

EQUALITY IMPACT ASSESSMENT

Wellbeing Hubs Commissioning Framework



STAGE I: WHAT IS BEING ASSESSED AND BY WHOM?

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

Plymouth City Council (PCC) and Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) are facing a combination of severe budget pressures, and rising demand for services.

Four integrated commissioning strategies set out the commissioning intentions of both organisations through their integrated commissioning function.

The four overarching aims of these strategies are;

- To improve health and wellbeing outcomes for the local population
- To reduce inequalities in health and wellbeing of the local population
- To improve people's experience of care
- To improve the sustainability of our health and wellbeing system

The Hubs Commissioning framework delivers the action included within the Wellbeing Strategy:

- Create and implement a single strategic vision for health and wellbeing hubs that work for different neighbourhoods across the area

Wellbeing Hubs will establish a collaborative, integrated and strategic system response that ultimately delivers against these key outcomes for Plymouth and the Western CCG for whole population health and wellbeing.

The local model will support regional and national direction in creating a transformational place based model of care that reduces pressure on the health and wellbeing system across acute, secondary and primary care settings. This will involve remodelling of services, the workforce, and our estates in a way that prevents the need for care and support, and enables smooth and efficient transition to primary and community settings. The model will deliver sustainability, create consistency, improve outcomes, respond to local need, and join up services across sectors.

Author

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Department and service

Strategic Co-operative Commissioning

Date of assessment	17/12/17
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STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)	Any adverse impact See guidance on how to make judgement	Actions	Timescale and who is responsible
Age	<p>Plymouth currently has a population of 261,574 (Office of National Statistics (ONS) 2014 mid-year population estimates).</p> <p>Due to an estimated 35-40,000 students residing in the city, Plymouth has a much higher percentage of 20-24 year olds than seen nationally, a lower percentage of children across each of the 1-4, 5-9 & 10-14 age brackets, but a higher percentage aged 15-19. However, by 2020 ONS projects a growth in the 0-9 age group of 15.1%.</p> <p>The proportion of the working-age (16-64 year old) population (65.7%) is higher than that regionally (62.1%) and nationally (64.1%).</p> <p>The 65 years and over age group will grow by 14.7% and will account for 18.0% of Plymouth's total population. In particular, the over-75's</p>	<p>No adverse impact anticipated – the service will target interventions in an age appropriate way.</p> <p>The hubs aim to help tackle health inequalities which lead to people dying at a younger age in the most deprived parts of the city.</p>	Performance monitoring	Life of the contract

	<p>age-group is predicted to rise from 20,472 in 2013 to 24,731 in 2021.</p> <p>The hubs aim to reduce health inequalities – currently the difference in average life expectancy between the most and least deprived neighbourhoods in Plymouth is 7.9 years for men and 5.8 years for women</p>			
Disability	<p>28.5% of households in Plymouth declare themselves as having a long term health problem or disability (nationally this is 25.7%).</p> <p>10.0% of Plymouth residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). The national value was 8.3%.</p>	<p>No adverse impact anticipated – we will ensure that the service is accessible to all regardless of disability</p> <p>The hubs will support both primary and secondary prevention – aiming to keep people healthy and improve wellbeing for people with long-term conditions and disabilities through education, information and advice and peer support</p>	Contract monitoring	Life of the contract
Faith/religion or belief	<p>According to the 2011 Census, Christianity is the most common religion in Plymouth. 84,326 (32.9%) per cent of the Plymouth population stated they had no religion.</p> <p>Those with a Hindu,</p>	<p>No adverse impact anticipated – we consulted with Churches together in Plymouth in developing this Commissioning Framework and they will provide voluntary support as part of the universal hubs network</p>	Contract monitoring	Life of the contract

	Buddhist, Jewish or Sikh religion combined totalled less than 1 per cent.			
Gender - including marriage, pregnancy and maternity	<p>Overall 50.6 per cent of our population are women and 49.4 per cent are men: this reflects the national figure of 50.8 per cent women and 49.2 per cent men.</p> <p>Of those aged 16 and over, 90,765 people (42.9 per cent) are married. 5,190 (2.5 per cent) are separated and still legally married or legally in a same-sex civil partnership.</p> <p>Health inequality disproportionately affects men as they die younger than women in more deprived neighbourhoods</p>	<p>No adverse impact anticipated – we will ensure that the service is accessible to all regardless of gender</p> <p>In order to tackle health inequalities we will need to consider if there should be any gender specific activity. There will be befriending activity focussed on specific groups, e.g. men, as they are known to find it harder to ask for help with loneliness</p>	Contract Monitoring	Life of the contract
Gender reassignment	<p>Recent surveys have put the prevalence of transgender people between 0.5 and 1% of population (some very recent reports have upped this to 2%).</p> <p>Over the last 8 years the prevalence of transgendered people in the UK has been increasing at an average rate of 20%+ per annum in adults and 50% for children.</p>	No adverse impacts anticipated	Contract monitoring	Life of the contract

	<p>The average age for presentation for reassignment of male-to-females is 40-49. For female-to-male the age group is 20-29. Twenty three transgender people belong to Pride in Plymouth.</p>			
Race	<p>92.9 per cent of Plymouth's population identify themselves as White British.</p> <p>7.1 per cent identify themselves as Black and Minority Ethnic (BME) with White Other (2.7 per cent), Chinese (0.5 per cent) and Other Asian (0.5 per cent) the most common ethnic groups.</p> <p>Our recorded BME population rose from 3 per cent in 2001 to 6.7 per cent in 2011, and therefore has more than doubled since the 2001 census.</p>	<p>No adverse impact anticipated</p> <p>There is currently a lack of understanding about the health needs of our BME communities and how they prefer to access services. This will need to be addressed over the coming years.</p>	Contract monitoring	Life of the contract
Sexual orientation - including civil partnership	<p>There is no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Plymouth, but nationally the government have estimated this to be between 5 - 7 per cent and Stonewall</p>	No adverse impact anticipated	Contract monitoring	Life of the contract

	agree with this estimation given in 2005. This would mean that for Plymouth the figure is approximately 12,500 to 17,500 people aged over 16 in Plymouth are LGB.			
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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 gap in average hourly pay between men and women by 2020.	N/A	
Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disablist, homophobic, transphobic and faith, religion and belief incidents by 2020.	N/A	
Good relations between different communities (community cohesion)	The Wellbeing Hubs should be centres for community cohesion and integration, providing social activity as well as a range of services to all of the local population. The community will be involved in the design and hopefully the delivery of the hubs and this will enhance community cohesion	All hubs providers over the lifetime of the contract and through partnership working with other providers
Human rights Please refer to guidance	N/A	

STAGE 4: PUBLICATION

Responsible Officer _____

Date _____

Director, Assistant Director or Head of Service