Equality Screening

Draft Legal Delivery Vehicle Options - East Sussex Better Together Alliance

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Approved By

Ratification Date

Review Date

NHS Hastings and Rother Clinical Commissioning Group
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group
Sussex Partnership NHS Foundation Trust
East Sussex Healthcare NHS Trust
East Sussex County Council
**EQUALITY SCREENING FRONT SHEET**

**Name of the policy, practice or service being assessed:** ESBT Alliance: Legal Delivery Vehicle Options

**Is this a new or existing policy, practice, service, etc.?** New

<table>
<thead>
<tr>
<th>State the context for this EIA (e.g. service redesign, service commissioning, a QIPP programme, policy or strategy development or review)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Sussex Better Together (ESBT) has created the partnership conditions to enable the testing of a whole system model of care (Accountable Care model). The form for our future model must provide the right platform to enable us to improve the quality of services, improve health outcomes and reduce inequalities across the ESBT footprint offering integrated, person-centred care in a clinically and financially sustainable way. This screening document supports the options appraisal for the models and the decision making process for the preferred option.</td>
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</tbody>
</table>

**On which protected characteristics has this Equality Impact Assessment been carried out? (Write Y or N)**

<table>
<thead>
<tr>
<th>Race</th>
<th>Y</th>
<th>Disability</th>
<th>Y</th>
<th>Sex</th>
<th>Y</th>
<th>Religion or Belief</th>
<th>Y</th>
<th>Marriage or Civil Partnership</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Y</td>
<td>Sexual Orientation</td>
<td>Y</td>
<td>Gender reassignment</td>
<td>Y</td>
<td>Pregnancy and Maternity</td>
<td>Y</td>
<td>Health impact</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Name of person carrying out this Equality Impact Assessment**

Nicky Cambridge, Stakeholder Engagement Lead, Eastbourne, Hailsham and Seaford CCG & Hastings and Rother CCG

**Senior manager responsible for this project**

The Chief Officers for the ESBT Alliance are responsible for the programme as a whole. The following managers are responsible for this assessment:

- Jessica Britton, Chief Operating Officer, Eastbourne, Hailsham and Seaford CCG & Hastings and Rother CCG
- Sam Williams, Assistant Director Planning, Performance and Engagement
- Lynette Wells, Director of Corporate Affairs, East Sussex Healthcare Trust

**Signature**

**Date**

20.06.17
1. Brief description of the policy or practice being assessed

Service Transformation Programme – Legal Delivery Vehicle Proposals for ESBT Alliance

As we transition from our 150-week East Sussex Better Together (ESBT) programme to the new ESBT Alliance arrangement we continue to transform health and social care in East Sussex, bringing together prevention work, primary and community care, social care, mental health, acute and specialist care.

The Alliance is made up of five local partners: Eastbourne, Hailsham and Seaford CCG; Hastings and Rother CCG; East Sussex County Council (ESCC); East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT). We also work closely with GP practices and other organisations providing health and care to our local populations including the voluntary sector.

To allow for the transformation we now need to build a new model of accountable care – through the ESBT Alliance – that integrates our whole health and social care system so that we can make best use of the £850m we spend every year to meet the health and care needs of the people of East Sussex.

The ESBT Alliance has a strong emphasis on population health promotion, prevention, early intervention and self-care and self-management to reduce demand for services, allowing care to delivered increasingly out of hospital and at the lowest level of effective care.

Accountable care models (ACM) are now under active development in a number of areas across the country as a response to growing financial and services pressures; they are considered to the best structure for delivering improved outcomes through transformation.

Using the latest learning from the UK NHS New Models of Care Vanguards and the Kings Fund as well as local perspectives, a set of design criteria will be used to assess the options for the contracting arrangement and organisational form. This will be used in conjunction with the original agreed principles and characteristics for the ESBT Accountable Care model and the description of the future model of care. The criteria are standard measures which have been chosen because they are already well known and understood. They have been previously developed with input from stakeholders for use in relation to previous local options appraisal exercises to assess different delivery options for health and care services.

This screening document supports the options appraisal for the delivery models and the decision-making process for the preferred option.
2. Who is responsible for implementing, monitoring and/or developing the policy or practice?

ESBT Alliance Governing Board; comprising:
- Eastbourne, Hailsham and Seaford CCG,
- Hastings and Rother CCG,
- East Sussex County Council,
- East Sussex Healthcare NHS Trust,
- Sussex Partnership NHS Foundation Trust,
- Together with other key stakeholders such as Healthwatch East Sussex, Local Medical Committee, South Downs Health and Care Ltd GP Federation (on behalf of the relevant GP Federations).

