




Item 7 – Annex 2

Equality Impact Analysis Form

1.	Title of policy/ programme/ service being analysed
	NHS Vale of York Clinical Commissioning Group Operational Plan 2015-16
2.	Please state the aims and objectives of this work.
	<p>The Operational Plan 2015-16 provides a detailed view of the CCG's plans for Year 2 of the 5 Year Integrated Operational Plan 2014-2019.</p> <p>The Operational Plan 2015-16 includes the following Strategic Initiatives:</p> <ol style="list-style-type: none"> 1. Prevention, Self Care and Wellbeing 2. Integrated Care 3. Primary Care 4. Urgent Care Reform 5. Planned Care 6. Transformed mental health 7. Children and Maternity 8. Cancer, Palliative and End of Life

	<p>We are aiming to achieve a number of objectives that are important to our population, 'You Said, We Did':</p> <ul style="list-style-type: none"> • Help people to stay healthy • Provide people with the opportunity to influence and change healthcare • Ensure access to good, safe, high quality services close to home • Support people with long term conditions to improve quality of life • Improve health-related quality of life and end of life care • Implement local 'Care Hubs' across the Vale of York • High quality mental health services for Vale of York, with increased awareness of mental health conditions • Ensure local healthcare services are sustainable • Ensure people have access to world-class complex and specialist care • Support health research in the local area <p>There are a number of improvement interventions and 'enablers' to deliver these aims and objectives within the Operational Plan 2015-16.</p>
<p>3.</p>	<p>Who is likely to be affected? (e.g. staff, patients, service users)</p>
	<p>The CCG represents patients registered with 33 GP Practices across the Vale of York area, equating to a population of 336, 330 residents.</p> <p>Equality is a key theme running through all the CCG's policies, strategies and plans and we aim to improve access to health services for our population, for example, increasing access to IAPT for all patients.</p> <p>The Operational Plan brings together the priorities for the coming year, 2015-16. It details achievements in Year 1 (14-15) and the work the CCG will deliver in Year 2 (15-16). The Operational Plan responds to local need and demand and also responds to nationally set criteria for CCGs from NHS England and the Five Year Forward View.</p> <p>Specific initiatives within the Operational Plan will affect members of our local population. Some of these</p>

	<p>initiatives are already underway, continuing from Year 1, for example, procuring mental health and learning disability services, which are underpinned by extensive research and engagement.</p> <p>The CCG has robust internal systems in place for developing initiatives and approving projects. Carrying out an Equalities Impact Assessment is embedded within this process. Therefore, any new initiatives that are being developed to deliver our Year 2 commitments will undergo this assessment including engagement with those likely to be affected.</p>
4.	What sources of equality information have you used to inform your piece of work?
	<p>The three Joint Strategic Needs Assessments (JSNA) across the Vale of York area enable the CCG to gain a thorough understanding of its population – deprived communities, protected groups, and health and wellbeing need. This is particularly relevant to our ambition to reduce health inequalities and also to consider how we continue to embed equality, including parity of esteem, into all our work. The Operational Plan provides specific information from the three JSNAs, the recommendations to date and the priorities of the three Health and Wellbeing Boards who have a fundamental role to play in championing equality, prevention and tackling inequality across the local health and care system.</p> <p>The CCG has a duty under the Equality Act 2010 to promote equality and eliminate discrimination and foster good relations. Our Equality, Diversity and Human Rights Strategy & Implementation Plan 2013-2017 includes the following objectives:</p> <ol style="list-style-type: none"> 1. To provide accessible and appropriate information to meet a wide range of communication styles and needs 2. To improve the reporting and use of equality data to inform equality analyses 3. To strengthen stakeholder engagement and partnership working 4. To be a great employer with a diverse, engaged and well supported workforce 5. Ensure our leadership is inclusive and effective at promoting equality <p>These objectives have been informed by evidence gathered from previous engagement activity, review of a wide range of documents and internal self-assessment using the Equality Delivery System (EDS). EDS2 is now underway, a collaborative approach with York Teaching Hospital Foundation Trust and Leeds and York Partnership Foundation Trust. We are aiming to review organization priorities and objectives and identify joint objectives for the NHS - across the three organisations.</p>

