

**City of York Council**  
**Equalities Impact Assessment**

**Who is submitting the proposal?**

<b>Directorate:</b>	Housing and Communities Directorate Public Health		
<b>Service Area:</b>	Communities		
<b>Name of the proposal:</b>	Design Principles of a 'Neighbourhood Model' for York		
<b>Lead officer:</b>	Laura Williams		
<b>Date assessment completed:</b>	14/11/2024		
<b>Names of those who contributed to the assessment :</b>			
<b>Name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Area of expertise</b>
Laura Williams	Assistant Director Customer, Communities and Inclusion	City of York Council	Communities Equity, Diversity and Inclusion and Human Rights
Peter Roderick	Director of Public Health		Public Health (Health Inequalities)

Joe Micheli	Head of Communities and Prevention		Early Intervention and Prevention
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## Step 1 – Aims and intended outcomes

1.1	<p><b>What is the purpose of the proposal?</b> Please explain your proposal in Plain English avoiding acronyms and jargon.</p>
	<p>The proposed model will provide more timely and appropriate interventions for people who share protected characteristics and focus on people and groups experiencing disadvantages, particularly those with multiple complex needs who need person centred and multi-disciplinary solutions.</p> <p>The model will be a neighbourhood working or ‘Integrated Neighbourhood Team’ Model. Integrated Neighbourhood Teams bring together multi-disciplinary professionals from different organisations across health, care and community services. The aim is to deliver more joined up preventative care at a neighbourhood level. By sharing resources and information, teams will work together more collaboratively, simplifying and streamlining access to services. This will make sure York residents get the support and care they need, when they need it - at the right time and in the right way.</p> <p>This model is a way of delivering earlier and better outcomes for individuals, for communities and for the wider system of services in the city. This model will cover multiple services provided by several organisations, including NHS bodies, the council, for-profit and not-for-profit providers and community groups and individuals. This work builds on already successful multi agency work in the city including around mental health, frailty, family, and community hubs.</p> <p>It aims to engender significant, positive outcomes for the city in co-production with partners, residents, and staff teams follow the approval of this report. The first stage of this work is to agree a set of design principles</p>

	to deliver a system focused on person-centred, strength-based community development and effective Early Intervention and Prevention (EI&P) throughout York's communities.
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1.2	<p><b>Are there any external considerations?</b> (Legislation/government directive/codes of practice etc.)</p>
	<p>This model reflects priorities of the new national Mission boards, and the acknowledgement that many public sector challenges are rooted in reactive care, late intervention and failure demand due to missed prevention opportunities.</p> <p>A major theme in health care policy over the last decade has been the development of integrated care and a more place-based approach to how services are delivered.</p> <p>In May 2022 the 'Fuller Stocktake' (see <b>Background papers to main report</b>) proposed the development of 'Integrated Neighbourhood Teams', and their implementation is underway, in a variety of ways, across the country.</p> <p>The York &amp; North Yorkshire Combined Authority's Economic Framework (see background documents) priorities include 'Healthy and Thriving Communities', stating:</p> <p><i>'Collaboration will help us to ensure that we're meeting local needs, particularly addressing the unique and diverse requirements of our residents, but also collective efforts can amplify our impact. Whether that's working closely with our two constituent authorities, our Police, Fire and Crime colleagues, Public Health and the NHS, maximising voluntary and community sector organisations, or supporting our anchor institutions.'</i></p> <p>The Council Plan for 2023-27 'One City, for All' sets out the Council's vision for the next four years.. The relevant priority actions in the Council Plan are:</p> <ul style="list-style-type: none"> <li>• Work with the York Health and Care Partnership to <b>strengthen York's integrated early intervention and prevention model</b> and further develop primary and secondary shared care models and emergency care, working closely with the voluntary and community sector.</li> <li>• <i>'One of the new Governments key initiatives is the trial of Neighbourhood Health Centres. These centres will aim to alleviate the pressure on GP surgeries by consolidating services such as family doctors, district nurses, and physiotherapists under one roof. By shifting resources to</i></li> </ul>

*primary care and community services, the Government hopes to provide more integrated and accessible care for patients.'*

- **Deliver local area coordination, health trainers and social prescribing** that supports people be independent and in communities, working alongside partners for their own health and wellbeing.
- **Develop a neighbourhood model of delivery**, exploring the benefits of establishing 'hubs' across communities.
- Deliver the City **Community Mental Health** Transformation Programme
- **Develop the relationship between schools, family hubs and learning centres**, such as 'The Place' (Sanderson House), in collaboration with other services and universities.
- Develop a '**Caretaker**' proposal to reflect pride-in-place priorities in neighbourhood plans.

