Annex 4: EQUALITY IMPACT ASSESSMENT

System-wide Equality Impact Assessment (EIA)

Why it's important to carry out an EIA:

- To be completed when developing or amending any policy, strategy, service, change management process or other function. To ensure that the organisation meets the legal duties for equality via analysis of impact and potential disadvantage or discrimination against protected groups in accordance with the Equality Act 2010.
- This form should be used for One Gloucestershire Business Cases or services that have an impact on the whole system rather than a single organisation or pathway. In particular this QIA should be used for business cases that are going to be considered by multiple Boards/Governing bodies.
- To include looking for opportunities that may have been previously missed as well as any negative impacts that can be removed, mitigated or justified.
- Where there are multiple options being considered each option should have a separate EIA completed in order that the impacts can be directly compared.
- Please refer to the accompanying guidance when completing this form (end of document)

A. Details of the proposed change:

TITLE OF PROPOSED CHANGE *(Name given to policy, project, strategy, practice, process or other function).*	
Sustainability and transformation Plan	
Is this a new proposal or a review/amendment to an existing item? *(Please provide details).*	Gloucestershire CCG Operational Plan 2018/19
Please provide an outline of the main aims, objectives and intended outcomes/benefits of the proposal.	The 2018/19 Operational Plan sets out the ambitions of Gloucestershire Clinical Commissioning Group (GCCG) in the second year of the current planning round. Our STP Vision: *"To improve health and wellbeing, we believe that by all working better together – in a more joined up way – and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to all local people"* As Gloucestershire health and social care organisations we remain committed to delivering leadership and system level transformational change in four ways in line with closing the three 'key' gaps outlined in the Five Year Forward View. **Enabling Active Communities** – building a new sense of personal responsibility and promoting independence for health, supporting community capacity and making it easier for voluntary and community agencies to work in partnership with us. During 2017/18 we have launched our Self-Care and Prevention Plan and moved forward on a wide range of initiatives including: the **Community Well-being** scheme, healthy workplace programme, a new Voluntary & Community Sector strategy and enhanced community activation. In 2018/19 **Gloucestershire Moves** is aiming to get 33,500 inactive people moving, our commissioning of **weight management services** will be refreshed and we will launch our **Gloucestershire Self-Management Education Programme** in order to close the **Health and Well-being Gap.** **Clinical Programme Approach –** systematically **redesigning pathways of care** to help us close the **Care and Quality Gap**, good progress is being made in the **Respiratory** programme with the introduction integrated respiratory teams across acute and

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	community care**.** The **Dementia** programme has introduced Community Dementia Nurses in primary care model being successful in one locality and being rolled out across the system. The separation of elective and emergency inpatient orthopaedic surgery has supported further success in **musculoskeletal** pathways. The **Cancer** programme is supporting recovery of key access targets through changes that streamline the patient pathway. In 2018/19 our **Centres of Excellence** programme will build on this approach to ensure the best services possible are delivered underpinned by a sustainable workforce. Progress on the **Mental Health Task Force** will remain a priority with **Children's and Young People's Mental Health** being a significant focus. **Specialist palliative care** will be a focus for End of Life care alongside working with the National End of Life care board. **Reducing Clinical Variation –** elevating key issues of clinical variation to the system level is facilitating a joined up conversation around some of the harder priority decisions we need to make. Our **Medicines Optimisation** programme has made substantial progress in 2017/18 delivering an in-year saving of £4.0m. During 2018/19 our focus will extend to an **Elective Care Programme** which will focus on **Outpatient Optimisation** and **Diagnostic Optimisation** to ensure equity of access and evidence based services are offered in a consistent way. This programme will turn the dial for our system to close the **Care and Quality Gap.** **One Place, One Budget, One System –** we have taken a placed based approach to commissioning and providing services; this has led to real change in Primary Care with the formation of integrated community teams organised around 16 GP clusters based around populations 30-50,000; developing these into **Locality Provider Alliances** putting their communities at the heart of their delivery will be the next step. Piloting **Integrated Locality Boards** during 2018/19 will take this model further to ensure care is well matched to the local population. **Redesigning our Urgent Care system** is underway with the development of the clinical model across the full breadth of the pathway; this will supported by test and learn schemes which will be in place for winter 2018 and will be developed further through public consultation. This work is ensuring we will close the **Finance and Efficiency Gap,** and move us towards delivery of a **new care model** for our county. Our vision is underpinned by our enabling programmes which are working to ensure that the system has the right capacity and capability to deliver on the clinical priorities.

