

EQUALITY IMPACT ASSESSMENT

Integrated Health and Wellbeing Transformation Programme.

DRAFT FOR CONSULTATION



STAGE I: What is being assessed and by whom?

What is being assessed - including a brief description of aims and objectives?

Plymouth City Council and Northern, Eastern and Western Devon CCG are facing a combination of severe budget pressures, and rising demand for services. These challenges will require system-wide changes, and it is in this context that the two organisations have committed to create a vision for integrated commissioning, health and social care provision, and provision of services focused on children and young people. All of this will help to achieve the Health & Wellbeing Board's vision of "Healthy, happy, aspiring communities."

The Integrated Health and Wellbeing Programme aims to engage with commissioning and delivery partners to establish a more collaborative, integrated and strategic approach to how the organisations commission and deliver services, with the aim of ensuring excellent patient/service user experience, improving outcomes for residents in Plymouth and reducing costs. This approach fits with PCC's ambition of being a [co-operative council](#) and the [CCG's vision](#) of healthy people living healthy lives in healthy communities whilst supporting the ethos of collaboration set down by all partners and will ultimately help to achieve the [Health & Wellbeing Board's](#) vision of "Healthy, happy, aspiring communities".

PCC and the Western Locality of the NEW Devon CCG and Community partners are committed to the development of an integrated model for the delivery of services for the City of Plymouth. This has been endorsed at the Plymouth Health and Wellbeing Board as an agreed work stream as a priority for 2014.

NEW Devon CCG is organised around three clusters, North, East and West. The western locality spans about 260 square miles and stretches from Lifton to Salcombe and Plymouth to North Bovey. More than 350,000 people live in the western locality and 18% of them (almost 63,000) are aged over 65 years compared with a national average of 16%. Within the Western Locality there are two main arms Localities and partnerships. Partnerships works across both Devon and Plymouth Local Authorities.

STAGE I: What is being assessed and by whom?

NEW Devon CCG and PCC have embarked on an ambitious Integrated Health and Wellbeing transformation programme which aims to establish a more collaborative, integrated and strategic approach to how PCC and the CCG commission and deliver services, with the aim of reducing costs, improving patient/service user experience and improving outcomes for residents in Plymouth. This is centred around four projects:

1. Integrated Commissioning: a single, integrated and co-ordinated approach to commissioning across the social care and health system

The Integrated Commissioning Project aims to build upon co-location and existing joint commissioning arrangements, with the focus of establishing a single commissioning function, the development of integrated commissioning strategies and pooling of budgets. Section 75 partnership agreements, legally provided by the NHS Act 2006, allow budgets to be pooled between local health and social care organisations and authorities.

In order to promote integrated whole person care that improves outcomes it is recognised that an integrated approach to commissioning is a pre-requisite with commissioners being required to develop “one system, one budget”

2. Co-operative Children’s and Young People’s Services: alternative delivery models for a variety of children’s and young people’s services, including many of those currently provided by the Education, Learning and Family Support Service within PCC, in conjunction with partners. The exact shape, size, form and number of these will be dependent on business case development. The Co-operative Children’s and Young People’s Services Project will maintain Children’s Social Care in its current structure however allow for a collaborative commissioned partnership with organisation such as NEW Devon CCG, 3rd sector partners and school to be developed.

3. Integrated Health & Social Care Provision: an alternative delivery models for health and social care services, and to facilitate the development of an integrated health and social care economy within Plymouth

The Integrated Community Health and Social Care Service Delivery Project will focus on developing an integrated service delivery model stretching across health and social care, providing

STAGE I: What is being assessed and by whom?

	<p>the right care at the right time in the right place. Emphasis will be placed on those who would benefit most from person centred care, such as intensive users of services and those who cross organisational boundaries. The project will also allow focus on developing joined up population based, public health, preventative and early intervention strategies.</p> <p>4. Care Act: The Care Act is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support.</p> <p>The Care Act places a new duty on Local Authorities to promote integrated care, mirroring the duties in the Health and Social Care Act 2012.</p> <p>As the current projects progress separate EIA's will be developed for each service change, these will be reviewed at agreed intervals.</p> <p>In order to address the current health inequalities of the city there will be aspects Health and Social Care that will not be prioritised in this programme of change In addition to this as the programme develops PCC and NEW Devon CCG will look to sources such as the JSNA to determine any need there may be to invest in particular geographic areas to address specific inequalities.</p> <p>Where any changes to structures or service delivery arrangements lead to redundancies, we will ensure that staff are not unfairly selected for redundancy e.g. on bases of them having a particular protected characteristic within the Equality Act 2010.</p> <p>Plymouth City Council has clear policies and procedures in place to ensure that staff sharing protected characteristics are not unfairly discriminated against. The Integrated Health and Wellbeing programme may adapt processes to promote consistency and integration but will ensure that this does not result in unfair discrimination.</p>
Responsible Officer	Carole Burgoyne and Jerry Clough
Department and Service	PCC People Directorate and Plymouth aspects of NEW Devon CCG's Western Locality

STAGE 1: What is being assessed and by whom?

