

Equality Impact Assessment

Preliminary assessment form v5 / 2013

The preliminary impact assessment is a quick and easy screening process. It should:

- identify those policies, projects, services, functions or strategies which require a full EIA by looking at:
 - negative, positive or no impact on any of the equality groups
 - opportunity to promote equality for the equality groups
 - data / feedback
- prioritise if and when a full EIA should be completed
- justify reasons for why a full EIA is not going to be completed

Service:

Chief Officer Operations

Title of policy, service, function, project or strategy (new or old) :

Better Care Fund 2016/2017

Type of policy, service, function, project or strategy:

- Existing
- New / proposed
- Changed

Q1 - What is the aim of your policy, service, function, project or strategy?

The aim of the Better Care Fund (BCF) is to improve the lives of some of the most vulnerable people living in Portsmouth by putting them and their families at the centre of their care.

BCF aims deliver personalised integrated care and support at the right time, in the right health and care setting which enables individuals to live safe, healthy and independent lives.

Any new services will also be designed to make the best use of resources available.

Background to Better Care Fund (BCF) - The Government's £3.8bn Better Care Fund (BCF) was announced in 2013 and Portsmouth's programme officially got underway in April 2014. Since the original plan was submitted, work has progressed on the 4 work streams (more detail in Q2)

An update on the BCF plan was submitted to NHS England in May 2016.

Q2 - Who is this policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

Using the equality groups listed in Q3, primarily the Better Care Fund (BCF) is going to have a positive impact on older people and adults with a disability who are using health and social care services in Portsmouth.

The benefits of the BCF and the outcomes it is seeking to achieve for individuals include;

- 1) Individuals to receive effective services which meet identified goals
- 2) Individuals to receive support to manage their health in order to stay well
- 3) Individuals to spend less time in hospital
- 4) Individuals to receive responsive services which help them to maintain their independence
- 5) Individuals to have access to the right information and support about the services available
- 6) Individuals to be empowered to participate in service development and delivery
- 7) Individuals to feel confident that their care is coordinated and that they only have to tell their story once
- 8) Individuals to benefit from use of assistive technology through telecare and telehealth to help them stay well
- 9) Individuals to be supported by their community to maintain their independence and remain living in the community

It is not envisaged that the BCF will have a detrimental effect on the remaining equality groups listed.

Q3 - Thinking about each group below, does, or could the policy, service, function, project or strategy have a negative impact on members of the equality groups below?

Group

Negative

Positive / no
impact

Unclear

Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other excluded groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If the answer is "negative" or "unclear" consider doing a full EIA

Q4 - Does, or could the policy, service, function, project or strategy help to promote equality for members of the equality groups?

Group	Yes	No	Unclear
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy or maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer is "no" or "unclear" consider doing a full EIA

Q5 - Do you have any feedback data from the equality groups that influences, affects or shapes this policy, service, function, project or strategy?

Group	Yes	No	Unclear
Age	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Transgender	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Religion or belief	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pregnancy and maternity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other excluded groups	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

If the answer is "no" or "unclear" consider doing a full EIA

Q6 - Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, service, function or strategy?

yes No

Q7 - How have you come to this decision?

It has been decided that a full EIA is not required for the Better Care Fund plan 2016/2017. This decision has been made due to the successful progress already made and that the BCF is providing a foundation for the Health and Care Portsmouth transformation programme. It is considered that the work so far has had a positive effect on the equality groups and ongoing work for 16/17 will continue to the same effect.

The Health and Social Care Partnership (HaSP) board and BCF Partnership Management Group (PMG) have been in place during 15/16 to support the BCF programme. Both boards are represented by key health and care professionals which has enabled engagement and involvement at the highest level.

Individual project meetings involving a range of key stakeholder have supported the implementation of

the BCF programme since the beginning. This has ensured that engagement and involvement has been sought from the outset.

A well established stakeholder reference group is also in operation, this gives an opportunity for updates on the progress of the BCF to be shared and members to contribute views/opinions and ideas on a variety of BCF work areas.

Specific projects within the BCF programme have engaged with users, stakeholders and staff through their development and implementation. See below for further details,

Acute Visiting Service (pilot)- Initial GP feedback on the need for an urgent visiting GP service was identified at a GP commissioning event in May 2014. It was agreed that pilot project would be funded through the BCF and this was mobilised in September 2015 by Portsmouth GP Alliance.

Six months in to the pilot, feedback from GP practice staff and patients was collected. It was hoped that this feedback would contribute to the review of the service and would be used to develop any service recommendations. GP practice feedback was collected via a survey monkey exercise where a total of 28 GP Practice staff gave feedback on the service. The general feedback was very positive about the service. Practice staff were also asked to state any improvements they would like to see during the pilot stage. Patients who had received the AVS service were also asked to participate in a survey (This was paper survey). Sixty-five patients completed a survey again offering positive comments about the service they had received. The feedback collected from both methods were shared at the March review which was attended by a range of health and care professionals and have helped with developing further recommendations for service development.

Living Well Service - A range of staff across Portsmouth City Council, Portsmouth Hospital Trust, Solent NHS and Age UK (National and Portsmouth) were identified by the BCF programme lead and the Living Well project manager to be involved in attending a review workshop held in May 2016. The workshop was well attended and attendees had the opportunity to contribute as a group and then in two smaller focus groups. Invitees who were unable to attend also had the opportunity to contribute their views prior through the answering of a set a questions. The feedback collected from the review in May 2016 and will feed in to the recommendations for future service developments and will be shared to the members of the BCF Partnership Management Group (PMG) at the end of June 2016.

Integrated Localities - There has been a lot of staff engagement prior to the community health teams moving to the Civic and Medina House at the beginning of May. This has been completed using a variety of different methods including; a production of a DVD, (staff had the opportunity to shadow job roles across health and social care teams), team meetings, specific staff briefings, newsletters and bulletins (example - CCG weekly update), 'meet and greets,' and larger staff events (June 2015 and November 2015). A working group to support the Co-location was also set up with members including Solent NHS staff and Portsmouth City Council staff. It is envisaged that feedback from the staff who have been involved in this move will be collected and reported via the Better Care newsletter/ Stakeholder reference group.

Community rebablment - A review was undertaken on the Portsmouth Rehabilitation and Reablement Team in June 2015 which involved interviews with practitioners in Adult Social Care. The feedback which was collected as part of these interviews contributed to the review and enabled a better understanding of the work which was required as part of 16/17 for the Community Reablement project.

If you have to complete a full EIA and / or require any help, please contact the Equality Lead on Tel: 023 9268 4818 or email:claire.pond@portsmouthccg.nhs.uk

Q8 - Who was involved in the EIA?

Jo Atkinson Better Care Project Manager NHS Portsmouth CCG

This EIA has been approved by: Jo York

Contact number: 02392 899587

Date: 20/06/16

Please email a copy of your completed EIA to the Equality Lead who will contact you with any comments or queries about your preliminary EIA.

Telephone: 023 9268 4818

Email: claire.pond@portsmouthccg.nhs.uk

Print Form