Equality, Diversity, Cohesion and Integration Screening

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision.** Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions. Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Resources and Housing	Service area: Health and Care Hub
Lead person: Kathryn Jeffreys	Contact number: 0113 3789221

1. Title: Health and Care Hub BI (Business Intelligence) solution
Is this a: ☐ **Strategy / Policy**   ☒ **Service / Function**   ☐ **Other**   **If other, please specify**

2. Please provide a brief description of what you are screening
Development of a Data Warehouse to support the Health and Care Hub to undertake relevant health, care and wellbeing analysis for the City in support of the Leeds Health and Care Plan, the Health and Wellbeing Strategy and statutory functions of Public Health to provide population health management statistics and advice.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?		X
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on - Eliminating unlawful discrimination, victimisation and harassment - Advancing equality of opportunity - Fostering good relations		X

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;
- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4.**
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5.**

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (**think about** the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The report this assessment directly relates to is a key decision to spend Better Care Fund awarded funding for the purposes of running a Digital Information Services Project. The project is to expand the existing Public Health Business Intelligence Platform. This will include purchasing additional hardware and software to enable data sets from across Leeds to be brought together onto a single platform, expand access to Clinical Commissioning Group and Adults Analysts (based in the new Health and Care Hub for Leeds) and to enhance the linked data set that forms the Leeds Data Model.

The proposal supports the Leeds ambition to be the Best City in the UK by 2030. The Health and Wellbeing Strategy highlights an ambition to make sure care is personalised and more care is provided in people's own homes whilst making best use of collective resources to ensure sustainability.

As more people develop multiple long term conditions, focus shifts from curing illnesses to managing health conditions. Health and care services need to adapt to these changes. Leeds will focus on making care services more person-centred, integrated and preventative.

The result of this work will mean a better analysis of variations in both health and care services and outcomes across different demographics. In particular it providers greater ability to identify different cohorts and groups of people (or population segments) to understand levels of risk, who might be best supported by specific projects, and to develop service evaluations. This will improve ability to understand, present and embed good practice in Leeds and help the city combat complex health and social care issues. This can help to address any issues of equality of access to services.

Expansion of the Leeds Data Model as part of this project with enriched data sets about health inequalities, Integrate population health management datasets into the data model to provide a greatly improved understanding of the context influence health and care activity takes place within and allow us to develop our understanding of the wider determinants of health inequalities in the city will allow key decision makers to take a closer look at questions about who is accessing services. It provides a means of assessing differential disease progression and differential service access and a means of highlighting and challenging unwarranted variation where appropriate. Development of this enhanced data model will take place with input from stakeholders across the City.

In collecting data from across the health and care system it is necessary to consider that

very different data systems and data types are being brought together. Data collection methods, levels of equality monitoring information and how detailed the data is will differ across organisations and in different settings within organisations. For example it is unlikely that detailed equality monitoring will be taking place within a setting where the vital interests of the patient are at risk and more likely that it will occur in locations where customer feedback is being sought.

It is also worth noting that different organisations have differing governance structures in place, however they all have to comply with Data Protection Laws of the UK and duties of confidentiality. Mechanisms already exist within the Health and Care sector to ensure the safe sharing of data as detailed in key findings below.

- **Key findings**
(**think about** any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

Of itself this development provides the infrastructure to undertake analyses to support decision maker to better understand population health characteristics. The infrastructure does not directly affect equality and diversity. However it can indirectly contribute in the following way:

There are differences in what data is collected across organisations and the quality of that data for example how thoroughly ethnicity data is captured in different health care setting which limits how thoroughly some of the protected characteristics can be examined at this time. A core set of protected characteristics such as Gender, Age, Ethnicity are already collected in most services. However the fact the Leeds Data Model links data from across the Health and Care sector means that different bits of equality monitoring undertaken in different locations become linked to the whole record to give a better picture of the equality characteristics for an individual person (please note all record level data is Pseudonymised. Pseudonymisation is a procedure by which the most identifying fields within a data record are replaced by one or more artificial identifiers or pseudonyms). This means that data within the model can be used to better consider equality than each individual data stream taken on its own.