3. Does the policy or practice affect service users, employees or the wider community, and therefore potentially have a significant effect in terms of equality?

- Population of approximately 369,000
- Workforce of circa 10,000

4. Does or could the policy or practice affect different “protected groups” differently?

- There are potential positive and negative impacts on different populations and staff members, depending on which form is decided upon. These will be considered in the full equalities impact assessment alongside appropriate mitigations.

5. Does it relate to an area with known inequalities (for example, access to public transport for disabled people, racist/homophobic bullying)?

- There are significant health inequalities across the East Sussex Better Together area and the JSNA has profiled these in detail. This will need to be considered in the commissioning, planning and delivery of services provided by the new ESBT alliance arrangements. The JSNA will also be used to inform the full equalities impact assessment.

6. What aspects of the policy or practice are most relevant to equality?

This proposal relates to four models outlined below:

**Option 1: Prime Provider/prime contractor ‘integrator’**

Characteristics:

- Legal provider with single contract with CCG and ESCC as integrated commissioners.
- Lead provider sub-contracts to other providers for some services.
Option 2: Corporate Joint Venture

Characteristics:

- ESCC, ESHT and possibly the CCGs and SPFT could partner in a corporate joint venue/special purpose vehicle which holds contracts
- Control of the vehicle is divided between the owning partners

Note: The current statutory framework does not give NHS Trust the power to set up and participate in corporate bodies.

Option 3: Alliancing commissioners and providers

Characteristics:

- Organisations remain separate legal entities but are bound together by an alliance agreement
- The Alliance would put in place a governance structure which could have its own Executive Team

Option 4: Forms of Merger or New Organisation

- A new Health and Care NHS Trust for East Sussex is created jointly by the relevant partners.
- The new entity will hold the primary contract as well as all other contracts for local health and care services thereby creating a single organisation for East Sussex.
- New governance arrangements would be put in place.

7. What consultation and engagement activities have already been undertaken regarding this policy or practice?

We have undertaken extensive engagement as part of the development of the ESBT Alliance and this has been used to inform our strategic direction alongside specific ESBT Alliance workstreams. This has enabled a wide range of staff, patients, local people, community and voluntary sector organisations and others to help shape key elements of our proposals including:

- Gathering feedback on the ESBT Accountable Care Outcomes Framework (which will be the tool through which the success of the new arrangements will be monitored publically).
- Gathering feedback on the ‘checklist’ to support the decision on the model
- Gathering feedback on ESBT services and re-design activities aligned to specific workstreams e.g. proactive care, frailty, locality working.

Furthermore a strategic review and consultation has taken place over the last three months to consider the overarching engagement arrangements required to support
strategic planning for health and care in East Sussex during the test-bed year of the ESBT Alliance, 2017/18.

Recommendations from the project have been agreed and include the establishment of a countywide, collaborative health and wellbeing stakeholder representative group to shape strategic planning activity.

The main purpose of the group will be to help to define the overall strategic direction for commissioning health and care in East Sussex and its creation will enable stakeholders to input into the decision making process around priority identification and resource allocation.

The new Stakeholder Partnership will be launched on 7th July 2017. This will further consider the Terms of Reference and arrangements for engagement and representation of equality groups.

8. State the key outcomes of the consultation and engagement for different groups

- With regard to the Outcomes Framework some groups consulted would prefer a framework that speaks to their specific needs and issues e.g. a youth framework. However other groups prefer a generic, integrated model; so this will be subject to further consultation.

- The criteria used in the legal options appraisal were co-created with local people as part of a previous consultation, with the addition of two new criteria for the legal delivery vehicle options checklist. With regard to the checklist there has been less consultation to date but the feedback has indicated that the key priority for all participants is a model which provides a seamless and improved experience of accessing and using health and care services. The checklist has also included issues that local people have told us is important.

- Detailed feedback has been provided to work stream leads with regard to individual service redesign.

- Overall the development is seen as positive as it is responding to feedback regarding the need for local health and care services to join up for improved patient and public experience and better health and wellbeing outcomes.

Furthermore, our engagement to date has created the following key principles and characteristics for the model:

<table>
<thead>
<tr>
<th>Key principles and characteristics of a local Accountable Care model</th>
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delivered increasingly out of hospital and at the lowest level of effective care.