Date of Assessment

December 2014

STAGE 2: Evidence and Impact

Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	<p>The Programme focuses on the review and redesign of existing Health and Social Care services driven by the feedback from individuals through extensive engagement over the last twelve months. Each of the projects is utilising feedback from staff and the public to shape future access to improved service offers.</p> <p>Based on those staff whose age is recorded the people directorate has a majority aged in their 40's with 60.28% of the whole directorate aged 40-60.</p> <p>In the areas most directly affected by these</p>	<p>Existing services are fragmented and confusing for people to access. It is anticipated that the redesign will address many of these issues but the new operating pathways will be subject to regular review from users of the service.</p> <p>It is anticipated that the creation of a single point of access for services will have a positive impact on individuals of all ages as it improves ease of access.</p>	<p>Plymouth City Council will act appropriately with regards to age so that customers are treated with dignity and respect.</p> <p>Support and advice will be available to staff who require it by HR, management, Employee Assistance Programme.</p> <p>Plymouth City Council will monitor and review taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

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	<p>proposals 25.15% of the 2371 are aged in the 40's as well as 25.15% in their 50's. This means 50.3% of staff in these areas are aged 40-60 which is higher than the directorate average and higher than the council wide average of 33.95%.</p> <p>34.1% of people in Plymouth are over 50 years old.</p> <p>7.6% are over 75 years old</p> <p>The over 75's age-group is predicted to rise from 19,716 in 2011 to 24,731 in 2021</p> <p>17.5% of the population is under 16.</p> <p>Children and young people under-18 account for 19.8% of the population.</p>		access to options to provide feedback and that action plans are developed from this.	

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Disability	<p>Within PCC across the People directorate there are 91 members of staff who have declared they have a disability. This equates to 4% of the 2371 staff in the directorate.</p> <p>In the areas most directly affected by these proposals the percentage of staff with a declared disability is 2.2% which is higher than the council wide average of 1.99%</p> <p>The 2011 census states that a total of 31,164 people (from 28.5% of households) declared themselves as having a long-term health problem or disability (national figures 25.7% households)</p> <p>10% of Plymouth's population have their day-to-day activities limited a lot by a long-term health</p>	<p>There are no anticipated negative impacts on this group, service changes will not affect the provision of health or social care to individuals with a disability.</p> <p>An improvement in process and a single point of access will have a positive impact on all individuals regardless of a disability.</p>	<p>Monitor and review taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p> <p>Support and advice will be available to everyone who needs it by HR, management, Employee Assistance Programme.</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

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	<p>problem or disability.</p> <p>Self-assessment of health yielded percentages of fair, bad, and very bad health of 13.9%, 5.1% and 1.4% respectively</p> <p>1,224 adults registered with a GP in Plymouth have some form of learning disability (2010/11).</p> <p>17.5 per 1,000 children in Plymouth have a learning difficulty reported by schools.</p> <p>30,000 people in Plymouth will have some form of Mental Health issue.</p> <p>0.8% (2118) of those registered with a GP are listed on the mental health register</p> <p>A total of 31164 people declared themselves as having a long-term health problem or disability in the</p>			

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	<p>2011 Census</p> <p>1224 adults currently registered with a GP in Plymouth have some form of a Learning Disability</p>			
Faith, Religion or Belief	<p>The outputs of the programme will apply to all individuals using Health and Social Care Services in Plymouth irrespective of faith, religion or belief but taking associated needs into account.</p> <p>Within the People Directorate although staff come from many faiths we have records for only 7% of the total. Of these 5.22% of staff are Christian which reflects the council wide average of 5.23%.</p> <p>In the areas most directly affected by these proposals the total for whom we have records is</p>	There are no anticipated adverse impacts on this group.	<p>Monitor and review taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p> <p>Plymouth City Council will continue to act in a way that accommodates all faiths and will ensure all future actions comply with this. Support and</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