ORGANISATION:	CCG	GHFT	GCS	2GT	GCC

PERSON COMPLETING EIA:		
Name	**Job title**	**Date EIA completed**
Sadie Trout	**Head of Planning**	**July 2018**
EQUALITY COMMITTEE/DIRECTOR APPROVAL:		
Name of Committee Member	**Job Title**	**Date approved**
Other persons involved in consideration of impact:		
Name	**Job title**	**Date EIA completed**

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B. Assessment of Impact: How to use the equality scoring bar:

When using an impact scoring bar, you should consider whether the new or changed item you are recommending is likely to have a negative or positive impact on people from protected groups. It may have one, both or neither. A tick should be used for both positive and negative impact sides of the bar, to indicate that you have given due consideration to each. *(For example: if a policy change has no anticipated negative impact but does go some way to improving the experience of patients in regard to sexual orientation. You might give this a tick in the 0 negative impact box and a positive impact score of 1. For the impact bars 0 represents no impact and 3 represents high impact).*

					Best outcome			
Protected Characteristic	**0**	**1**	**2**	**3**	**0**	**1** Type ec	**2**	**3**
Age			√		√			
Disability			√		√			
Gender			√		√			
Marriage & Civil Partnership	√				√			
Pregnancy & Maternity			√		√			
Race	√				√			
Religion or Belief	√				√			
Sexual Orientation	√				√			
Transgender	√				√			
	0	**1**	**2**	**3**	**0**	**1**	**2**	**3**
	Positive impact			**Best outcome**		Negative impact		

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1. Does the proposal contain statements, conditions or requirements that could impact on any protected group?					
PROTECTED GROUPS:	**YES**	**NO**	**IMPACT IS ON: STAFF / CARERS / PATIENTS / VISITORS** *(Identify below).*	**IMPACT IS: ADVERSE / POSITIVE / NEUTRAL** *(Identify below).*	**EVIDENCE ON WHO IS AFFECTED:** *(e.g. equality monitoring, customer feedback, current service use, national, regional or local trends)*
Age	√		Positive impact on all - average age of population increasing – impact across those providing and accessing services. The operational plan reflects the needs of the identified age groups vis Joint Health Needs Assessment and Public Health Data.	Planned initiatives within operational plan should have a positive impact to age – addressing sustainability and access to services.	In 2016, the resident population of Gloucestershire was estimated to be 623,129 people of which: • 22.6% were aged 0-19; • 56.6% were aged 20-64; • 20.8% were aged 65 and over. Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds and a higher proportion of people aged 65+ when compared to the figure for England. There is considerable variation at district level. Operational Plan set within context of an ageing population – evidenced by national and local public health data. The CCG have actively consulted representatives of age groups as part of our ongoing patient and public engagement, which is supported by the CCG Experience and Engagement Strategy 'Our Open Trust.' For example children and their families have been included within workshops to develop our local children's autism pathway.
Disability	√		Impact on staff, carers and patients.	Planned initiatives within Mental Health, Learning Disability and Integrated Care sections of the Operational Plan should have a positive impact. However there is low likely hood of adverse impact should some physical disabilities/mental illnesses not be included within service redesign initiatives etc. or with particular regards to access to	According to the 2011 Census 16.7% of Gloucestershire residents reported having a long-term limiting health problem or disability; 7.3% reported that their activities were limited 'a lot' and 9.5% reported their activities were limited 'a little'. The equivalent national figures for England were 17.6%, 8.3% and 9.3%. At a household level, 24.2% of households had at least one person with a long-term limiting health problem or disability; this was slightly lower than the figure for England of 25.7%. The development of the individual services within the operational plan are intended to significantly reduce inequalities in life expectancy particularly experienced by those with serious mental illness and with a learning disability, in particular. Adherence to national Transforming Care Programme – 'Building the Right Support' - principles, values and model are applicable to anyone with a learning disability and/or autism and the national service model.

