

Name of proposal/policy	Northamptonshire Health, Care and Wellbeing Plan	Budget number (if applicable)	
Service area responsible	Public Health/Northamptonshire Health & Care Partnership	Cabinet meeting date	14 th January 2020
Name of completing officer	Hannah Ellingham	Date EqIA created	1 st November 2019
Approved by Director / Assistant Director	Lucy Wightman	Date of approval	15 th November 2019

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'Due regard' to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

We do this by undertaking equality impact assessments (EqIAs) to help us understand the implications of policies and decisions on people with protected characteristics – EqIAs are our way of evidencing this.

All assessments must be published on the NCC equalities web pages. All Cabinet papers where an EqIA is relevant **MUST** include a link to the web page where this assessment will be published. If you require assistance in getting your EqIA published, please contact equalities@northamptonshire.gov.uk

PART 1

Description of current provision/policy and main beneficiaries/stakeholders

Demand led services which are provided via various stakeholders within the Health and Care system, these include two acute hospitals and a complex mix of services available in our community, provided by a wide array of professional groups. They span General Practices to community beds and range from nursing and physiotherapy to pharmacy and medical care.

Description of proposal under consideration/development

With the creation of new unitary councils, we have the opportunity to reshape our health services along the same geographical lines. This plan sets the future direction for all health and care organisations in the county including hospitals, NHS services, general practices (GPs), local council services including public health, the voluntary, community and social enterprise (VCSE) sector and the Health and Wellbeing Board, to deliver simpler, joined-up services that meet people's needs. The plan aims to address the long-term sustainability of our health and care services, to work in a more joined-up way by delivering the health and care services people really need at a community level. The aim is to give people more control and a range of options when it comes to accessing health, care and wellbeing services in the future. This includes the introduction of digital appointments, an online directory of services, a county-wide social prescribing service and shared care personal health records that will be accessible to professionals and individuals. Easier access to support will help to keep more people well and reduce the wait for services if and when people need them. The plan has a stronger focus on preventing illness, and identifying and treating ill health at an earlier stage, reducing the demand for formal health and care services and help people to take control of factors that affect their health. The plan describes how we will begin to use emerging approaches to population health management to plan health and care provision to inform personalised care provision for people in Northamptonshire, allowing us to better address issues such as health inequalities.

Data used in this Equality Impact Assessment (general population data where appropriate but each EqIA should contain information on people who use the service under consideration – if this is not applicable to your proposal then you probably do not need to do an EqIA)

Data Source (include link where published)

Please summarise what the data tells us – for example “X number of people use this service, X are male, Y are female etc”

[Demography JSNA](#)

Approx. 750,000 residents in Northamptonshire – this plan has the potential to affect the whole population of Northamptonshire rather than specific groups of people.

Tick the relevant box for each line by using a capital 'P' to make a <input type="checkbox"/>	Based on the above information, what impact will this proposal have on the following groups?			
	Positive	Negative	Neutral	Unsure
Sex			✓	
Gender Reassignment			✓	
Age	✓			
Disability	✓			
Race & Ethnicity			✓	
Sexual Orientation			✓	
Religion or Belief (or No Belief)			✓	
Pregnancy & Maternity	✓			
Human Rights (Please see articles in toolkit)			✓	
Other Groups (rural isolation, socio-economic exclusion etc)	✓			

Initial impact	
Explain your findings above	Actions identified to mitigate, advance equality or fill gaps in information
<p>Age</p> <p>We expect the overall population of Northamptonshire to grow by 4% over the next five years (up to 2024) and 7% over the next 10 years (up to 2029), which is above the national average. The biggest increase will be in older people aged over 65. This part of the population is expected to grow by 12% over the next five years and 27% over the next 10 years (Source: Northamptonshire County Council Business Intelligence JSNA Demography, 2019. Northamptonshire Health and Wellbeing Board). It will bring specific care needs and increased demand for health and care services. Older people are more likely to be frail or to have long-term conditions, such as diabetes or hypertension, and therefore need more preventative and proactive health and social care support to help them to remain well and independent for as long as possible.</p>	<p>Age</p> <ul style="list-style-type: none"> • We will manage frailty differently by taking action to care for our ageing population better and with more focus on prevention, which will reduce demand and facilitate the maintenance of independence of older people for longer through use of frailty assessment areas in hospitals, developing integrated rapid response teams for people who suffer a fall or for those in care homes. • We will also work better across medical specialties to look after patients with more than one long-term health condition • We will work towards achieving national guidance waiting times and referral to treat targets for all services, to make sure that people have access to the services they need in time • We will consider the person needing care as a whole, working with partners and communities to address their wider needs, such as housing, social isolation and debt.

