

City of York Council
Equalities Impact Assessment

Who is submitting the proposal?

Directorate:	Cross Council		
Service Area:	NA		
Name of the proposal :	Establishment of a Joint Committee (Section 75 agreement) between Humber and North Yorkshire Integrated Care Board and City of York Council		
Lead officer:	Peter Roderick		
Date assessment completed:	14/10/24		
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Peter Roderick	Director of Public Health	City of York Council	Public Health

Step 1 – Aims and intended outcomes

1.1	<p>What is the purpose of the proposal? Please explain your proposal in Plain English avoiding acronyms and jargon.</p>
	<p><i>The 2022 Health and Care Act allows for the formation of joint committees between an Integrated Care Board and any local authority within its geographical area. A joint committee is defined in the legislation, and its purpose is to establish a formal governance mechanism to oversee integrated working between health and care, and to allow for the aligning and pooling of resources where both health and local authorities fund care and support for residents, under Section 75 of the National Health Service Act 2006. This report will seek executive approval for CYC to enter into such an arrangement with the Humber and North Yorkshire ICB.</i></p> <p><i>The creation of a Joint Committee will improve the quality of health and care for residents in the city. As an enabling mechanism, it will not directly change services overnight, but the partnership working, joint planning and joint funding arrangements it allows between the council and health will lead to greater integration between healthcare services.</i></p>
1.2	<p>Are there any external considerations? (Legislation/government directive/codes of practice etc.)</p>
	<p><i>2022 Health and Care Act</i></p>

1.3	<p>What results/outcomes do we want to achieve and for whom? 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 (2019- 2023) and other corporate strategies and plans.</p>
	<p>A clear narrative has been agreed by partners to explain to residents why we would want to develop joint commissioning arrangements:</p> <p><i>Joint Commissioning in York – Our Narrative</i></p> <p>There are things we can't do alone that we can do together, such as management of the care home market, supporting people receiving care 'out of area' back home, addressing the exponential rise in dementia and frailty, ensuring our children and young people are supported to get the best start in life.</p> <p>Joint approaches lead to better joined up services for residents. This makes sense for where services are targeting similar populations, where there is benefit in multi-agency working, and where an active focus on prevention can reduce costs to statutory services.</p> <p>Joint approaches will help us prepare for the challenges ahead, with unsustainable finances and workforce, a system that is no longer affordable, and rising demands bringing additional pressures. Taking decisions together will help avoid costly decisions that fail to take account of interdependencies between health care services, the wider determinants of health, and the longer term benefits of supporting the health and wellbeing of our Children and Young people.</p> <p>We are part of a wider system of health and care partnerships in Humber and North Yorkshire, committed to Place Delegation; to support sustainability of health and care systems; and enable excellence and prevention in the way services are developed and delivered with and for people, families, and communities.</p>

1.4	Who are the stakeholders and what are their interests?
	Customers of social care, patients of the NHS, and all residents Health and care providers of services, including York Hospital, care settings, TEWV NHS Mental Health Trust, the voluntary and community sector

Step 2 – Gathering the information and feedback

2.1	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? 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.	
	Source of data/supporting evidence	Reason for using
	Consultation with York Health and Care Partnership Executive Committee	This is a strategic change relating to funding mechanisms in the health and care sector. YHCP brings together the key leaders from across the sector. This includes Healthwatch York, who's work regularly focuses on raising and highlighting issues within health and care where services are not integrated, do not align in delivery, and do not work in collaboration.

Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.	
Gaps in data or knowledge		Action to deal with this
<p>Uncertainties around the precise services changes, and the long term implications, of greater integrated commissioning within the city</p>		<p>We are basing our model of integrated care in the city on the substantial body of evidence that integrated care can deliver improved quality of care and that patients report better outcomes, involvement and satisfaction with services which have been integrated rather than delivered as separate functions. The evidence is less clear around the effect on healthcare utilisation, which seems to reduce in many cases (but not necessarily in terms of cost).</p> <p>Examples of evidence:</p> <p>Providing Integrated Care For Older People The King's Fund (kingsfund.org.uk)</p> <p>Ways of integrating care that better coordinate services may benefit patients (nih.ac.uk)</p> <p>The effects of integrated care: a systematic review of UK and international evidence BMC Health Services Research Full Text (biomedcentral.com)</p>

Step 4 – Analysing the impacts or effects.

