

# Equality, Diversity and Inclusion Impact Assessment

## Stage 1

### ***Section 1: Policy, Function or Service Development Details***

This section requires the basic details of the policy, function or service to be reviewed, amended or introduced.

### ***Section 2: Assessing Impact***

This section asks the author to consider potential differential impacts the policy, function or service could have on each of protected groups. There is a separate section for each characteristic, and each should be considered individually.

Authors should refer to relevant evidence to inform the assessment, and to understand the likely demographics of the patient population who will be impacted by the policy, function or service. For example, findings from the Joint Strategic Needs Assessment (JSNA). It may be that no evidence is available locally. In this case, relevant national, regional or county-wide data should be referred to.

Authors must consider what action they will take to mitigate any negative outcomes identified and what actions they will take to ensure positive impacts are realized.

A link is provided to the legal definition for each of the protected characteristic groups.

### ***Section 3: Equality Act 2010***

This section asks the ICB's equality, diversity and inclusion lead to consider compliance to the Equality Act (2010) having completed the impact assessment of each of the protected characteristics covered by the Act in section 2. Consideration should be given to whether the evidence included in the impact assessment demonstrates that the organisation has upheld its legal duty to eliminate discrimination and promote equalities and good community relations by having given due regard to equality, including all nine of the protected characteristics covered by the Act.

### ***Section 4: Conclusions & Recommendations***

Now the impact has been assessed, the reviewing panel is asked to consider whether, based on the findings, they agree with the findings and any mitigating actions.

### ***Section 5: Planning Ahead***

This section outlines the requirements for any next steps. This should be completed by the ICB's Equality, Diversity and Inclusion lead and the author of this impact assessment to ensure that requirements are reasonable and deliverable within project/programme timeframes.

## Section 1: Policy, Function or Service Development Details (to be completed by the author)

Directorate: Strategy

Officer responsible for assessment:

Date of assessment: On-going

Is this a (please confirm): New assessment

### Defining what is being assessed:

What is the title of the policy, function or service this impact assessment applies to?

- Interim Kent and Medway Integrated Care Strategy

Please briefly describe the purpose and objectives of this policy, function or service

The Integrated Care Partnership (ICP) is required to write a strategy which sets out how commissioners in the ICB and local authorities will work with partners to deliver joined up and person-centered care across the Kent and Medway population. To reflect the transitional nature of 2022-2023, an interim strategy is being developed by December 2022 with wider engagement and further development planned from early 2023 and in line with the first 5-year joint forward plans that are due to be published before the next financial year.

The ICP strategy, through joint, integrated ways of working, looks to reflect evidence-based, system wide priorities which address and improve health and wellbeing as well as reduce disparities. The strategy will meet the needs of the local population of all ages and will relate to all physical and mental health as well as social care needs.

Who is intended to benefit and in what way?

The strategy looks to improve the health and wellbeing of the entire Kent and Medway population. It will consider a 'life course' approach by incorporating conception through to end-of-life care, considering different life phases and settings. There will be a particular focus on prompting and restoring health and wellbeing as well as reducing disparities.

What is the intended outcome of this policy, function or service?

The strategy will be used to extend current work to further the needed transformative change to tackle challenges including reducing health disparities across health and social care, improving quality and performance, preventing mental and physical ill health, and promoting patient choice and flexibility in how care and support are delivered. The strategy will be used to agree the steps required to deliver system level, evidence-based priorities in the short, medium and long term.

Who are the main stakeholders in this piece of work?

Providers across adult and children's social care, primary care, local authorities, community health services, secondary care, public health services, voluntary and independent sector and other partners that influence the wider determinants of health will be involved in the development and implementation.

What factors may contribute to the outcomes of this policy, function or service?

Ensuring the voice of the service user is used in the development of services.

Involvement/engagement of people who live and work in the Kent and Medway area that are covered by the ICP. This includes specific engagement with children, young people and their families as well as hard to reach and underrepresented groups, for example, people who are experiencing homelessness or members of the

travelling community. Consideration about how to give a voice to those not accessing services will also be incorporated into the ICS.

Time constraints are a risk, but it is acknowledged that the strategy will mature overtime and be refreshed accordingly.

Funding and enhanced partnership working arrangements that will enable new ways of working/commissioning more support and services

Workforce challenges may impact timescales and deliverability of some of the proposals outlined in the strategy

Who is responsible for implementing this change to policy, function or service? (Please provide contact details).

The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).

What factors may detract from the outcomes of this policy, function or service?

Some of the 'factors that contribute' above could also be factors that detract – e.g., funding, workforce shortages, need for enhanced partnership working. These factors continue to be considered as the strategy matures.

## Section 2: Assessing Impact (to be completed by the author)

When completing this section please give consideration to the fact that a differential impact may be positive or negative.