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	<p>higher at 18%. Of these 9.33% declared themselves to be Christian which is higher than the council wide average of 5.23%. .</p> <p>According to the 2011 Census, 148,917 people in Plymouth are Christian, 881 are Buddhist, 567 are Hindu, 168 are Jewish, 2,078 are Muslim, 89 are Sikh, 1,198 are listed as 'other religion' 84,295 have no religion and 18,191 did not state a religion.</p>		<p>advice will be available to everyone who needs it by HR, management, Employee Assistance Programme.</p>	
<p>Gender - including marriage, pregnancy and maternity</p>	<p>The Programme focuses on the review and redesign of existing Health and Social Care services driven by the feedback from individuals through extensive engagement over the last twelve months. The projects are utilising feedback from</p>	<p>Any activity from the programme will not discriminate against staff.</p> <p>Whilst acknowledging the higher rate of female employees the organisation will continue to hire the best candidate for the job</p>	<p>Monitor and review taking into consideration cost expenditure and customer feedback and complaints</p> <p>Track performance data trend by protected characteristics</p> <p>Ensure customers have</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning</p>

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	<p>staff and the public to shape future access to improved service offers.</p> <p>We hold records for 78% of the 2371 staff in the People Directorate. Of these 10.58% are male whilst the majority are female (67.1%). This shows that the People Directorate has a higher proportion of male workers than the council average (8.19% of those recorded.)</p> <p>In the areas most directly affected by these proposals 65.26% of staff are female employees and 13.76% are male. This is higher proportion of men than the directorate and council wide average.</p> <p>PCC had 264 employees who took either maternity, adoption or paternity leave between</p>	regardless of gender.	<p>access to options to provide feedback and that action plans are developed from this.</p> <p>Council policy will be followed in respect of staff that are on maternity/paternity leave or which to exercise their right to request flexible working, with advice and guidance provided by HR.</p> <p>Plymouth City Council will continue to offer equal opportunities to staff from any gender.</p> <p>Support and advice will be available to everyone who needs it by HR, management, Employee Assistance Programme.</p>	<p>and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

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	<p>01.01.2013 and 31.12.2013.</p> <p>Overall 50.6 % of the city population are women</p> <p>Plymouth's 2012 teenage conception rate is joint highest of all the SW unitary and district authorities (Torbay has an equal rate).</p>			
Gender Reassignment	<p>The outputs of the programme will apply to all individuals using Health and Social Care Services in Plymouth irrespective of gender reassignment.</p> <p>Of the referrals made to the Newton Abbott clinic in 2013 to February 2014 26 were from the Plymouth area. (This is the nearest clinic to Plymouth and latest data)</p> <p>The average age for presentation for reassignment of male-to-females is 40-49.</p>	There is no anticipated adverse impact on this group.	<p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

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	<p>For female-to-male the age group is 20-29.</p> <p>We are aware that 23 trans people belong to Plymouth Pride Forum Staff</p> <p>Plymouth City Council currently does not collect information on Gender Reassignment from its staff</p>			
Race	<p>BME employees make up has 4.1% of all those who have declared their ethnicity across the Plymouth City Council workforce.</p> <p>Plymouth City Council averagely has 69.26% of white employees, 2.7% black or of a minority ethnicity (BME) and 27.07% who don't declare their ethnicity.</p> <p>The People Directorate has a total of 2371 staff. Of these 49.75% are</p>	There is no anticipated adverse impact on this group.	<p>Monitor and review taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p> <p>Support and advice will be available to everyone</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March 2016</p>

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	<p>White 1.47% are from a BME background and 48.78% have not declared their ethnicity.</p> <p>In the areas most directly affected by these proposals 66.48% are White, 3.24% BME and 30.28% have not declared their ethnicity.</p> <p>The People Directorate has lower figures due to the higher than average level of non-declared. However, the cluster of departments that are most affected reflect the council wide average.</p> <p>According to the 2011 census approximately 93% of the population of Plymouth are White British. The remaining 7% come from a wide range ethnic backgrounds, including significant population of British Asian</p>		<p>who needs it by HR, management, Employee Assistance Programme.</p> <p>Our BME population has increased rapidly at a time when our organisation has been contracting we are satisfied that the current underrepresentation of BME people in our workforce is not the result of unfair or unlawful discrimination of grounds of Race.</p>	