5.	<p>What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics</p>
	<p>During 14-15 a lot of work has taken place to promote the awareness and understanding of equality across the organization, to ensure we are thoroughly assessing the impact and opportunity of our work. Please refer to the attached report for an overview of this work - achievements and areas for development.</p> <p> Equality Strategy Performance Report.</p> <p>The analysis of equalities is embedded within the CCG's project management framework. Every project must have a business case, which includes an Equality Impact Assessment, for approval before it can progress to implementation.</p> <p>Engagement and consultation with our stakeholders, especially patients and the public is also fundamental to our planning and project management. This enables us to fully explore the impacts of any proposed changes for our population, with those who will be affected.</p> <p>The CCG is improving collaboration with providers, so we can also ensure that the services we commission pay due regard, eliminating discrimination, advancing equal opportunity and fostering good relations.</p>
6.	<p>Who have you involved in the development of this piece of work?</p>
	<p>Stakeholder involvement:</p> <p>Our Integrated Operational Plan (5 Year Plan) is based on extensive engagement with a range of stakeholders: staff, service users, patients and voluntary sector representatives. We have a well established programme of engagement, 'Let's talk health' and work closely with the three Healthwatch organisations across our area and more formally through our Patient and Public Engagement Steering Group (PPE), Patient and Public Groups (PPGs) in primary care with lay representation. The Operational Plan for 2015-16 builds on this engagement and continues to deliver the same priorities within the 5 Year Plan.</p>

	<p>DISCOVER! was an engagement tool used by the CCG in 14-15 to support the commissioning of mental health and learning disability services. It asked a critical question of anyone who has an interest in the provision of mental health services (service users, carers, NHS and local government organisations, third sector and voluntary partners, local communities) – “what is your best experience of mental health or learning disability services and how can we do more of that?”. The CCG is committed to using this approach, Appreciative Inquiry, in our engagement work.</p> <p>The CCG now has a Patient Experience Lead in post and has brought complaints in house (previously provided by Commissioning Support). This will further embed patient voice within the CCG’s decisions and develop engagement between the CCG and patients.</p>
7.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Table 1 - Embedding Equality into the Commissioning Cycle if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>
<p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals etc</p>
<p>Transforming mental health and learning disability services is one of the eight strategic initiatives in our 5 Year Plan and in our Operational Plan for 2015-16 (Year 2). The CCG will continue to increase investment in mental health and learning disability services and the CCG is working with existing providers to deliver care within new access targets. There has been increased funding by the CCG to increase Improved Access to Psychological Therapies (IAPT) capacity and provide 24/7 psychiatric liaison services. The CCG has carried out significant engagement using the NHS Citizen approach around our mental health and learning disability services procurement programme ‘Discover!’, the outcomes of which have informed the development of the service specifications included in our tender documentation for the new service and our expectations of the new contract holder.</p>	

In 2014/15 York Public Health Team and the CCG led a needs assessment specifically for Mental Health.

Recommendations from the Mental Health 'deep dive' included:

- Locally appropriate recommendations from the Department of Health's 'Closing the Gap: Priorities for essential change in mental health' report are applied.
- To increase community based services which can keep people with mental health conditions out of hospital when they don't need to be there.
- To jointly scope options between housing support services, local housing associations, mental health services, the voluntary sector and NHS Vale of York CCG to increase the provision and support arrangements for supported living arrangements for people with mental health needs.
- To share information between general practices and City of York Council about people with a learning disability in order to increase the number of people with learning disability known to local authority so that services can be offered and provided where appropriate.
- To improve the percentage of people with a learning disability who receive an annual health check.
- Improvements in IAPT service provision is considered which increases investment, referral rates, and positive outcomes and reduces wait times, non-attendances and unsuccessful outcomes.
- To further develop our local understanding of the prevalence of self-harm and to enhance means to prevent and reduce instances of self-harm.

These recommendations are being monitored by the Health and Wellbeing Board. During 15-16 a specific needs assessment will be carried out for Learning Disabilities. The council and CCG will lead this work, produce data, analysis and recommendations to influence future planning.

Sex Men and Women	Consider gender preference in key worker, single sex accommodation etc
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Women's and Children's Services are one of the CCG's eight strategic initiatives.

In 15-16 the CCG will work to improve Maternity Services. This includes:

- Service specification for 2015/16 to be completed and contractually agreed with local providers.
- Requirement for accessible services and requirements for services to develop approaches to reaching minority/hard to engage groups eg. Young mothers, travellers, ethnic minorities.

