Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.
Record your reasons for arriving at that conclusion in the comment's column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Title:	Integrated Care Strategy December 2022		
Lead:	Liz Gaulton, Chief Officer for Health Inequalities and Population Health	**Senior Responsible Officer:**	Danielle Oum, Chair ICP
Intended impact	The strategy sets out bold ambitions for our System and the difference working together and leveraging the benefits of the new legislative framework for health and care can bring. We expect the Strategy, and the forthcoming ICB 5-year Integrated Care Plan will drive change in: • how, as partners, we relate to each other and to our communities • the way we use our resources • the design and delivery of our services • how we plan and make decisions. Ultimately, we want to see the impact of our strategy in improved population health outcomes and reduced health inequalities across Coventry and Warwickshire over the next 5 years and beyond. If we are successful residents of Coventry and Warwickshire will • be supported to live a healthy, happy, and fulfilled life, equipped with the knowledge and resources to prevent ill health, and maintain their independence at home		

	• find it easier to access the health and care services they need wherever they live and will have more say over the services they receive and greater trust in their quality, effectiveness, and safety; and • receive appropriate and timely care when they need it, from skilled and valued staff.
How will it be achieved:	Our Integrated Care Partnership brings together a wide range of partners – local government, NHS, voluntary and community sector, housing, health watch, universities, and others, to lead the system's activity on population health and wellbeing and drive the strategic direction and plans for integration across Coventry and Warwickshire. Its scope of influence extends beyond the integration of health and care services to encompass opportunities to work together to address the wider determinants of health. We adopted some core principles that underpin how we work together and how we will achieve the aims of the Strategy: **Principles** Championing better health for everyone Providing strategic leadership Prioritising prevention Strengthening and empowering communities Championing integration and coordinating services Sharing responsibility and accountability Engaging, listening, and learning

Name of person completing assessment:	**Anita Wilson**
Position:	**Director of Corporate Affairs, Coventry, and Warwickshire ICB**
Date of Assessment:	**30 November 2022**

Equality Impact Assessment

What is the aim of the Integrated Care Strategy?
This strategy provides an opportunity for us to set out our ambitions for what we can achieve over the next 5 years as an Integrated Care System. It aims to outline, in high level terms, the difference we can make by working in an integrated way, taking advantage of a new legislative framework – and setting the tone and focus for how we will work together. It doesn't seek to replace or duplicate existing strategies and activity underway in the system – instead it seeks to link them together by providing an overarching narrative about where we want to get to, and what it is that we are all trying to change and improve together. The Integrated Care System has an opportunity to improve population health and wellbeing in its broadest sense, with a wide range of partners working together to improve health outcomes and tackle health inequalities, starting with the root causes by addressing the wider determinants of health. And equally importantly, this is about working together at all levels and as locally as possible. We intend that much of the activity to integrate care and improve population health will be driven by organisations working together in our places, and through multi-disciplinary teams working together in our neighbourhoods, adopting new targeted and proactive approaches to service delivery, informed by a shared understanding of the needs of our population.

Who will be affected by this work? e.g., staff, patients, service users, partner organisations etc.
The Impact of the strategy on Coventry and Warwickshire will be far reaching. We expect it to underpin everything we do as an integrated care system and to drive change in: • how, as partners, we relate to each other and to our communities • the way we use our resources • the design and delivery of our services • how we plan and make decisions. Therefore, staff living and working in Coventry and Warwickshire, patients and service users, statutory organisations and the voluntary and community sectors may and will be affected by the Strategy.