1. Could there be a differential impact due to <u>racial/ethnic groups</u> ?	Yes	
<p>The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local populations to enable greater provision of care across both health and social care. The document outlines how Kent and Medway will proactively look to involve people who have lived experience, particularly those from underrepresented groups. The project governance includes endorsement from the Kent and Medway Inequalities, Prevention and Population Health Committee (IPPH) to ensure that the strategy details how current programmes of work and future initiatives will help improve access, patient experience and patient outcomes for all racial/ethnic groups. For example, the strategy details how existing Mental Health provision acknowledges that mental health services use a western understanding of emotional health and wellbeing which may mean that services are inaccessible for some groups. For example, Unaccompanied Asylum Seeking Children and Refugees may not access emotional wellbeing and mental health support at school. This is an area that is being reviewed to help identify gaps in need, future commissioning needs and address health inequalities. Health Prevention and Living Well are key areas within the strategy including early cancer diagnosis and cancer screening which is an area of low uptake amongst black, ethnic and minority groups. The ambition of 75% of cancer cases being diagnosed at stage 1 or 2 by 2028 is included, reflecting one of the five focus clinical areas of the Core20PLUS5 national approach to reducing health inequalities. This work will include patient focused support services that understand and seek to address barriers that stop cohorts of patients engaging with health and wellbeing services.</p> <p>In addition, the strategy champions an inclusive workforce with all organisations creating a culture that promotes diversity, respect, shared learning, development, and opportunity.</p>		

--

2. Could there be a differential impact due to <a href="#">disability</a> ?	Yes	
<p>It is recognized that people with disabilities are more likely to require health and care services and so are more likely to be impacted by this strategy. It is felt that the strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local populations to enable greater provision of care across both health and social care. The strategy incorporates all aspects of health-related services, recognizing that not all services are health and/or social care. For example, the strategy includes a joined-up approach to the planning, commissioning, and delivery of housing arrangements to allow independent living for those who require additional support and housing arrangements. The strategy details how personalised care will allow for increased patient choice and flexibility and aims to allow greater independence for those living with a disability. Joined up working will allow people to access support that allows people with disabilities to work, again supporting the aim to allow people greater independence. In addition, there is a commitment to providing support for carers including young carers, acknowledging the huge benefits they provide to the people they look after as well as wider society but also recognizing the physical and emotional impact on them.</p>		

3. Could there be a differential impact due to <a href="#">gender</a> ?	Yes	
<p>The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care. For example, the strategy includes a commitment to improving outcomes and experience for families using maternity and neonatal services. Kent and Medway will continue to implement the ambitions of the NHS Long Term Plan and use the learning from the Independent Inquiry into East Kent maternity services to help make positive changes.</p>		

4. Could there be a differential impact due to <a href="#">sexual orientation</a> ?	Yes	
<p>There will be a positive impact as the strategy looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.</p>		

5. Could there be a differential impact due to <a href="#">religion or belief</a> ?	Yes	
<p>There will be a positive impact as the strategy looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.</p>		

6. Could there be a differential impact due to people's <a href="#">age</a> ?	Yes	
<p>What evidence exists for this?</p> <p>The strategy will encompass the needs of the whole population, of all ages. The strategy will consider the needs and outcomes of babies, children, young adults and their families by working collaboratively with partners including children's services. There is a commitment to giving children the best start in life with a particular</p>		

focus on prevention including improving awareness, education, and support to decrease the levels of smoking and drinking alcohol during pregnancy. Giving children the best start, ensuring that they are not at a disadvantage because of their background or where they live as well as ensuring that they are free from fear or discrimination, forms a key part of the overall strategy. This will be achieved through supporting families, delivering effective maternity services, adopting a whole family approach and safeguarding our most vulnerable children. The strategy identifies the need for a holistic and family approach that incorporates housing, communities, health, education, social care and the voluntary sector. A key area will be around key transitional points to ensure continuity of care as well as improve patient outcomes and patient experience. The strategy highlights the importance of increasing fitness, reducing childhood obesity, improving focus in schools and increasing the uptake of childhood vaccinations.

The strategy includes how Kent and Medway will help people manage their own health and wellbeing including how to live well and age well, encompassing health initiatives that promote positive health benefits. For example, The Healthy Workplace programme supports health and wellbeing at work, ensuring that workplaces are supportive of good health and wellbeing. Ageing well looks to continue the focus on supporting people of all ages to live happy, healthy and independent lives with accessible, integrated health and social care being central to achieving this. The strategy outlines how a public and marketing strategy will be developed to help build relationships and understanding of how the public can stay well and how to access services outside of just health and social care. Technology will be a key tool in enabling continuity of care for older people who are at a higher risk of multiple co-morbidities and deteriorating health. Extending social prescribing, allowing people to connect with their community also forms a core part of the ageing well strategy.

7. Could there be a differential impact due to <a href="#">marital/civil partnership status</a> ?	Yes	
The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.		
8. Could there be a differential impact due to a person being <a href="#">trans-gendered or transsexual</a> ?	Yes	
The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.		
9. Could there be a differential impact due to a person being <a href="#">pregnant or having just had a baby</a> ?	Yes	
There is a recognition that prevention of poor health starts before birth with good foundations leading to better health outcomes overall. The strategy outlines how a joined-up network of support will be provided to support parents and parents to be, including awareness around smoking during pregnancy, breastfeeding and childhood obesity as well as support being available around housing and education in line with providing a holistic and family approach. Maternity services are identified as a key area of focus within the strategy with a commitment to improving outcomes for women and birthing people. Considering, the ambitions of the NHS Long Term Plan and the learning from the Independent Inquiry into East Kent maternity services, the ICS has identified 11 key areas of focus to continue to develop and improve services for people who are pregnant or have just had a baby.		