4.1	<p>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? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.</p>		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	Older people and children are more likely to use health and care services, and the intention of more integrated care is to enhance patient outcomes and experience	+	m
Disability	Disabled people and those with long terms conditions or complex needs are more likely to use health and care services, and the intention of more integrated care is to enhance patient outcomes and experience	+	m
Gender	Research has found that there is a gender health gap in the UK, where many women receive poorer healthcare than men. The intention of more integrated care is to enhance patient outcomes and experience.	-	m
Gender Reassignment	The GP patient survey has shown that, after adjustment for age, ethnicity and deprivation, trans and non-binary adults reported higher prevalence for 10 out of the 15 long-term conditions. They were around three times as likely to be living with dementia or to have a learning disability, and twice as likely to be experiencing mental health difficulties. They were almost six times as likely to be autistic. The reasons for these differences compared to the general population are	-	m

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	likely to be complex, including a mixture of stress, experiences of discrimination, socio-economic status and the biological effects of hormone treatments. The intention of more integrated care is to enhance patient outcomes and experience		
Marriage and civil partnership		-	m
Pregnancy and maternity		-	m
Race	Evidence shows that, for a variety of reasons (from socio-economic factors to structural racism), people from Black and Racially Minoritised Communities have poorer health outcomes. More integrated care aims to improve patient outcomes.	-	m
Religion and belief	We know there are challenges facing certain religious groups in relation to accessing health care. For example, Muslim patients are more likely to be dismissed and misdiagnosed, it's reported that concerns are not taken seriously and as a result infection and mortality rates are considerably higher for them than other groups. Muslim women face stark inequalities in maternity services. The intention of more integrated care is to enhance patient outcomes and experience.	-	m
Sexual orientation	The evidence that LGBT+ people have disproportionately worse health outcomes and experiences of healthcare is both compelling and consistent. With almost every measure we look at, LGBT+ communities fare worse than others. The intention of more integrated care is to enhance patient outcomes and experience.	-	m

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Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	Carers have a great deal of contact with health and care services, often report poor outcomes / involvement / support from services, and since the intention of more integrated care is to enhance patient outcomes and experience this should also positively effect carers' experience	+	m
Low income groups		-	m
Veterans, Armed Forces Community	A 2024 Survey by the Royal College of GPs (RCGP) and the Office for Veterans' Affairs (OVA) found that more than half of veterans had a physical or mental health issue since returning to civilian life, and that 1 in 7 had not sought help from a medical professional. intention of more integrated care is to enhance patient outcomes and experience this should also positively impact veterans.	-	m
Other		-	m
Impact on human rights:			
List any human rights impacted.			

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.

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<p>High impact (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>Medium impact (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>Low impact (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	<p>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?</p>
<p>All major decisions around commissioning within the proposed joint committee will be subject to a separate EIA as part of the report template for the York Health and Care Partnership</p>	

Step 6 – Recommendations and conclusions of the assessment

6.1	<p>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:</p>
<p>- No major change to the proposal – 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.</p>	

- **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
No major change to the proposal	At this stage, the proposal is around the funding and commissioning mechanisms which lay behind service changes, and so this proposal has no major equalities implications. Future decisions taken as part of a joint committee must have robust consideration of equalities

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
Need for joint commissioning decisions in future to be subject to equalities impact assessment	Development of appropriate equalities template as part of Joint Committee decision reports	Humber and North Yorkshire Integrated Care Board York Place Team / NHS Director of Place	April 2025

Step 8 - Monitor, review and improve

8. 1	How will the impact of your proposal be monitored and improved upon going forward? 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?
	Equalities template as part of Joint Committee decision reports