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				service as a result of centralisation or relocation of provision.	We continue to fully implement the Mental Health Five Year Forward View for all ages, focusing on providing parity for mental health for our population and will continue to focus on the services available across the system, from prevention through to crisis care. The impact of health inequalities in accessing support and intervention remain central to our planning and delivery of mental health services and we aim to address how individuals with mental health needs can access health prevention screening, planning and interventions, available to the general public. Physical disability is considered as part of the integrated care programme, which includes the views of individuals living with disability and life changing conditions. Implementing the operational plan will reduce morbidity amongst these individuals improving quality of life and reducing inequalities, in particular reducing need for urgent care. This is supported by the co-production an Integrated Disabilities (Learning Disability, Mental Health, Physical Disability & Sensory Impairment) Commissioning Strategy.
Gender	√		Positive impact – patients, carers.	Planned initiatives should have a positive impact on gender. The operational plan covers a wide range of services and conditions that are used or experienced by all genders. There are specific schemes included within the plan that would provide a positive impact on targeted gender groups i.e. post-natal health, which is has been prioritised by assessing prevalence (via health needs assessment)	Gloucestershire has a slightly higher proportion of females to males (51% v 49%). Life expectancy is 7.7 years lower for men and 5.4 years lower for women in the most deprived areas of Gloucestershire than in the least deprived areas. As age increases gender differences become more noticeable, with females outnumbering males by an increasing margin. In Gloucestershire in 2016, 53.0% of people aged 65-84 were female, whilst for people aged 85+ the difference was even more marked with females accounting for 64.8% of the total population; this trend is observed at district, regional and national level. There is no specific evidence or feedback to suggest that one group is either advantaged or disadvantaged by the operational plan, however the CCG does engage with public health colleagues to understand how patients/service users choose to engage with health services. There are examples within the operational plan where targeted initiatives have been planned or implemented where gender specific initiatives address known inequalities or variable use of services i.e. male cultural commissioning pain initiative, structured online education for diabetes to

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				and should not provide any adverse impact.	encourage male uptake.
Marriage & Civil Partnership		√	Neutral – no impact to suggest impact	No evidence found	Just over 50% of Gloucestershire's residents aged 16+ are married, this is higher than the national figure. The proportion of the population who are divorced or widowed also exceeds the national figure while the proportion of people who are single or separated is below the national figure. There is considerable variation in marital status between the age groups, with those aged 16-24 most likely to be single and those aged 65+ most likely to be widowed. This may have an impact on the family support people have available to them and the level of support they require from elsewhere. There is no specific evidence to suggest that there is an impact generated by any initiatives included within the operational plan.
Pregnancy & Maternity	√		Positive impact	Planned initiatives should have a positive impact. There are number of maternity initiatives included within the operational plan in line with national policy or local requirements based on needs assessment.	There were 6,739 live births in Gloucestershire in 2016. The largest proportion of deliveries in Gloucestershire was among the 30-34 year old age group, continuing the trend of later motherhood. The operational plan details the commitments set out in Gloucestershire's 'Future in Mind' Plan to progress the response to gaps identified in perinatal mental healthcare and implementation of the National Maternity Review, as well as continuing to implement the reforms as a result of the Children and Families Act. This therefore suggests that based on national and local public health and maternity data plans are aligned to ensure a positive impact on pregnancy in maternity within the county. Improving the experience of our maternity services (monitored via the NHS Assurance Framework) and implementing the recommendations of the National Maternity Services Review: Better Births – Maternity Services 5 Year Forward View (2016) continue to be key drivers in our approach to improving maternity services in Gloucestershire.
Race or ethnicity		√	Neutral – no evidence to suggest impact	No evidence found	Gloucestershire is characterised by a comparatively small Black and Minority Ethnic population. The 2011 census showed Black and Minority Ethnic groups account for 4.6 % of the population; this

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					was much lower than the England figure of 14.6%. The population of Gloucestershire is however, becoming increasingly diverse. The Black and Minority Ethnic population increased by 70% between 2001 and 2011. The number of people classed as "White Other" increased by 105.9% during the same period. There is no evidence within the operational plan to suggest that any planned or implemented initiative would have a noted impact on race or ethnicity. However it is noted that as part of the project planning process schemes have identified a number of hard to reach groups as part of stakeholder mapping and needs assessment analysis, particularly with regards to BME groups. As a result schemes have developed a tailored approach, such as structured diabetes education and glaucoma monitoring.
Religion and/or belief		√	Neutral – no identified impact.	No evidence found	The most reported religion in Gloucestershire is Christianity, accounting for 63.5% of the total population, which is higher than the national figure. There is no evidence suggest the operational plan will impact differentially on any of these groups.
Sexual Orientation		√	Neutral – no identified impact.	No evidence found	There are no official estimates of sexual orientation at a county level, making it difficult to obtain a true reflection of this population. National evidence suggests between 1.9% and 7% of people are lesbian, gay or bisexual (LGB). Young people (aged 16-24) are more likely to identify as LGB than older age groups and a higher proportion of males than females identify as LGB. There is no evidence suggest the operational plan will impact differentially on this group.
Transgender		√	Neutral – no identified impact.	No evidence found	There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society (GIRES) estimate that between 300,000 and 500,000 people aged 16 or over in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same proportions to Gloucestershire's 16+

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					population, we can estimate that there may be somewhere between 3,070 and 5,120 adults in the county that are experiencing some degree of gender variance.