The ability to look at enhanced population characteristics, health outcomes and population segments in greater detail will support commissioners with consideration of equality and diversity impacts of service changes.

Equality characteristics that are collected can be fed back into analyses sent to commissioners (at an aggregated level) to inform commissioning decisions for the city. It is hoped any gaps in information will initiate discussions between commissioners and providers about how increased equality data can be gathered. Furthermore the Data Warehouse that will house this data model will be designed in such ways as additional data fields can be added at a later date if further equality measures are collected.

Analytical outputs will help enable better understanding of health needs, differences that could be made by interventions, through increased evaluation of pilots, and exploration of risk and health needs of different cohorts more thoroughly.

As it is not yet known what questions will be posed by decision makers, exactly what analyses or cuts of data will be requested or how populations will be segmented. The design of that work is beyond the scope of this project.

Furthermore decisions about services, interventions and commissioning decisions are beyond the scope of this project. Each decision making work stream will therefore need to be assessed on its own merit for impacts on equality and diversity in addition to what has been discussed here.

To support the Leeds Health and Wellbeing Strategic objective of improving health for all and improving the health of those in the poorest health the fastest, it is vital to broaden the focus of analysis in the Leeds Data Model to include health inequalities and inequity of access to services. The incorporation of additional data sets such as the indices of multiple deprivations will allow the Leeds Data Model to be used to develop our understanding of service use and access to service by different socio-economic groups. From this we could gain an understanding of differential pathways through services and differential rates of disease progression and ill health

The development of the Leeds Data Model will be done in conjunction with key stakeholders across the city looking at what information they require and what specific questions they need to answer. These key stakeholders all have a statutory responsibility to consider equality in any service changes or commissioning decisions they make which should be reflected in the questions they are regarding impact on the health economy of making changes or consideration of health needs across the population of Leeds or its neighbourhoods.

Information Governance
The Health and Social Care Information Centre (HSCIC)'s (Now known as NHS Digital) responsibilities as set out in the Health and Social Care Act 2012 include the collection, analysis and presentation of national health and social care data. The Act also gave HSCIC the powers to act as a safe haven and collect, hold and process personal confidential data (PCD) for purposes beyond direct patient care.

Commissioners of healthcare services need to plan and commission healthcare services in their local area through analysis of actual and projected use of services across all parts of the care economy. This modelling requires access to information about care provided to patients, their hospitals stays and patient journeys but without accessing personal confidential patient data. Care commissioners do not provide direct patient care, and therefore they have no legal basis on which to access personal confidential patient information.

Therefore commissioners require an intermediary service that specialises in processing, analysing and packaging patient information into a format they can legally use.
This intermediary service is provided by the Data Services for Commissioners programme (DSfC). The DSfC programme has established a number of regional processing centres, known as Data Services for Commissioners Regional Offices (DSCROs). These regional offices support the information needs of commissioners with the provision of appropriate data controls.

Staff within these centres follow strict rules on accessing, analysing and processing data. The powers granted to the organisation by the Health and Social Care Act 2012 mean that staff are operating within the approved legal framework.

Pseudonymised[i] copies of this data are permitted to be provided to services such as the Health and Care Hub under Section 261(1) of the Health and Social Care Act 2012 provided they show they are Information Governance Toolkit level 2 compliant and staff have undertaken relevant Information Governance training.