Is a full Equality Analysis Required for this project?			
Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

This strategy has been informed in several ways; namely

Existing C&W Strategies and plans

- Coventry Health and Wellbeing Strategy 2019-2023
- Warwickshire Health and Wellbeing Strategy 2021-2026
- Joint Strategic Needs Assessments (JSNAs)
- Health Inequalities Strategic Plan
- NHS Trust Organisational Strategies
- ICB Strategies e.g. Local people and Communities, Green, Tackling health inequalities
- Local Council Strategies/Plans e.g., Children and Young People, Levelling up, One Coventry

National Guidance

- NHS Long Term Plan
- NHS England Guidance documents on the role of the ICP
- NHS England National Healthcare inequalities Improvement Programme
- Local Government Association, Dept. Health, and Social Care guidance on ICP engagement
- Public Health England Strategy 2020-2025

Legal Framework

- Health and Care Act 2022

Engagement Activities: Ensuring effective and widespread community and stakeholder engagement to inform the development of this strategy through an inclusive approach has been a priority from the outset. A specific Engagement Task and Finish Group was established early in the process to ensure that engagement and co-production remained at the forefront throughout and got the specialist attention required. The Task and Finish Group included representatives from Local Authorities, NHS organisations, the voluntary and community sector, Healthwatch, faith groups and housing.

Across September, October, and November we have held over 30 community engagement events and launched an online survey widely promoted across the system. In addition, our Joint Integrated Health, and Wellbeing Forum (C&W HWBB) have come together to engage on the drafts as well as out ICP members.

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g., 32-year-old) or a range of ages (e.g., 18–30-year old's)

Across Coventry and Warwickshire there is difference in life expectancy. Overall people living in Coventry have significantly lower life expectancy than the England Average. The average life expectancy of males in Coventry is 76.1 years and for Females 82 years. In Warwickshire the average for males is 79.7yrs and for females 83.4yrs. (England Avg. 74.9 for males and 83.1 Females)

The priority of the Strategy is to prioritise prevention and improve future health outcomes through tackling inequalities. The Strategy promotes the careful consideration of this protected characteristic from design through to implementation of any service changes and policies. In doing this organisations will ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

60% of those who died from Covid-19 in the first year of the pandemic were disabled. (The Kings Fund, Towards a new partnership between disabled people and health and care services, July 2022). The health inequalities disabled people face were made worse by the pandemic and as such it is important to ensure disabled people feel and are involved and engaged in planning and designing of health and care services.

As part of the ICP strategy development, several groups were engaged including Warwickshire and Coventry Vision, Grapevine (a charity supporting people with Learning Disabilities) employability groups and various smaller groups of which disabled members make up membership.

They told us that there needs to be a better interface between the NHS and social care especially across borders and access to GP face to face appointments. Transport issues were of concern as well as issues of isolation and not being digitally enabled.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Gender reassignment (including transgender): Where a person has proposed, started, or completed a process to change his or her sex.

Existing evidence from sources such as GP patient Surveys, Healthwatch and the CQC point towards poorer health outcomes and poorer access for trans people. Evidence from the GP patient Survey sees younger trans and non-binary patients (Aged 16-44) more likely to report a long-term condition, disability (including physical mobility) or illness compared with patients of the same age.

As we have developed the ICP Strategy priorities and identified the outcomes and actions for each, we have done so through the lens of our population health model. Protecting the health of people and communities requires culturally competent approaches, which will be underpinned by a deeper understanding and involvement of our communities. The ICS as part of its Local People and Communities Strategy will continue to engage with the trans community who can help identify issues and co-produce solutions

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Marriage and civil partnership: A person who is married or in a civil partnership.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

Coventry and Warwickshire have a local Maternity and Neonatal System (LMNS) that operates to work together across providers of maternity care to deliver high quality and consistent care to women and their families. We know that across C&W 8.3 % of babies are born with a low birth weight as compared to the national average of 6.9% (NMPA 2017), Coventry, Rugby and North Warwickshire have higher than average teenage conceptions, smoking at delivery in North Warwickshire is 13.7% which is higher than the national average of 10.6 % and 1 in 5 women in Coventry and Warwickshire will experience issues relating to mental health.