We are also likely to see an increase of about 6% in school age children over the next five years (up to 2024) (Source: NGH and KGH Unplanned admissions, 2017-2019). Children have particular health and care needs, so we will need to make sure that we have the right care in place to give them the best start in life. This age group often suffers from a lack of funding at a national level.

Pregnancy & Maternity

Mental ill-health in pregnancy affects an estimated 1 in 4 women and is more common in women who live in more deprived areas. The negative impact on a child's development can have a lifelong impact affecting the child's resilience and behaviour which can result in the need for specialist intervention.

In 2018 an estimated 22% of women in Northamptonshire who booked for pregnancy services were recorded as obese. Women who are overweight and obese at the start of their pregnancy are more likely to have complications in pregnancy such as gestational diabetes, pre-eclampsia, and birth outcomes, leading to increased risk of stillbirth and infant death than women who are a healthy weight.

Disability – Physical and Mental Health

People with disabilities, both physical and learning disabilities and people with Mental Health issues are likely to use health services greater than the average resident of the county. Statistics show that for Mental Health

- We will deliver greater personalisation in health provision through the use of shared decision-making tools, supporting self management and social prescribing. The increasing use of personalised care and support plans is one way we will see the demonstrable improvement in personalisation agenda. This will directly apply to people in receipt of a personal health budget and expectant mothers
- It is important that we put in place suitable education, health and care so their life chances and outcomes are not impacted by this. This includes providing childhood vaccinations, support to reduce obesity, mental wellbeing services to avoid mental health issues and programmes to avoid teenage pregnancies. Create strong and healthy communities that can help themselves and each other, and reduce the need for formal health and care services

Pregnancy and Maternity

- Delivering personalised care plans for all women by 2021
- Improving continuity of care
- Providing access to maternity notes (see Digital work programme)
- Reducing stillbirths, neonatal and maternal deaths and birth-related brain injury
- Improving postnatal support including postnatal physiotherapy and perinatal mental health

Disability

- Improving uptake of annual health checks for people with LD and autism

services in particular, 7.7% of people aged 16-74 suffer with a mixed anxiety and depressive disorder, 3.1% of those aged over 16 are estimated to suffer post-traumatic stress and there were 530 recorded deaths by suicide between 2009 and 2017.

Poorer health and wellbeing in deprived areas (other groups)

We know that when people live in deprivation, they are more likely to experience poorer health and wellbeing. In Northamptonshire, there are more than 105,000 people living in the most deprived areas (20% most deprived) in the country (Source: Northamptonshire County Council Business Intelligence. IMD 2019 Profile – Northamptonshire). A boy born today in the most deprived parts of the Northamptonshire is expected to live nine years less than a boy in the least deprived. The difference is six years for girls.

People living in the poorest areas of Northamptonshire will spend 13 fewer years in good health, meaning they spend more of their life with a disability or disease before they die than in richer areas. (Source: Northamptonshire Public Health. Director of Public Health Annual Report, 2018/19). People in these areas also often have worse access to healthcare.

- Introducing a new commissioning framework, coupled with an LD strategy, aimed at improving outcomes for people with LD and autism
- Community services in place to reduce inpatient admissions
- Improving the quality of inpatient care
- We will increase investment in local mental health services, and work towards giving equal attention to mental and physical health
- We will work with partners to better support our residents with learning disabilities and autism, to ensure they are able to live independently and access screening services that work for them on time and as close to home as possible

Poorer health and wellbeing in deprived areas (other groups)

- Work with vulnerable groups, such as those with mental health diagnoses, homeless people and former members of the armed services, to make sure that we understand their needs and how best to meet them (tailoring service offers where required)
- Build more effective relationships with partners (for example the police, Youth Offending Service, The Northamptonshire Children’s Trust and the VCSE sector) to ensure children to get the best start in life, no matter what their circumstances
- Continue to work directly with our communities to make sure that we really understand their needs and how they wish to access services, reaching out to those who are not often heard, to offer them equal chances to shape services

Do you need to undertake further work (e.g. consultation, further equality analysis) based on the impact and actions identified above? If yes, set this out below and then carry out the work and complete Part 2

Further EqIA is not required for the strategy. However, as the component programmes emerge and progress through planning stages, a case-by-case EqIA may be warranted.

PART 2 – if required

Consultation, follow up data and information gathered from actions identified above	
	What does this information tell us?

Final impact analysis (taking the findings from Part 2 into account) – including review date if required