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	<p>(including Chinese), Black British African.</p> <p>It is well documented that there are a number of issues that families from BME communities face, such as discrimination, isolation, hate crime and lack of culturally sensitive services.</p>			
Sexual Orientation -including Civil Partnership	<p>The outputs of the programme will apply to all individuals using Health and Social Care Services in Plymouth irrespective of sexual orientation.</p> <p>There is no precise local data on numbers of Lesbian, Gay and Bisexual (LGB) people in Plymouth, but it is nationally estimated at between 5 – 7%. This would mean that approx. 12,500 people aged over 16 in Plymouth</p>	There are no anticipated adverse impacts on this group.	<p>Consider monitoring and reviewing taking into consideration cost expenditure and customer feedback and complaints.</p> <p>Track performance data trend by protected characteristics.</p> <p>Ensure customers have access to options to provide feedback and that action plans are developed from this.</p>	<p>Judith Harwood – Assistant Director for Education, Learning and Families.</p> <p>Dave Simpkins – Assistant Director for Cooperative Commissioning and Adult Social Care.</p> <p>Craig McArdle – Head of Cooperative Commissioning and Adult Social Care.</p> <p>Nicola Jones (CCG) – Commissioning Lead, Western Locality.</p> <p>Timescale: Present day – March</p>


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	<p>are LGB</p> <p>There were 34 Civil Partnership Formations in Plymouth in 2013.</p> <p>Plymouth City Council currently does not collect information on its staff's sexual orientation.</p>		<p>Plymouth City Council will continue to not act in a way that will discriminate against any sexual orientation.</p> <p>Support and advice will be available to everyone who needs it by HR, management, Employee Assistance Programme.</p>	2016

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
Reduce the inequality gap, particularly in health between communities.	Better collaboration between Health and Social Care services; aiming to join up support offered to individuals and families. Programme planning focused on the improvement of person centred care informed by geographic, demographic and JSNA data	<p>Integrated Commissioning, Integrated Service Delivery and Care Bill projects - March 2015</p> <p>Cooperative Children and Young People's Services project – March 2016</p> <p>Carole Burgoyne and Jerry Clough (Senior Responsible Officers)</p>
Good relations between different communities (community cohesion).	Better community services will enable people to engage with their community and feel better connected with others	

STAGE 3: Are there any implications for the following? If so, please record 'Actions' to be taken		
Local Priorities	Implications	Timescale and who is responsible?
Human Rights	<p>This service recognises Article 14 of Human Rights Act – The right to receive Equal Treatment and prohibits discrimination including sex, race, religion and economic and social status in conjunction with the Equalities Act which includes age and disability.</p> <p>All staff and service users will be treated fairly and their human rights will be respected.</p> <p>No adverse impact on human rights has been identified.</p>	

STAGE 4: The Principles of Fairness	
Principles	Comment
People should be able to access opportunity whatever their circumstances	There is currently a complex system for customer contact to both health and social care services. An improved way of working will help with the delivery and accessibility of services to those in need taking into account individual circumstances. This will implicitly improve fairness across the city as it will increase the availability of all the health and social care services to all individuals.
The city should give priority to those in greatest need when it allocates resources	The changes being made will prioritise those in the greatest need who will gain a more enhanced service of customer centred 'wrap –around' care.
Things that make the biggest difference to people's lives should get priority when deciding where resources go	Providing excellent Health and Social Care services in key areas will make a noted difference. Preventative care and promoting healthy living are examples of this that meet our city's health needs.
The way things are done in the city matters just as much as what is done	The process change will be accompanied by a programme encouraging cultural change to influence positively on the way things are done
Unfairness which takes time to remove needs policies for the long term	The programme through integrated commissioning looks to work with partners to jointly ensure that fairness and equality are central to how we work in the

	long term.
Preventing inequalities is more effective than trying to eliminate them	We will consistently work to ensure our policies and practices deliver services that comply with the Equality Act and Human Rights Act and address health inequalities through early intervention and prevention as much as possible.
Services should be provided 'with' people, not 'for' them	Throughout the design of the Programme customers and staff have been included in extensive consultation. We will continue to listen to feedback from individual customers to ensure a personalised service is provided to them.
The needs of future and current generations should be balanced when making decisions.	We are taking into consideration how all ages and generations access health and social care services. Making available face to face and technology based services as appropriate.

STAGE 4: Publication			
Director, Assistant Director/Head of Service approving EIA.		Date	6 th January 2015