Together with responding to ongoing actions to:

- Develop a city-wide **Movement and Place Plan** – with health, care and community services provided at a neighbourhood level, helping reduce city-wide travel for the majority of routine health, care and community services.
- Develop Local Transport Plan 4 and **the Local Cycling, Walking and Infrastructure Plan** (in line with government guidance and aligned to the Air Quality Action Plan) to help people travel easily in a sustainable, safe, and healthy way.

<b>1.3</b>	<b>Who are the stakeholders and what are their interests?</b>
	<p><b>Stakeholders:</b> Internal CYC teams from a range of directorates working across early intervention/prevention and in communities, York Place (NHS), York Health and Care Collaborative, Primary Care Networks across the city, VCS partners and community groups, York citizens. These stakeholders will value a service delivery model which provides the right care, at the right time, in the right place, in a person-centred way which will see health and wellbeing improvements for those with some of the most complex needs.</p>

<b>1.4</b>	<p><b>What results/outcomes do we want to achieve and for whom?</b> This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023- 2027) and other corporate strategies and plans.</p> <p>The successful development of this model would enable the Council to address the Plan’s four key commitments in the following ways:</p> <ul style="list-style-type: none"> <li>• <b>Affordability</b> - Accessing information, support and care closer to home and being given holistic support which will include financial advice will positively impact those most affected by the cost of living crisis, and financial exclusion more generally.</li> <li>• <b>Environment</b> – The developing Neighbourhood Model (and four area map) will link in closely with York’s new Local Transport Strategy, and its Implementation Plan. This commits the Council to an audit of facilities across York (for example, GP surgeries, pharmacies, primary schools, open</li> </ul>
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spaces) and looks to identify the neighbourhoods where facilities are missing. The audit will be accompanied by a review of the bus network which will assess the extent to which people can access facilities by public transport, and York's Local Cycling and Walking Infrastructure Plan, which will identify active travel links. This audit will be one of the main actions to identify how to reduce car use in York by 20% by 2030, to assist York in reducing carbon emissions from transport by 71%.

- **Equalities and Human Rights** - Every human being has the right to the highest attainable standard of physical and mental health. The Council has a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services and to address the root causes of health inequalities, including financial exclusion, stigma and discrimination. The right to health is indivisible from other human rights - including rights to education, participation, food, housing, work and information. This model is person-centred and will help the council to ensure equity of access to services, particularly for those who have protected characteristics.
- **Health Inequalities** - The new government's proposed NHS reforms will shift healthcare from a late diagnosis and treatment model to one where considerably more services will be delivered in local communities. There is also a clear signal that there will be a far greater focus on prevention throughout healthcare and within services focused on helping people in relation to the wider determinants of health – such as financial exclusion, housing and crime. The work proposed in this paper will put York ahead of the curve by setting out a truly collaborative model, in partnership with health.

Whilst not specifically mentioned in the Council Plan the delivery of statutory **Homelessness and Rough Sleeper Strategy 2024-27** (to be considered at this Executive meeting), will be dependent on the same building blocks and design principles outlined in this report to ensure early intervention by multi-disciplinary teams is co-ordinated and timely.

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## Step 2 – Gathering the information and feedback

<b>2.1</b>	<b>What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights?</b> Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.
	Data supporting the four area model is attached to the main report. Consultation will form part of the next steps if the design principles are approved.



### Step 3 – Gaps in data and knowledge

3.1	<b>What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.</b>		
<b>Gaps in data or knowledge</b>		<b>Action to deal with this</b>	
Data supporting the four area model is attached to the main report. Consultation will form part of the next steps if the design principles are approved.			

