal with a one-off payment of £4.5m for the next financial year only. This will increase the CCG's QIPP for the next financial year.
Equality Impact Analysis (indicate the key points the analysis has identified relevant to decision required)	This is detailed in the accompanying statement

Equality Delivery System (identify which goal your proposal / paper supports)	Better Health Outcomes	<input checked="" type="checkbox"/>
	Improved Patient Access and Experience	<input type="checkbox"/>
	A Representative and Supported Workforce	<input type="checkbox"/>
	Inclusive Leadership	<input type="checkbox"/>
Report History Which Groups or Committees have seen this report and when?	The item has been discussed at previous Investment Committee meetings and a Board Development session.	
Appendices	Note the accompanying impact assessment	

***Purpose – definitions**

For decision

This is where the board, committee or group is presented with a range of options and is asked to decide which one to accept following discussion.

For approval

A specific recommendation, plan or document is presented, which the board, committee or group is requested to approve. Discussion is not essential.

For information

Information is provided and it is important that the board, committee or group is aware of, and understands the information and no decision is required. These items do not require discussion, except for questions of clarification.

For discussion

The board, committee or group is asked to debate an issue, provide views, challenge and discuss as appropriate. A decision may be made following the discussion although this is not always required. An example is a progress report on a particular pathway. In this case the Board or Committee will be asked to discuss and note the paper.

Social care – a position statement

Introduction

A decision was made by the Investment Committee on 1 December 2016 to give notice on ending the additional and discretionary payment to Hertfordshire County Council (HCC) for £8.5m from 1 April 2017. The payment was intended to make a contribution to social care as previously agreed by the CCG in 2015 and 2016. The decision on 1 December was made as there is a need for us to consider our financial commitments on our legal duty of healthcare: there was little evidence of the benefits of the additional payments; the payment was discretionary; and the CCG's need to ensure it uses all its funds as wisely as possible and for there to be a return on the investment routinely and especially during times of financial challenge.

Important to bear in mind the specific legal duty the CCG is required to have regard to in exercising its functions, including the need to balance its books and a focus on achieving optimal delivery of health services and outcomes rather than social care.

Current position

The CCG has made several requests, particularly since October, for information of the destination of the funds in the current and previous financial years. Subsequently HCC has advised three destinations of where the money has been spent, namely:

- the money goes into generic HCC funds – “spent flexibly by the local authority to augment the smooth running of the health and care system” (John Wood letter 5 December 2016).
- the money goes into adult care (letter from Helen Maneuf, 1 February 2017).
- the money goes exclusively into homecare which we have been advised by Iain Macbeath, Director of Adult Services.

Further information has been provided for 2017/18 and advice received from HCC indicates the funds are directed across adult older peoples' services. A variety of examples have been provided which suggest services would be reduced in homecare and nursing homes if the CCG did not continue to invest in social care.

The issue for the CCG is one of priorities. It needs to be borne in mind the CCG already has an extensive savings programme for 2017/18. This totals a minimum of £38m which needs to be saved in order for the CCG to address its financial imbalance. Within the proposals, and similar ones in providers, efficiencies and economies of scale are being exploited as are the need to minimise the procedures of limited clinical value. Taking that into account then the CCG is left with reducing direct healthcare spend of £8.5m on a number of operations not proceeding.

In addition, there has been a legal challenge by HCC to the decision and a potential judicial review. Following legal advice and taking into account the issues raised the Investment Committee decided on 19 February to rescind its decision of 1 December and re-run the assessment and decision making process.

A number of reasons were quoted, including the need for an impact assessment and an integration assessment. These have now been completed.

An equalities impact assessment has been prepared and this is included in the paper. For decision making purposes reductions in prescribing and elective care have been used to illustrate the impact assessment.

In terms of integration, the following points are made for consideration by Board:

1. The monies contributed to HCC for the years 2015-16 and 2016-17 were not paid for the purpose of integration, rather to support a shortfall in council adult social care budgets. Written requests for such support from HCC to HVCCG do not discuss any benefits in terms of integration but is based upon HCC's “worsening financial position”.

2. How can integration be defined? According to NHS England “For health, care and support to be ‘integrated’, it must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means moving away from episodic care to a more holistic approach to health, care and support needs, that puts the needs and experience of people at the centre of how services are organised and delivered”.

<https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/>

It is unclear how the provision of the £8.5m funding delivers this. It is also unclear how ceasing the funding impacts integration.

A series of questions are posed to assist the Board in making its decision.