In addition to significant workforce challenges in terms of recruitment and vacancies across Coventry and Warwickshire we need to ensure our workforce feel valued and supported.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within Priority 1 - Prioritising prevention and improving future health outcomes through tackling inequalities, specifically with a focus on enabling the best start in life for children and young people. Within Priority 3 – tackling immediate system pressures and improving resilience there is a focus on developing & investing in our workforce, culture, and clinical and professional leadership. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Coventry and Warwickshire have a multicultural population. 15.6% of the population come from a non-white background with the proportion living in the most deprived areas greater than the proportion for white residents. Research published by the Nuffield Trust and the NHS Race and Health observatory (RHO) has found that people from Asian groups experienced a much larger fall in planned hospital care during the pandemic that people from White, Black, or Mixed ethnic groups, worsening ethnic disparities in care. In addition, the RHO infographic 'Ethnic health inequalities in the UK' has some stark contrasts for which the ICS needs to consider.

The engagement activities the ICP undertook in developing the strategy highlighted that people from a migrant and asylum seeker background felt as though they received discrimination and experienced disparities in the care they received.

Asian and Black African and Caribbean people spoke of a lack of cultural awareness and wanting clinicians and professionals to be trained to support better conversations and face to face appointments to build trust.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g., atheism). Generally a belief should affect an individual's life choices or the way in which they live.

In 2020 the Office for National Statistics published ' Religion and Health in England and Wales' with a view to add to the growing evidence base on equalities. A finding was that a prevalence of long-standing

impairment, illness or disability was significantly lower among those who identified as Sikh compared with several other religious groups.

Therefore, protecting the health of people and communities requires culturally competent approaches, which will be underpinned by a deeper understanding and involvement of our communities

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Sex: A man or a woman

Women can be disadvantaged in the formal labour market by a combination of employment in low pay, low profile, low progression industries and the impact of caring on time and availability for paid work. Relative poverty rates are also highest for single women with children, although this gap is shrinking. (UK Women's Budget Group)

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

LGBTQIA+ groups that were engaged with told us screening programmes were important as well as having Trust in clinicians. Access to talking therapies and counselling was also a key area of importance.
The evidence that LGBT+ people have disproportionately worse health outcomes and experiences of healthcare is consistent (NHS England).
In 2017 a national LGBT survey was completed with over 108,000 responses at least 16% of survey respondents who accessed or tried to access public health services had a negative experience because of their sexual orientation, and at least 38% had a negative experience because of their gender identity.

Following this the Government Equalities Office brought together a national LGBT+ Action Plan.
The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

An ageing population combined with economic austerity means an increasing reliance on family carers to support people with long term health conditions (Al-Janabi, 2016).

Most of the care in the UK is provided by family and friends. Recent polling suggests there could be around 8.8 million adult carers in the UK, up from 6.3 million in 2011 (Carers UK, 2019a), which social services and the NHS rely on to function.

Age
Most Carers are below state pension age, and the peak age for caring is 50-64. The number of Carers over the age of 65 is increasing more rapidly than the general carer population.

Sex
Women are more likely to undertake responsibility for caring, often happening at the peak of their careers, and while raising children (Carers UK, 2019a). There numbers of female carers are higher for young carers (Barnardo's, 2017) and for those providing round the clock care. Carers over 85 are more likely to be male. Female carers were found to experience more negative health impacts than male carers. Male carers are more likely to experience less carer burden, and more work interference (Brenna, 2016).

Race
Carers UK found that Black, Asian, and Minority Ethnic carers were less likely to receive financial and practical support, often through difficulty accessing culturally appropriate information, and a lack of engagement with these communities. The Children's Society found that young carers are 1.5 times more likely to be from BAME communities and hidden from services (Barnardo's 2017).

Disability
A 2019 survey (Carers UK, 2019b) found carers are more likely to report having a long term condition, disability or illness than non-carers. More than half of those who considered themselves to have a disability said their financial circumstances were affecting their health. Carers with disabilities are:

- more likely to give up work to care
- less likely to be in paid work alongside caring
- more likely to be on lower incomes when working
- more likely to be the sole earner in their household
- more likely to be in debt and higher levels of debt.

