Sheffield City Council

Equality Impact Assessment

Name of policy/project/decision: **Integrated Commissioning of Health and Social Care**

Status of policy/project/decision: New

Name of person(s) writing EIA: Louisa Willoughby

Date: 16 April 2015 **Service:** Commissioning

Portfolio: Communities

What are the brief aims of the policy/project/decision?

Why this piece of work?

Sheffield people have told us[1] that it often feels like they are passed 'from pillar to post' between different parts of the health and care system. People also say that it is frustrating when aspects of their care and support are delayed (or uncertain) because health services and social care are debating which part of the system should pay for what element of their care and support.

Health and care practitioners on the ground speak about having to spend time dealing with multiple organisational processes and tensions between budget holders. They want to spend their time making sure people get the care and support they need to live as independently, safely and well as possible.

Managers in health and social care also want to be able to identify and pursue obviously projects that benefit Sheffield people –regardless of whether the resulting financial benefits accrue to a separate organisation.

The city's Health and Wellbeing Board recognises the issues discussed above and has agreed that *part* of the solution is integrated commissioning arrangements for health and care – with a single pooled health and care budget. The intention is simple: we want to focus on getting the best outcomes and services for Sheffield people whilst getting the best value for the '*Sheffield pound*'.

The potential efficiencies from working better together should also give us a much better chance of maintaining a sustainable health and care system in the face of significant local government funding cuts and increasing demand pressures.

Our aims for our pooled budget, drawn from the city's Health and Wellbeing Strategy and the Council's new Corporate Plan 2015–2018 are simple and bold:

- We want to promote good health

[1] The Health and Wellbeing Board has held a number of events on this theme. See https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/events/engagementevent.html.

- We want to prevent and tackle ill health
- We want to reduce health inequalities
- We want to help more people stay independent, safe and well.

What does this work consist of?

The elements of this work are as set out in the accompanying report submitted to Cabinet in May 2015 on the integrated commissioning of health and care service in Sheffield. Briefly, the work comprises the following:

- A pooled health and care budget which could enable improvements to the management and delivery of health and care services in Sheffield, which should in turn help to improve outcomes for the people of Sheffield. A Section 75 Agreement between Sheffield City Council and Sheffield Clinical Commissioning Group has brought together £271m of health and care budgets into a single pooled investment budget that the Council and the Clinical Commissioning Group will manage and prioritise together.

- Greater joint working by the Council with partners on further joint ventures to develop and deliver more joined-up, innovative and efficient health and care services for the people of Sheffield – recognising that the delivery of these plans will involve further risk-sharing across health and social care budgets. This could mean a shift in investment over the coming years from treatment to prevention, creating a real opportunity for Sheffield's many voluntary, charitable, community and independent sector organisations. This joint working will see specific work in a number of areas, namely:

    - **Keeping People Well in their Community**: primary care, social care and non-clinical interventions to support people identified as at risk of needing hospital care to stay well.

    - **Active Support and Recovery**: clinical and social care services that provide short term interventions as an alternative to hospital care and help people get home and regain independence following a spell in hospital (including intermediate care and community nursing).

    - **Independent Living Solutions**: Community equipment services have been re-commissioned as a genuinely integrated and user focussed service, which will start in July 2015. This new service is a joint venture with a fully risk-shared budget.[2]

    - **Long Term High Support**: integration of assessment and contracting for long term care, including NHS Continuing Healthcare and Funded Nursing Care and SCC funding of residential and home based social care. Within this theme we recognise that it will be important to maintain the different legal funding requirements which apply to health as opposed to social care – i.e. heath care is free at the point of delivery whilst people generally make a contribution to the cost social care.

[2] An EIA has already been submitted for Independent Living Solutions. See http://sheffielddemocracy.moderngov.co.uk/documents/s15634/Indpendent%20Living%20Solutions%20EIA.pdf. An EIA has also been completed for the Keeping People Well in their Community work, but this is not currently available online.

- **Non-elective** (non-surgical) hospital admissions as our collective objective is to reduce all unnecessary admissions to hospital and this will be built into our risk management arrangements.

Are there any potential Council staffing implications, include workforce diversity?

While Council and CCG staff may be required to work in slightly different ways, there are currently no significant Council or CCG staffing implications.

Under the Public Sector Equality Duty, we have to pay due regard to: "Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations."

Each of schemes of work detailed above will produce its own EIA as and when required. As such, the detail given below is very high level given the number and variety of people who will be affected by the developments.

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
Age	Positive	High	It is intended that integrated commissioning of health and social care will have a positive impact on people of all age-groups as they find the care and support they need to be increasingly better coordinated, locally delivered and fine-tuned to their care needs. • Sheffield has seen longer life expectancy with a 24% increase in the number of people aged over 75 and more than a doubling of people aged over 85. By 2025 it is estimated that there will be a 23% increase in people aged over 75 years living alone, and an increase of 21% in people over 65 years old unable to manage at least one self-care activity (such as washing or dressing) on their own. Perhaps unsurprisingly, therefore, many older people are likely to benefit from integrated care given the increased need for the elderly for health and social care support.