The Health and Care Hub hosted by Leeds City Council is a data processor for the 3 clinical commissioning groups (CCGs) in Leeds (Leeds North, West and South & East CCG) and subsequently the Leeds Clinical Commissioning Group Partnership. It has a Memorandum of Understanding between Leeds City Council and the 3 CCG's to deliver Health Intelligence. The Health and Care Hub provides support and analysis to support commissioning, performance, Improving health and care services and to support the Leeds vision 'Leeds will be the best city for health and wellbeing'

The build of the data warehouse uses the principles of privacy by design to build suitable safeguards throughout the production of the warehouse. Existing skills and experience of implementing the Hospital Episodes Statistic (HES) database can be drawn on here as the Information Governance wrap round for the solution was audited by the Health and Social Care Information Centre in March 2016 and passed with no non-compliances

Health and Care Hub Staff are required to comply with the NHS Code of Anonymisation and techniques such as small number suppression are employed to protect the identity of individuals.

- **Actions**

(think about how you will promote positive impact and remove/ reduce negative impact)

The infrastructure and databases will be designed in such a way that analyses can be split by key characteristics where those characteristics are available within health and care data sets. These will include where appropriate (but not be limited to)
- Age
- Gender
- Ethnicity
- Geographical location (usually MSOA level)
- Disease registrations (where they are noted) this will include disability if registered and pregnancy if the GP has been notified.

We will enrich the Leeds Data Model- a commonly pseudonymised[i], transaction level data model incorporating primary, secondary and community health and adult social care activity data- by adding population level datasets including Indices of Multiple Deprivation, housing, social isolation, carer status and pollution data. This will:
- Improve and enrich the existing datasets in the Leeds data model by including new data sets and a greater understanding of the data already in the system;
- Include population health management datasets in the data model to allow us to

understand the context of these health transactions and
- improve our understanding of the wider, health based determinants of poor and health inequalities in the City;
- Improve the engagement of health and social care practitioners and the general public in the development and use of this strategic tool.

Consideration of what equality and protected characteristics data is already collected via various health and care services whose data is or will be included in the Leeds Data Model will be undertaken as part of the design of the Leeds Data Model redevelopment. This is required to meet the Public Health Intelligence objective of improving information available on protected characteristics. It should be noted however that if the information is not collected within services it will not be possible to include it with the Leeds Data Model at this time. There is ongoing work across the City to encourage all providers to increase capture of equality information and both the data model and the data warehouse it will be stored within will be designed to accommodate this information as it becomes available.

Establishment of an information governance framework around the flow of enriched datasets including additional, patient, transaction level and geographical data sets building on learning from the implementation of the HES datasets last year.

By linking pseudonymised[i] versions of data from across the health and care setting an enriched picture about population characteristics and differential patterns of disease progression or service access will be possible. This will give key decision makers the opportunity to assess these differences in greater detail than ever before.

Design of the redeveloped of the Leeds Data Model will be run as a separate project alongside this project to provide the technical infrastructure to do so. That project includes a plan for the following engagement:

Engagement with clinicians
- Promote their use of population health analytics to improve population health outcomes;
- Procure and develop a data visualisation tool to maximise the impact in presentating increasingly large and complex datasets;
- Support clinical engagement by translating modelled population cohorts into real world patient lists on clinical GP systems through the use of system searches to validate modelled populations and generate patient cohorts;
- The establishment of a network of clinical experts and commissioners across primary and secondary health, providers and commissioners exploring transaction and population health level questions around the provision of health and social care services in Leeds.

Engagement with the public
- To promote public understanding of how a citizens data is used to improve the delivery of services and improve population health.
- Engaging with the people of Leeds, to understand what they want to know about their data and how they want to be involved with the analysis and outputs from the Leeds Data Model;

5. If you are **not** already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment**.	
Date to scope and plan your impact assessment:	
Date to complete your impact assessment	

6. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Kathryn Jeffreys	Business Partner Manager	23/08/2017
Date screening completed		**23/08/2017**

7. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board**, **Full Council, Key Delegated Decisions** or a **Significant Operational Decision.**

A copy of this equality screening should be attached as an appendix to the decision making report:
- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to **Governance Services**	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate **Directorate**	Date sent:20/10/2017
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent:

i Pseudonymisation is a procedure by which the most identifying fields within a data record are replaced with one or more artificial identifiers, or pseudonyms