Local engagement with carers reinforces the importance of acknowledging the important role they play within the health system and the need to priortise the health of the carer.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Other disadvantaged groups:

The Strategy outlines the Systems ambition to achieve the vision of the ICS to *do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything we do.*

Any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes including lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse for example will be given careful consideration within all three of the Priorities. From design through to implementation of service changes and policies, organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

3. Human Rights

FREDA Principles / Human Rights	Question	Response

Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	The specific purpose of the Strategy is to achieve fair access to all services for all protected groups. Enhanced access may be needed for some groups to reduce inequity and achieve fairness.
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	The personalised care model is core to our strategy and will help to ensure that health and care is shaped around "what matters to me". Through our digital and PHM enabler we will ensure robust information governance and data protection controls in place for the sharing of personal data.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	The careful consideration of protected characteristics in the creation and implementation of services helps mitigate those observable perverse outcomes for those with protected characteristics, while being mindful that it does not account for those which arise through unconscious bias. We know there is more to do as a system to address institutional and structural inequalities that are the most damaging aspects of inequity. Health inequalities, specifically, is a core area of focus in our strategy.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	The personalised care model is core to our strategy and will help to ensure that health and care is shaped around "what matters to me". Our strategy also identifies 'quality' as a strategic enabler, which helps ensure that individuals receiving care are safe and treated with dignity.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	The personalised care model is core to our strategy and will help to ensure that health and care is shaped around "what matters to me".

Right to **Life**	Will or could it affect someone's right to life? How?	Through our integrated approach to delivering care outlined in the strategy and our accompanying Quality strategy we will ensure that we take positive steps to safeguard life and carrying out an effective investigation into the death of any adult at risk, identifying and addressing any bias, conscious or unconscious which may have affected decision making. The need to create a culture of continuous quality improvement, where safeguarding and improving care is everyone's responsibility, reducing health inequalities is further outlined in our Quality Strategy and this Integrated Care Strategy will help create the conditions under which this can be delivered across the whole system.
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	Our actions in delivering this strategy will strive to identify and eliminate discriminatory biases against disabled people (including older people with disabilities such as dementia or cognitive conditions), in line with the Mental Capacity Act 2005 deprivation of liberty safeguards (DoLS), and with the new framework of Liberty Protection Safeguards (LPS) due to come into force in 2023. In implementing our system-wide approach to promoting mental wellbeing and resilience, we expect to see people who have experienced problems with their mental health empowered to take greater control over their own care, ensuring they are helped to manage their own conditions more effectively.

4. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	**Protected Characteristic/**	**Date**

	Group/ Community	
Please See Separate Engagement Report		
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g., patient told us …. So we will …..):		
See Engagement Report		

5. Mitigations and Changes
Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.
The Strategy outlines the Systems ambition to achieve the vision of the ICS to *do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything we do.* Coventry and Warwickshire Integrated Care System recognises that action on health inequalities requires improving the lives of those with the worst health outcomes, fastest. The West Midlands InequalitiesnAL toolkit, and in particular the Health Equity Assessment Tool (HEAT) empowers professionals to identify practical action in work programmes. Its 'subscription' across Coventry and Warwickshire will help colleagues to mitigate any negative impacts in collaboration with other system partners. Recommendation is for the ICB to use this EQIA and apply HEAT in developing its 5-year Integrated Care Plan with reference to the engagement feedback around the key themes that were: Access to Primary Care Services, digital inclusion and building trust and confidence in our services.

6. How will you measure how the proposal impacts health inequalities?
e.g., Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway, the ICB can show increased take up from this group, this is a positive impact on health inequalities. You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.
The Strategy does not relate to the specific implementation of services, and it is therefore not possible to identify specific measures.

7. Is further work required to complete this assessment?
Please state what work is required and to what section. e.g., additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g.,

disability).			
Work needed	**Section**	**When**	**Dare completed**
Further engagement with groups will continue as the 5yr Integrated Care Plan is developed	All sections	Jan- March 2023	July 2023

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	**Name**	**Date**
Senior Manager Signoff	Liz Gaulton, Chief Officer Health Inequalities and Population Health	30 November 2022
Which committee will be considering the findings and signing off the EA?	Integrated Care Partnership	8 December 2022