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<thead>
<tr>
<th>2</th>
<th>All health and social care services should be in scope – primary, local acute DGH, community, mental health, social care and public health services for children and adults. Those that are ruled out will be by exception.</th>
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<tbody>
<tr>
<td>3</td>
<td>‘Whole person’ care needs to be supported by a whole population approach rather than segmenting or subdividing the population by conditions or age, and thus although delivery will normally be based around localities with populations of circa 50,000, accessing health and care should support individual choice and be consistently simple for people regardless of where they access it.</td>
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<td>4</td>
<td>The model will have a positive impact and deliver outcomes that are important to local people – both health outcomes and experiential outcomes. This includes involving local people in designing, commissioning and delivering outcomes, as well as communicating about them.</td>
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<tr>
<td>5</td>
<td>The outcomes based contract and capitated budget will be sufficiently large to achieve the economies of scale needed to close the total funding gap, and establish an ongoing in-year budget balance.</td>
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<td>6</td>
<td>There will be a focus on reducing the costs of commissioning and transacting the business, as well as avoiding the pathway fragmentation that undermines integration and adds in transaction costs through operating parallel models. We will seek to achieve our aims through collaboration in the way that we procure new models.</td>
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<td>7</td>
<td>There will be a strong culture of whole system working on the ground that actively empowers staff to be able to ‘do the right thing’, putting patients’ and clients’ and carers’ needs first within a single health and social care system covering primary, community, local DGH, mental health, social care, public health services, and independent and voluntary services where appropriate.</td>
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<td>8</td>
<td>Our model will align incentives in order to inspire and attract health and social care professionals and offer maximum levels of clinical and staff engagement and leadership, embed system-wide organisational development.</td>
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<td>9</td>
<td>The organisational form in the ESBT area will require collective leadership and have governance and operational mechanisms that enable learning and development to take place in stages to share and manage risks between commissioners and providers. This will lead to delivery of full Accountable Care models, as per the ambitions of the FYFV, i.e. the fullest possible levels of integration and maximum ability to achieve the long term vision and benefit of a sustainable and affordable health and social care system.</td>
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9. What further consultation is planned to inform this impact assessment?

There are plans to continue engagement across the range of ESBT activities including the potential delivery vehicle and outcomes framework.

Once a decision is made on the organisational arrangements for the Alliance and work is underway to make clearer the impact this may have; a full EIA will need to be undertaken to fully ascertain equality considerations.

This will have two parts;
- firstly a focus on our populations (with specific regard to protected characteristics and health inequalities) and
- secondly a focus on workforce considerations.

10. Further considerations

There are a range of other issues that could be considered as part of the decision making process. These include:

- How good would each model be in being responsive to specific needs – and proactive in identifying diverse/new communities and the barriers they face?
- What would be the difference in management and staffing structures? Would they be using existing staff (how diverse and well-skilled are they?) or bring the opportunity to employ new (hopefully more diverse) people?
- More detailed consideration of the required level of compliance with the public sector equality duty for each option according to the bodies involved.
- What does each model offer in relation to accountability to (diverse) communities and how does this demonstrate improved outcomes for protected groups?

11. Summary

This screening has not identified any immediate negative impacts on protected characteristic groups but concludes that a full equalities impact assessment is required as part of the next stage of the process. This should include all relevant data, engagement of protected characteristic groups and two separate processes to consider implications for both the workforce and the local population. Further actions are identified in the table below.
## APPENDIX 1: ACTION PLAN

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Key activity</th>
<th>Progress milestones</th>
<th>Officer Responsible</th>
<th>Progress made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure awareness and responsibility for Equality Act in new model.</td>
<td>Identify responsibilities for each partner/part of the system and assign appropriate leads. In particular be aware of responsibilities passing between commissioners, providers and sub-contractors. Consider the creation of an Alliance Equality and Inclusion function or group with responsibility for ensuring relevant partners and sovereign bodies are compliant with Equality Act.</td>
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<td>Monitor the impact of the new arrangements for different groups.</td>
<td>The outcomes framework needs to build in equality monitoring arrangements so that it is possible to understand how the new arrangements are positively and negatively impacting on protected characteristic groups and health inequalities.</td>
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<td>Decision making and governance needs to include robust arrangements for engagement and accountability.</td>
<td>The new stakeholder partnership needs to ensure engagement and representation of protected characteristic groups. In particular, this needs to include consideration of wider representation and involvement given that individual representatives cannot be expected to fulfil this entire role.</td>
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<td>Specify plans to close the gap for people with worse health outcomes</td>
<td>Review JSNA and national data to develop relevant service delivery and commissioning plans.</td>
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<td>Undertake further Equality Impact Assessment and undertake separate assessments for the workforce and population.</td>
<td>Once the decision on the new model is made further consideration should take place of where and when a more detailed EIA is required; to include separate assessments for the workforce and population.</td>
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