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
			Nonetheless, the integrated commissioning of health and social care work is also likely to affect children and young people as the work progresses. In addition, the Independent Living Solutions workstream supports the equipment and adaptation needs of children and young people with complex needs and disabilities.
Disability	Positive	High	Many affected by this work will be disabled; therefore, improving the support for those for who are disabled (including people with mental health problems, and people physical disabilities, sensory impairments, and learning disabilities) to live independently in their communities is a key reason for this work. For example, the Independent Living Solutions workstream is focussed on helping people to live independently at home through providing for their equipment needs. • It is right to do this, because we predict significant increases in the number of disabled people over the next 10 to 15 years. In particular, we expect there will be an increase the number of people with the most complex disabilities (including people with disabilities from black and ethnic minority groups) who require high levels of support from health, housing and social care services. • Data also indicates a significant increase in the number of people in Sheffield with severe or complex needs, and again particularly in younger age groups. The overall number of people with such needs rose by 17% between 1998 and 2008. However, the number of 15 to 19 year olds with severe or complex needs increased by 70% over the same time. • In Sheffield we currently have 6,382 people

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			living with dementia and this is expected to rise to 7,342 by 2020 and 9,340 by 2030. The biggest increase will be in the people aged 85+ which will nearly double over the same period. A relatively small number of people with dementia are from black and ethnic minority groups, but this will increase substantially in future years. The increases projected in the city's population means that by 2020 there will be an increase of over a thousand older people projected to suffer from dementia; by 2030 there may be an additional 3,000 people with this illness.
Pregnancy/maternity	Neutral	Low	This work is unlikely to have a significant and specific impact on someone due to their pregnancy/maternity, although a pregnant woman who had other health and care needs, or some kind of disability, might be affected for that reason.
Race	Positive	Low	This work is unlikely to have a significant and specific impact on someone due to their race, but all services will be required to ensure their service is accessible for all characteristics. Subsequent EIAs will analyse the ethnic profile of those accessing services, and consider any under/over use of services and relevant health inequalities.
Religion/belief	Positive	Low	All services will be required to ensure their service is accessible for all characteristics. Subsequent EIAs will consider any impact related to religion and belief (for example barriers to accessing services).
Sex	Positive	Low	All services will be required to ensure their service is accessible for all characteristics. Subsequent EIAs will analyse the gender profile of those accessing services, and consider any under/over use of services and relevant health inequalities.
Sexual orientation	Positive	Low	All services will be required to ensure their service is accessible for all characteristics. Subsequent EIAs will consider any barriers to services and

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
			health inequalities that LGB people may currently experience. This will include reviewing relevant sections of the research outlined in the LGBT Public Health Outcomes Framework Companion Document, as well as other local / national research.
Transgender	Positive	Low	All services will be required to ensure their service is accessible for all characteristics. Subsequent EIAs will consider any barriers to services and health inequalities that transgender people may currently experience.
Carers	Positive	Medium	Carers play a vital role in ensuring that those with a disability, health/care need or mobility problems are able to live full and independent lives. By enabling individuals to have access to the support to live independently in their communities, carers too are helped. In addition, a more efficient, joined-up system will aim to remove the stress and waiting times for carers as they try to ensure that those they care for get the best they can. • This is important because the estimated the number of carers and young carers in Sheffield will be 66,715 by 2015, higher than the national estimates suggest. Although caring can be an immensely positive experience, there is also evidence that caring can increase physical stress, lack of sleep and long term limiting illness, with a strong association between long hours of caring (50+) per week and mental health issues, including increased stress, anxiety and depression. Caring commitments can reduce opportunities for training and education (particularly for young carers), loss of income (including increased likelihood of poverty and reliance on benefits), increased costs and reduced levels of social interactions and friendships. • There are also inequalities in caring, with a

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			higher proportion of carers providing at least 50 hours care per week in the more deprived areas of Sheffield.
Voluntary, community & faith sector	Positive	High	The shift in investment we should see over the coming years from treatment to prevention creates a real opportunity for Sheffield's many voluntary, charitable, community and independent sector organisations. These organisations will be encouraged to use their capability and creativity to make an increasing impact – delivering services that can successfully reduce the risk of people losing their independence and wellbeing.
Financial inclusion, poverty, social justice:	Positive	Low	The city's Joint Health and Wellbeing Strategy and the Council's Corporate Plan 2015–18 provide the strategic framework for the pooled budget, and reducing health inequalities is a key priority in both documents. This means that the development of new schemes and joint ventures will focus on reducing health inequalities and the pooling of budgets should therefore help to support this aim. Subsequent EIAs will consider any potential impact of proposed changes – for example, any changes to how people pay for services or if people have to travel to access services could impact either positively or negatively on Financial inclusion or poverty.
Cohesion:	Neutral	Low	No anticipated impact but subsequent EIAs will assess these.

Overall summary of possible impact (to be used on EMT, cabinet reports etc): Positive, helping Sheffield people to be healthy, safe, independent and well for longer.

Review date: April 2016 **Entered on Qtier**: No

Does the proposal/ decision impact on or relate to specialist provision: Yes, although not directly at this stage

Action plan:

- More information about the impact of specific schemes will be submitted and published with any future Cabinet reports, and any action plans required will be included in these reports. Therefore, detailed EIAs will be required as a central part of all workstreams. An EIA has already been submitted for Independent Living Solutions.[3] An EIA has also been completed for the Keeping People Well in their Community work. The other workstreams will be developing their schemes of work and as such understanding any equalities implications during 2015/16.
- Sheffield people have already been involved in the development of a vision for integrated commissioning, and will continue to be consulted as part of the individual schemes, if this has not already happened.
- The lead for ensuring EIAs happen and consultation takes place, and that both are jointly owned by health and social care, will be the Integrated Commissioning Programme Board.

Approved (Lead Manager): Joe Fowler **Date:** 16 April 2015

Approved (EIA Lead Officer for Portfolio): Phil Reid **Date:** 17 April 2015

[3] See http://sheffielddemocracy.moderngov.co.uk/documents/s15634/Indpendent%20Living%20Solutions%20EIA.pdf.