- Through the personalisation of maternity services work stream, identify the needs of service users and ensure that these are considered within the commissioning strategy.
- Maternity – ensuring women have choice locally and working with our maternity services providers to assess current local choice for women.
- Developing safe, sustainable maternity services, including perinatal mental health, which allows women more choice (Autumn 2015).

Race or nationality

People of different ethnic backgrounds, including Roma Gypsies and Travelers

Consider cultural traditions, food requirements, communication styles, language needs etc

The Vale of York population is majority white British (95%) and report their religious beliefs as Christian (64%) or of no religion (26%). There is a number of other significant ethnic groups including, Asian (2.2%), mixed race (1%), black (0.4%) and travellers & Roma Gypsy communities.

The CCG is currently working with York Teaching Hospital Foundation Trust and Leeds and York Partnership to deliver EDS2 (the NHS Equality Delivery System). Stakeholders and representatives from protected groups, including the York Racial Equality Network, are being asked to assess how the NHS in the Vale of York is improving patient access and experience. We will jointly develop priorities with these representatives for the CCG and joint objectives for the CCG and providers to implement to improve access and experience for people from different ethnic backgrounds.

In 15-16 the CCG will also be working with providers to implement the new Workforce Race Equality Standard and will examine its own workforce and Governing Body to review representation against local population. The Accessible Information Standard is also being introduced in 15-16. It is currently being piloted by NHS England. Further guidance will then be issued to support its implementation.

Age

This applies to all age groups. This can include safeguarding, consent and child welfare

Consider access to services or employment based on need/merit not age, effective communication strategies etc

The CCG's Quality Assurance function includes a focus on proactive safeguarding for both children, young people and adults deemed as vulnerable. The CCG has increased capacity in 14-15, with a Children's Safeguarding Lead and Adults Safeguarding Lead now in post.

The Vale of York has an ageing population, which will have an impact on the care and support we will need to commission in the future. Our strategic initiative to integrate care is particularly relevant here to ensure that the local health and social care system is fit for purpose and sustainable to provide the right care to the right people at the right time.

The three Health and Wellbeing Strategies in the Vale of York all prioritise early intervention and improving the physical health and emotional wellbeing of young people. The CCG is working with local authorities to support this aim. For example, through the York Children's Trust (YorOK), a children's and young peoples' needs assessment will be carried out in 15-16, to drive the focus of the new Children and Young People's Plan, which will be launched in early 2016.

Trans
People who have undergone gender reassignment (sex change) and those who identify as trans

Consider privacy of data, harassment, access to unisex toilets & bathing areas etc

See below.

Sexual orientation
This will include lesbian, gay and bi-sexual people as well as heterosexual people.

Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc

There is a lack of local data available about lesbian, gay, bisexual and transgender populations in York. Many services do not routinely record information about sexual orientation. This is an issue that is widespread, only in the Vale of York.

- To address this, the following recommendation has been made to the York Health and Wellbeing Board:
- To work with local service providers to ensure that they record information on protected characteristics about their staff and clients / patients such as age, disability, gender re-assignment, marriage and civil partnership, pregnancy / maternity, race, religion and belief, gender and sexual orientation, in order to inform service provision

to reduce health inequalities.	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc
<p>We know that there is also a diverse range of religious beliefs in the Vale of York, including Muslim (0.7%), Buddhist (0.4%), Sikh (0.1%) and Jewish (0.1%). However, many services do not routinely record this information. The recommendation in the above section aims to address this.</p> <p>With an increasing focus on patient choice and personalised services, the CCG aims embed considerations relating to religion or belief within its initiatives.</p>	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc
None	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc
(See information on Maternity services above).	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc

<p>This is particularly relevant to two of our strategic initiatives; Integrated Care and Person-Centred Care.</p> <p>In 14-15 the CCG undertook some enabling work with carers and a review of the current contracts and agreements with all voluntary organisations.</p> <p>The CCG has identified a designated Carers Lead for the CCG who attends both the York council and North Yorkshire council Carers' Strategy groups. Both of these groups are rolling on their existing strategies until the end of 2015 as part of a refresh process. This will be happening in conjunction with the chance to understand the developments and impact that the Care Act will have (from 1st April), giving an appropriate opportunity to take all of this into account.</p>	
<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p>
<p>During 15-16 the CCG will strengthen its efforts to tackle health inequalities, working closely with local authorities to develop a Health Inequalities Plan for the Vale of York. We know worse health outcomes are experienced by a number of groups with protected characteristics, but also people living in deprived communities and rural communities.</p>	
8.	Action planning for improvement
	<p>There are a number of actions contained within the Operational Plan 2015-16 relating to improving access, understanding need and reducing inequality.</p> <p>The CCG will continue to work with local authorities and providers to ensure we understand equality issues and we can improve access and experience for the services it commissions.</p>

Sign off
Name and signature of person / team who carried out this analysis

Helen Sikora
Date analysis completed 16 th March 2015
Name and signature of responsible Director
Date analysis was approved by responsible Director

Appendix 1: Equality Impact Analysis & the Commissioning Cycle

In our role of the CCG is primarily to commission health services, so we will need to think about how people from the protected groups may be affected for each step of the commissioning cycle:

- When we decide our strategy and priorities
- When we re-design services
- When we plan how we will shape supply and manage demand
- When we procure services from providers
- When we decide how we will monitor and evaluate performance

An example of the commissioning cycle is given below:

The Commissioning Cycle

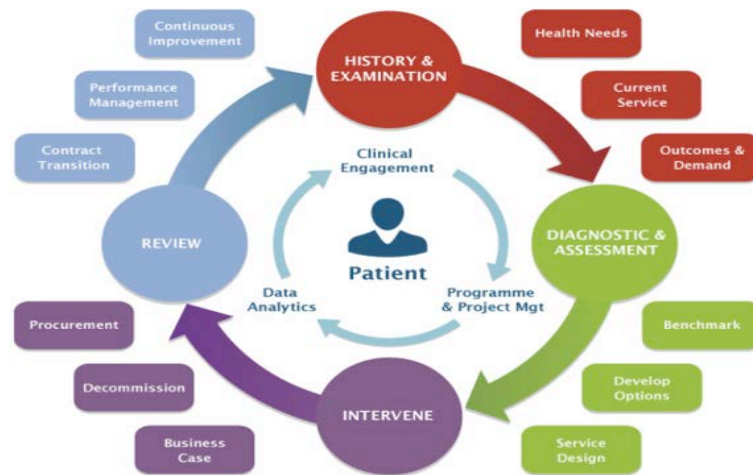


Figure 1 Commissioning Cycle

Figure 1 above illustrates the different stages and layers of the commissioning cycle. At each stage of the cycle, commissioners should be able to demonstrate how they've considered equality. This should be a natural part of the execution of each stage, rather than a laborious, bolted on process. If commissioners can show that they've thoughtfully considered a few key questions at each stage, then the CCG will at a minimum meet its legal obligations, but even more importantly will show how they deliver their core business by commissioning services that

meet the needs of their local population, using a robust evidence base.

Figure 2 below illustrates an ongoing, 360° process engaging, evidence gathering, assessing, implementing actions and feeding back.