2. If staff is affected by the proposal, please identify the total number of the workforce that may be affected.	There are noted initiatives within the operational plan that may be impacted as a result of service redesign. Details of such impact will be included within the individual programme/project EIAs. Identified impacts include relocation of services, altered working patterns and or new ways of working to manage caseloads etc. which may as a result have an impact on some of the protected characteristics identified above. There are established workforce governance arrangements in place across our STP footprint, overseen by the Local Workforce Action Board (LWAB).
3. Please detail actions you have taken to ensure that your impact assessment has taken into account the views of staff, patients and public as appropriate and considered all groups that may be effected.	The 2018/19 Operational Plan forms part of the 2 year planned developed and submitted to NHSE in April 2016. As a result patient, public and staff engagement has been an ongoing process, building on the STP public engagement campaign in 2016. Our programme of planned engagement and consultation for 2017/18 focussed on two main areas: firstly engagement to support the STP process and secondly consultation regarding the future of community hospitals in the Forest of Dean. We made use of a wide range of engagement methods, including our popular Information Bus, which welcomed over 9000 visitors in 2017. Our programme of planned engagement and consultation for 2018/19 will focus on ongoing engagement to support the development of STP proposals for change, in particular Urgent and Emergency Care and Hospital Centres of Excellence. The CCG has implemented its Experience and Engagement Strategy 'Our Open Culture' supported by online resources on the CCG website. We have embedded a robust system that ensures all intelligence gathered from individuals' experience of local NHS services, alongside other quality data on safety and clinical effectiveness, and engagement and consultation activities, is collected, collated and reported. This intelligence will be used to monitor the quality and clinical effectiveness, from a patient, carer or public perspective, of current commissioned services and thus inform future commissioning decisions, service redesign and transformation proposals described as part of this operational plan. Healthwatch Gloucestershire are lay members across each of our clinical programme groups to ensure patient and public voices are included in all of decision making.
4. Please outline the plan and timeline for repeating this equality impact assessment?	Development of a CCG operational plan forms part of the national planning process that requires an organisational plan to be refreshed and/or developed on an annual basis. Therefore the CCG will produce a refreshed operational plan for 2019/20 that will report delivery of the ambitions and commitments set out in the 2018/19 operational plan and further ambitions and commitments for the coming year. This operational plan will also be supported by a completed EIA. It is important to note that each of the projects/initiatives identified within this operational plan will be subject to the CCG business case process that provides a robust governance framework to our decision making. As a result an EIA must be completed for each and reported to the Integrated Governance & Quality Committee.

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C. Impact and Mitigation:

Bearing in mind the assessment so far: Does the proposal consider all the protected groups and if appropriate, financial economic status, homelessness, political view, travellers, rurality (people who live in remote rural areas), sex workers and people who mis-use drugs and/or alcohol. If so and the proposal does create an adverse impact:	YES/NO *If yes please complete the following questions*
1. How can the adverse impact be mitigated or justified?	As noted within the narrative section above it is not felt that any adverse effects would be felt by any of the identified protected groups. However as also highlighted there is a minimal risk to age, gender and pregnancy & maternity protected groups that individuals or small cohorts may not be included within the proposed change or initiative i.e. focus on patient groups aged 65+ years, mental health pathway redesign based on age range. However this does not generate a direct adverse impact on the target groups as a result of the planned change, but should consider those who fall outside of scope – this would be mitigated by the informed use of by public health data that supports targeted work on prevalence and need. The CCG operational plan is a high level plan which provides a summary of the initiatives delivered to date, their impact and our ambitions/commitments for 2018/19. We believe the process to develop such initiatives and the supporting governance process ensures that the identified protected groups have been considered and there is no evidence to suggest any adverse effect that may be generated by service redesign or implementation of national policy. Our engagement and consultation has provided evidence of contact with protected groups and our commissioning processes are supported by Joint Health Needs Assessment. However all projects and initiatives identified within the plan are required to complete their separate EIA.
2. What have you done during this EIA to change the impact? Can anything further be done to reduce this impact?	See 1 above
3. Is further consultation required? How and when will any analysis be tested? *(e.g. discussion with colleagues, face to face meetings with protected group representatives, local groups/forum discussions, public consultations, PALS or complaints, other).*	See 1 above
4. When will this matter be updated and impact re-assessed? *(Date).*	See 1 above

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D. Review of changes and mitigations on impact:

Once all relevant changes have been carried out, has the negative impact been reduced? *(It may not be possible to fully eliminate all negative impact. A reduced negative impact may be acceptable if all best practice guidelines have been followed. This will require validation from a member of the Equality Committee).*				
1. Does a negative impact remain?	**NO**	Process to be signed off.	**YES**	Please complete the following section

Negative impact remains despite adjustments and mitigations. *(Please explain why the negative impact remains despite measures having been taken e.g. restricted by room layout which cannot be changed. Please ensure this is signed off by a member of the Equality Committee).*