1. Is there sufficient information to allow an evidence based decision to be made?
2. Consideration needs to be given to the relative priorities and resulting impact of investing in social care at the expense of health care.
3. Consideration of the learning from the situation so that improvements can be made in the formality associated with our joint work.
4. The need to consider how we maximise the integrated work across health and social care to be better able to meet current and future demand.
5. How we better maximise the funds available to both organisations to improve health and wellbeing.
6. How a phasing of any withdrawal could be supported.

In either event there is a mutual need to review the arrangements of joint payments going forward, for example the Better Care Fund, so that both parties maximise the impact of joint investments, meet their financial commitments and provide for better outcomes for local residents. Additionally there is learning taken from the recent past so that joint arrangements are based on a more formal and transparent footing.

Bearing in mind the overall impact of the potential decision and the associated timescale for implementation there is merit in considering a phasing of any withdrawal of social care payments. This is subject to Board discretion and a payment of £4.5m for 2017/18 is suggested for a contribution to social care for the next financial year only.

HCC has also questioned the need for HVCCG to consider several grant payments to HCC. These include the Care Act, inflation and reablement monies. The CCG is currently considering the grant requests and will agree with HCC the applicability to the CCG

The Board is being asked to:

Decide whether the CCG should make a further non-recurrent payment of £8.5m in 2017/18 as a contribution to Hertfordshire County Council to support social care.

If the Board decides not to make a further contribution to social care there is a need to consider the phasing over time of its withdrawal of this contribution, and it is proposed that rather than withdrawing the full contribution with immediate effect, a contribution of £4.5m should be made in 2017/18, with the full withdrawal being effective from April 2018.

If a decision is made to proceed with the payment, what healthcare reductions will be required? In addition, what are the information requirements to ensure there is heightened scrutiny of the destination of the monies and their resulting impact?

Re-emphasise the need for both organisations to work more closely to deliver joint strategic plans and to maximising the impact of joint investments.

Equality and Health Inequality Impact Assessment – Scoping Document

Background

There are initial discussions taking place around making an £8.5 million payment to Hertfordshire County Council. Should this payment be made there will need to be corresponding savings from the Herts Valleys CCG budget.

A series of initial proposals have been drawn up to meet those savings. This equality and health inequality impact assessment scoping document looks, at a very high level, at the possible areas of impact of those savings proposals.

Should any proposal be considered for implementation a full equality and health inequality impact assessment, using the Herts Valleys CCG guidance and template, should be undertaken.

The non-inclusion of a group in this scoping document should not be taken to mean that there is no impact. If, on further investigation, evidence suggests that a group should be included the scoping document should be changed to reflect that.

The advantages of a high level scoping document include:

- An overview of potential impact
- Supporting the targeting of evidence gathering and consultation and engagement on the proposals.
- Supporting the production of a cumulative impact assessment bringing together the possible impact of all the adopted proposals.

This scoping document should be treated as a live document and proposals added and removed as further discussion and impact assessment is undertaken. Having an up to date scoping document will support the delivery of the advantages covered above.

Overview

The broad proposal to make the necessary savings to match the £8.5m is that there is a 48% reduction in hip and knee replacements and cataract surgery.

The initial scoping used data from other CCGs (South Worcs. and Wirral) and NICE who have looked at these issues and produced their own equality impact assessments to identify the equality and health inequality groups that may be impacted.

The main groups identified are Age, predominately Older People, and Disability. For all three proposed areas there are likely to be impacts, both positive and negative, around carers and health inequalities.

Proposals

✓ Tick the groups that initial scoping suggests may be impacted (positively or negatively) by the proposal

Proposal	Reduce cataract surgery by 48% - a reduction of 1710 pa
Groups who may face impact.	Age ✓ Disability ✓ Race ✓ Gender ✓ Sexuality <input type="checkbox"/>
	Religion or Belief (or lack of) <input type="checkbox"/> Gender reassignment <input type="checkbox"/>
	Pregnancy and Maternity <input type="checkbox"/> Marriage or Civil Partnership <input type="checkbox"/>
	Carers ✓ Health Inequalities ✓

Proposal	Reduce Hip replacement surgery by 48% - a reduction of 2060 pa
Groups who may face impact.	Age ✓ Disability ✓ Race <input type="checkbox"/> Gender <input type="checkbox"/> Sexuality <input type="checkbox"/>
	Religion or Belief (or lack of) <input type="checkbox"/> Gender reassignment <input type="checkbox"/>
	Pregnancy and Maternity <input type="checkbox"/> Marriage or Civil Partnership <input type="checkbox"/>
	Carers ✓ Health Inequalities ✓