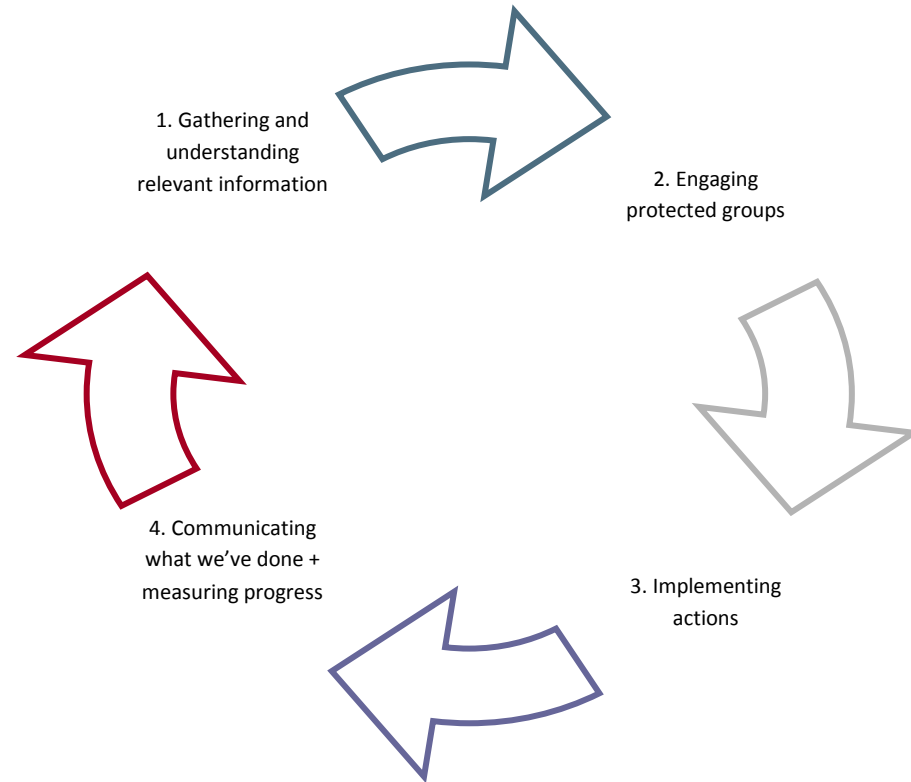


Table 1 - Embedding Equality into the Commissioning Cycle

Commissioning Cycle Stage	Implementation Steps	Questions / issues to consider	Evidence / gaps
History & Examination	Health Needs	What data do you have about the population, disaggregated by protected characteristic?	
		How does your needs assessment show that you've taken into account the needs of people who share protected characteristics in a way that is relevant and proportionate to your piece of work?	
	Current service review	How does the current service promote equality? (Are there examples of good practice or have you identified any gaps?)	
	Outcomes and demand	How does the current service evidence improved health outcomes for different groups of people? (e.g. by age, gender disability, ethnicity etc.)	
		What can you tell about the demand for the service by different groups? Is there an over or under-representation of particular groups, relative to the population?	
	Benchmark	How does the service compare to others with respect to evidencing improved outcomes across different groups?	
	Develop options	How are you going to engage with different groups and communities and show that their feedback	

		informs your options appraisal?	
		Is information provided to your target market appropriate and accessible?	
Diagnostic & Assessment	Service design	What has been put in place to ensure the accessibility and acceptability of the service design?	
		How does service design reflect the insight gained through engagement (of different population groups)?	
		How will you feedback to the groups you have engaged about service design?	
	Business case	Does your business case consolidate all previous stages to show that what you are proposing will meet the needs of population, and shown that is feasible and has considered the impact on different groups, from an equality perspective?	
		Where impact has been identified, what measures have been put in place to minimise or mitigate negative impact?	
Intervene	Decommission	Is there a process in place to pick up complaints / concerns? Will this process identify if the concerns particularly affect a group who share a protected characteristic?	
	Contract transition	How are we communicating with patients and the public ensure there is a smooth transition? Do patients who use the service have particular	

	communications needs?	
Procurement	Do providers have the capacity to meet our equality duties and objectives?	
	What has been specified relating to adjustments required, for example translation / interpretation. Who funds this directly? (Provider or Commissioner)	
Performance management	<p>How do we know that the service is inclusive and accessible?</p> <p>Data from providers to include:</p> <ul style="list-style-type: none"> - Uptake by age, gender, disability & ethnicity (at a minimum) - Outcomes by age, gender, disability & ethnicity (e.g. length of stay, re-admission rates, + ...) - Patient satisfaction data by age, gender, disability & ethnicity - Patient satisfaction to include themes relating to accessibility and - Complaints data by age, gender, disability & ethnicity - Complaints data should capture whether the complaint relates to discrimination or harassment on the grounds of a protected 	

		<p>characteristic</p> <ul style="list-style-type: none"> - Evidence of how providers have made their services more accessible to people with different needs. Examples: - Accessible communications, additional support for people with different needs - Provider EIAs 	
Review	Continuous improvement	Check that providers are delivering on access and inclusion objectives	
	Engagement	Is there any direct engagement with patients / carers to assess whether services are accessible and appropriate to their needs?	

Appendix 2: Equality Action Plan

Category	Action	Target Date	Person responsible and their team
Engagement with people with protected characteristics or disadvantaged groups (Involvement and consultation)			
Data collection and evidencing (What gaps in data have you got)			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication and dissemination to stakeholders)			