### Step 4 – Analysing the impacts or effects.

4.1	<b>Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments?</b> Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
<b>Equality Groups and Human Rights.</b>	<b>Key Findings/Impacts</b>	<b>Positive (+) Negative (-) Neutral (0)</b>	<b>High (H) Medium (M) Low (L)</b>
<b>Age</b>	This is a person centred model and any services being delivered will consider the needs of individuals.  Older citizens will be likely to see a positive impact due to care and support being available at a more local level, but this will be explored in consultation if the design principles are approved.	<b>Positive (+)</b>	<b>H</b>

<p><b>Disability</b></p>	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>Disabled citizens will be likely to see a positive impact due to some care and support services being available at a more local level, but this will be explored in consultation during the next stage, if the design principles are approved.</p>	<p><b>Positive (+)</b></p>	<p><b>M</b></p>
<p><b>Gender</b></p>	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>Data suggests that individuals presenting to primary care with issues that are more social than medical are those identifying as women, so this model of early intervention and prevention should have a positive impact on this group. This will be explored in consultation during the next stage, if the design principles are approved.</p>	<p><b>Positive</b></p>	<p><b>M</b></p>
<p><b>Gender Reassignment</b></p>	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>As above, data suggests that individuals presenting to primary care with issues that are more social than medical are those identifying as women, so this model of early intervention and prevention should have a positive impact on this group. This will be explored in consultation during the next stage, if the design principles are approved.</p>	<p><b>Positive</b></p>	<p><b>L</b></p>

<b>Pregnancy and maternity</b>	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>There may be a positive impact of some maternity services being delivered more locally, this will be explored in consultation during the next stage, if the design principles are approved.</p>	<b>Positive</b>	<b>M</b>
<b>Race</b>		<b>0</b>	
<b>Religion and belief</b>		<b>0</b>	
<b>Sexual orientation</b>		<b>0</b>	
<b>Children with experience of care</b>	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>Carers will be likely to see a positive impact due to support, advice and information being available at a more local level, but this will be explored in consultation, if the design principles are approved.</p>	<b>Positive (+)</b>	<b>M</b>
<b>Other Socio-economic groups including :</b>	<b>Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?</b>		
<b>Carer</b>	This is a person centred model and any services being delivered will consider the needs of individuals.	<b>Positive</b>	

	Carers will be likely to see a positive impact due to care being available at a more local level, but this will be explored in consultation, if the design principles are approved.	<b>H</b>	
<b>Low income groups</b>	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>Low income groups will be likely to see a positive impact due to care being available at a more local level, with less need to travel and incur costs. There will also be a range of financial advice and information delivered within community settings. This will be explored in consultation if the design principles are approved.</p>	<b>Positive</b>	<b>H</b>
<b>Veterans, Armed Forces Community</b>	.	<b>0</b>	
<b>Other</b>			
<b>Impact on human rights:</b>			

List any human rights impacted.	<p>There will be a positive impact for Human Rights by delivering the council’s statutory responsibilities and bringing partners together to embed early intervention and prevention and improve systems through joint working and outcomes monitoring.</p> <p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> <li>• provide strategic direction for the council’s human rights and equalities work</li> <li>• tackle the issues raised within the York Human Rights City Indicator Report</li> </ul> <p>Any services being developed and put in place to provide person centred care must adhered to these principles.</p>	<b>Positive (+)</b>	<b>Med</b>
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**Use the following guidance to inform your responses:**

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p><b>High impact</b> (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p><b>Medium impact</b> (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p><b>Low impact</b> (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

## Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	<b>Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?</b>
There will be no negative impact on the above groups. Any impacts will be managed as part of an assessment of individuals needs and care and support services will be designed in accordance with information provided by the customer as the model is designed to be person centred.	

## Step 6 – Recommendations and conclusions of the assessment

6.1	<b>Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:</b>
- <b>No major change to the proposal</b> – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.	

- **Adjust the proposal** – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
- **Continue with the proposal** (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty
- **Stop and remove the proposal** – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.

**Important:** If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.

Option selected	Conclusions/justification
<b>No major change to the proposal</b>	The proposed model is in early stages and approval is on design principles and further consultation.

## Step 7 – Summary of agreed actions resulting from the assessment

7.1 What action, by whom, will be undertaken as a result of the impact assessment.			
Impact/issue	Action to be taken	Person responsible	Timescale



Equality and Human Rights Act	Quality Assurance	Laura Williams	

### Step 8 - Monitor, review and improve

<b>8. 1</b>	<b>How will the impact of your proposal be monitored and improved upon going forward?</b> Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?
	Consultation will take place and a further paper will be taken to Executive in Summer 2025 with a full EIA.