Proposal	Reduce knee replacement surgery by 48% - a reduction of 415 pa
Saving	
Groups who may face impact.	Age ✓ Disability ✓ Race <input type="checkbox"/> Gender <input type="checkbox"/> Sexuality <input type="checkbox"/>
	Religion or Belief (or lack of) <input type="checkbox"/> Gender reassignment <input type="checkbox"/>
	Pregnancy and Maternity <input type="checkbox"/> Marriage or Civil Partnership <input type="checkbox"/>
	Carers ✓ Health Inequalities ✓

Paul Curry

Equality and Diversity Lead
Bedfordshire, East and North Herts and Herts Valleys Clinical Commissioning Groups

7th March 2017

Equality Analysis – Full Equality Impact Assessment

Title of policy, service, proposal etc being assessed :
Proposal to not make a discretionary general payment of £8.5m to Hertfordshire County Council to assist with shortfalls in their Health and Social Care budget.

<p>What are the intended outcomes of this work? Include outline of objectives and function aims</p> <p>There is a statutory requirement on the CCG to meet our financial targets and at the same time we face increasing demand for health services, alongside all other CCGs across the country. The pressures are in areas such as urgent care, general practice and hospital services. We must make sure that these services are properly provided for. At the same time, the Herts Valleys review of expenditure covers all areas including acute hospitals, mental health services, primary care and community.</p> <p>The required outcome is to ensure that our available budget is spent as efficiently as possible on healthcare.</p> <p>The proposal will also support us to meet our legal obligation to meet financial targets.</p>
<p>How will these outcomes be achieved? What is it that will actually be done?</p> <p>We will not make a discretionary payment to Hertfordshire County Council of £8.5m</p>
<p>Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc. If you believe that there is no likely impact on people explain how you've reached that decision and send the form to the equality and diversity manager for agreement and sign off</p> <p>Hertfordshire County Council report that in previous years the discretionary payments we have made have been used as follows:</p> <ul style="list-style-type: none">• the money goes into generic HCC funds – “spent flexibly by the local authority to augment the smooth running of the health and care system” (John Wood letter 5 December 2016)• the money goes into adult care (Helen Maneuf letter 1 February 2017)• the money goes exclusively into homecare which we have been advised by Iain Macbeath recently. <p>We have asked (23.12.16, January 2017 and 24.2.17) for further information from Hertfordshire</p>

County Council on how the money was used in previous years and what this discretionary payment, if made, would be used for, and for sufficient data to enable us to assess possible impact, including equality and health inequality impact, of not making the discretionary payment this year. We are still waiting for suitable data to be provided.

We acknowledge that Hertfordshire County Council have reported that the discretionary payments made in previous years have been spent on health and social care, even if they are not able to specify what elements, and that their planning this year included the expectation of a further discretionary payment from the CCG. It is likely that a reduction in their planned budget by the amount of the discretionary payment they expected to be made will have an impact on users of health and social care services. The CCG is willing to work with the County Council to consider impact, including equality and health inequality impact, as they make decisions on changes to their services that may impact on healthcare.

Evidence

What evidence have you considered? Against each of the protected characteristics categories below list the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic).

This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.

If you are submitting no evidence against a protected characteristic, please explain why.

Age Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.

In response to our requests to provide information on how the additional money for social care has been spent, HCC have produced a report that outlines how the whole of their adult social care budget for west Hertfordshire is spent. The report identifies spend according three main areas: homecare; residential/nursing homes; and direct payments. There is an analysis of the spend by

district and some assessment of the performance of the homecare contracts. The report also looks at actions planned for 2017/18.

Hertfordshire County Council have provided their own assessment of the risk attached to the proposed non-payment of £8.5m. Their assessment is:

Over view of funding reductions

Removal of contributions will fast forward the system to a world where we are buying far less homecare. Reductions of any scale will have a serious cliff-edge effect and risk the dangerous destabilisation of care systems locally, with adverse consequences for the NHS. This is the experience of systems throughout the country where deeper social care funding reductions have already taken effect. Nationally (per Kings Fund report) the impact on the NHS is in:

- Increase in delayed transfer of care
- Increase in emergency hospital admissions of older people, greater acuity of need of attendees
- Increase in pressure on primary care as patient contact with GPs from 85+age group grows faster than other population groups
- Intermediate care stretched

This clearly indicates that their view is that the impact will fall greatest on older people. Their decision would then need to be whether to meet the shortfall from elsewhere in their budget along with an associated equality impact assessment of the impact on older person's services.

Disability Detail and consider disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities.

Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.

Given the lack of detail the CCG can assume that there will be no disproportionate impact on the protected characteristic other than age.