<p>10. Are there any <i>other</i> groups that may be impacted by this proposed policy, function or service (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas, homeless or war veterans) but are not recognised as protected characteristics under the Equality Act 2010?</p>	<p>Yes</p>	
<p>The strategy furthers work and the required transformative change that is needed to tackle health inequalities across Kent and Medway. In addition to tackling and reducing health inequalities, the strategy looks to improve quality and performance, prevent physical and mental ill health and improve independence by promoting personalised care, choice and flexibility. This applies to the entire Kent and Medway population with partners aiming to deliver collaborative, joined up, person centered care throughout people’s lives. The strategy has a wide scope with focus on:</p> <ul style="list-style-type: none"> <li>• quality improvement</li> <li>• joint working</li> <li>• personalised care</li> <li>• disparities in health and social care</li> <li>• population health and prevention</li> <li>• health protection</li> <li>• babies, children, young people, their families and health ageing</li> <li>• workforce</li> <li>• research and innovation</li> <li>• health related services</li> <li>• data and information sharing</li> </ul> <p>The scope encompasses, and will impact all groups of people including speakers of other languages, carers etc.</p>		
<p>11. The FRED A principles (fairness, respect, equality, dignity and autonomy) are a way in which to understand Human Rights. What evidence exists to demonstrate that this initiative is in-keeping with these principles?</p> <p>The strategy will continue to adopt the Core20PLUS5 model which aims to support the reduction of health inequalities at system level (as well as national). There are 5 focus clinical areas that require accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. These clinical areas align with the Kent and Medway approach to health population management that aims to ensure that population groups who experience poorer than average health access, experience and/or outcomes are able to access an inclusive and holistic care.</p> <p>There is a specific focus on health protection to ensure that vulnerable groups are being identified and their needs are addressed. These groups include refugees, asylum seekers, homeless people, Roma, Sinti, Travelers, and other groups.</p>		

*NB: Remember to reference the evidence (i.e. documents and data sources) used*

### Section 3: The Equality Act 2010 (to be completed by the ICB equality, diversity and inclusion Lead)

Under The Equality Act 2010, the ICB is required to meet its Public Sector Equality Duty. Does this impact assessment demonstrate that this policy, function or service meets this duty as per the questions below? A 'no' response or lack of evidence will result in the assessment not being signed off.

12. The need to eliminate discrimination, harassment and victimisation	Yes	No
Please evidence how		
13. Advance equality of opportunity between people who share a protected characteristic and those who do not	Yes	No
Please evidence how		
14. Foster good relations between people who share a protected characteristic and those who do not	Yes	No
Please evidence how		

*NB: Remember to reference the evidence (i.e. documents and data sources) used*

## Section 4: Action Plan

The below action plan should be started at the point of completing the Impact Assessment (as impacts are identified), however, it is an ongoing action plan that should support the project throughout its lifespan and therefore, needs to be updated on a regular basis.

Potential Impact identified	Which Protected Characteristic group will be impacted upon?	Action required to mitigate against impact	Deadline	Who is responsible for this action (Provider/ICB- please include job title where possible)?	Update on actions (to be provided throughout project)	RAG rating
	All	To reflect the transitional nature of 2022-2023, an interim strategy is being developed by December 2022	December 2022	ICB		
	All	Wider engagement and further development is planned from early 2023 and in line with the first 5-year joint forward plans that are due to be published	April 2023	ICB		
	All	Ensure that detailed equality analysis and mitigation is in place for specific service changes or projects that happen as a result of the strategy	On-going	ICB		



## Section 5 Conclusions (to be completed by the author)

Could the differential impacts identified in questions 1-15 amount to there being the potential for adverse impact?	Yes	No
This is still being considered and will be reviewed and updated as the strategy matures		
Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group, or another reason?	Yes	No
This is still being considered and will be reviewed and updated as the strategy matures		

Is there an opportunity to alter your proposal to meet the ICB duties?	Yes	No
Is there evidence of a disproportionate adverse or positive impact on any groups of protected characteristic?	Yes	No
Are there concerns that there may be an impact that cannot be easily mitigated or alleviated through the alterations?	Yes	No

For any 'Yes' answers, please amend your equality impact assessment and resubmit it for further review. For any 'No' answers, the EDWG panel must now make a decision as to whether it considers this proposal to be viable.

## Section 6: Sign Off (to be completed by author and ICB Equality, Diversity and Inclusion Lead)

Date of next review	Jan 2023	
Areas to consider at next review (e.g. new census information, new legislation due)	All areas as highlighted above in line with final strategy	
Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?		
Signed (Author) J Keats	Date	22/11/2022
Signed (ICB E,D&I Lead) LS Brailey	Date	22/11/2022