Gender reassignment (including transgender) Detail and consider evidence on transgender people.

<p>This can include issues such as privacy of data and harassment.</p> <p>Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.</p>
<p>Marriage and civil partnership Detail and consider evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.</p> <p>Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.</p>
<p>Pregnancy and maternity Detail and consider evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.</p> <p>Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.</p>
<p>Race Detail and consider race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.</p> <p>Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to</p>

services.
<p>Religion or belief Detail and consider evidence on people with different religions, beliefs or no belief. This can include consent and end of life issues.</p> <p>Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.</p>
<p>Sex Detail and consider evidence on men and women. This could include access to services and employment.</p> <p>Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.</p>
<p>Sexual orientation Detail and consider evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.</p> <p>Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.</p>
<p>Carers Detail and consider evidence on part-time working, shift-patterns, general caring responsibilities.</p> <p>Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of</p>

<p>service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.</p>
<p>Other identified groups Detail and consider evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).</p> <p>Hertfordshire County Council provided detailed high level data on Older People's Social Care Activity and Finance Information in February 2017. It does not specify what previous discretionary payments have funded and does not include an equalities and health inequalities breakdown of service recipients. This means that we are not able to currently assess likely or possible impact on this group. As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services.</p>

Engagement and involvement
<p>How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?</p> <p>As we are not able to identify who the relevant stakeholder are or the services that the discretionary funding may pay for we have not been able to engage with stakeholders, other than Hertfordshire County Council</p> <p>As previously stated, the CCG is willing to work with the County Council to identify health impact, including equality impact, of the implications of decisions they make on changes to services and to work with relevant stakeholders as part of that.</p>
<p>How have you engaged stakeholders in testing the policy or programme proposals?</p> <p>See above</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p> <p>See above</p>

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

Hertfordshire County Council has provided a view that there will be an impact on older people.

The CCG has tried to get information from Hertfordshire County Council, to look at both how discretionary payments previously made have been used and how a discretionary payment, if made, would be used, to assess impact, including equality and health inequality impact. This has not been provided to date.

We acknowledge that not having information is not a reason to assume that there is no equality impact when paying Due Regard to the Equality Duty and we acknowledge that should a discretionary payment not be agreed Hertfordshire County Council will have difficult decisions to make around the provision of health and social care services. Those are their decisions and we will work with them to assess any healthcare impact, including equality and health inequality impact. Our decision is on the making of a discretionary payment the results and impact of which we are not currently able to assess, despite asking for relevant information.

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

Eliminate discrimination, harassment and victimisation

Without data on impact it is not possible to assess this requirement of the PSED

Advance equality of opportunity

Without data on impact it is not possible to assess this requirement of the PSED

Promote good relations between groups

Without data on impact it is not possible to assess this requirement of the PSED

Next Steps

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research. This is your action plan and should be SMART.

We will work with Hertfordshire County Council to assess any healthcare impact, including equality and health inequality impact, of decisions they make if the decision is made not to make a discretionary payment.

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public. The completed EqlA will be published on the Herts Valleys CCG website either as part of the report on the proposals or separately on the equality and diversity pages.

The EqlA will be submitted to the Herts Valleys CCG board meeting on 9 March 2017. It will be published on the CCG website as part of the meeting papers pack.

Health Inequalities Analysis

Evidence

1. What evidence have you considered to determine what health inequalities exist in relation to your work? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on the last page of this template.

Please see the explanation under the equality impact assessment section as we have included the difficulty in the consideration of health inequalities as part of that.

Impact

2. What is the potential impact of your work on health inequalities? Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

Please see the explanation under the equality impact assessment section as we have included the difficulty in the consideration of health inequalities as part of that.

3. How can you make sure that your work has the best chance of reducing health inequalities?

Please see the explanation under the equality impact assessment section as we have included the difficulty in the consideration of health inequalities as part of that.

Monitor and Evaluation

4. How will you monitor and evaluate the effect of your work on health inequalities?

Please see the explanation under the equality impact assessment section as we have included the difficulty in the consideration of health inequalities as part of that.

Quality Impact Initial Assessment.

Quality can be defined as embracing three key components:

- Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.
- Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
- Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.

What is the impact on:

Patient Safety?	Please see the explanation under the equality impact assessment section. Without relevant data we are also unable to assess the quality impact.
Patient Experience?	
Clinical Effectiveness?	

If any there is any negative impact please complete seek advice from the Nursing and Quality Team and a full Quality impact assessment will need to be completed.

Name of person(s) who carried out these analyses: Paul Curry
Date analyses were completed: 27 February 2017