

Equality Impact Assessment



Name of project/proposal

Hampshire Better Care Fund

Contact name

Camilla Gibson

Department

Adult Services

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Purpose for project/proposal

We know people who use services, their families and carers can find that the different systems that are supposed to support them do not operate in a "joined up" manner. In Hampshire, public service leaders are committed to accelerating the transformation and integration of our commissioned services so that they better serve the people and communities in our county and reduce inappropriate reliance on public sector funding.

There are significant national and local drivers for the development of whole system integration. At a national level the Health and Social Care Act 2012 places a responsibility on Health and Wellbeing Boards to promote integration.

We have acknowledged that there is a considerable body of evidence that supports the approach for commissioning and delivering care and support services organised around an individual's needs that lead to better health outcomes at potentially less cost to the tax payer.

The announcement in July 2013 of the national Integration Transformation Fund (now known as the Better Care Fund) provides a mechanism for us to align and pool resources to establish local models that deliver.

Our vision for care and support is for a simple, seamless and "joined-up" health and care journey through the system for people and communities.

We have adopted the National Voices definition of integrated care as meaning person-centred, coordinated care reflected in the statement:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me".

Hampshire County Council and the five Clinical Commissioning Groups across Hampshire, are working together to ensure the services that we commission:

1. Continue to break down barriers between all aspects of health and social care so they work together seamlessly;
2. Avoid gaps and duplications at every step;
3. Help people take more control of their own health and care, from staying well to supporting them in managing their own needs;
4. Deliver care in the most appropriate place.

Better Care Fund project aim

The aim of the Hampshire Better Care Fund project is to develop a 5 year strategy that sets out how Hampshire partners will use pooled funds to integrate services and achieve seamless care.

In the first year the project will focus on older people, and the shared vision is a place where older people live a healthy fulfilled life which enables them to maintain relationships, friendships and make new connections. Older people will be enabled to feel safe at home and in the community. Supporting professionals are enabling, not directing. Older people are allowed to make independent choices where they want to live, with the support to do so. Have the opportunity to access the right care services at the right time and place to make a positive contribution to our communities.

Project objectives

Through the Steering Group this project will:

- Deliver the organisational architecture and leadership required to establish the Better Care Fund in Hampshire and ensure proportionate governance and assurance is in place to deliver the plan;
- Develop the vision and strategy for the use of the Better Care Fund that balances central and local needs;
- Promote leadership capability and capacity to create the plan and then consolidate this into an agreed set of objectives to progress to the realisation of the vision;
- Work with the business improvement and performance teams within health and social care to create the benefits realisation framework and measurement. This will also lead to the creation of a performance dashboard;
- Develop the integrated market for care and support in the community.

The Integrated Commissioning Group, a sub-group of the Hampshire Health and Well Being Board has established a BCF Working Group. This group will work to agree how the Better Care Fund will be deployed across the Hampshire systems for care and support in the community

Initial key priorities have been drawn together. We will continue to clarify the services included in our Better Care Fund from the following adult population groups:

Initial Phase: Year 0 – 1
2014-2016

- Older people with longer term conditions including people with dementia and carers.

Phase 2: Years 2 – 3
2016-2017

- People with learning disabilities.
- People with mental health needs.
- Adults with long term conditions
- Adults whose needs may require access to NHS continuing care.

Phase 3: Years 4 – 5
2017-2018

- Young people in transition including those who require complex rehabilitation.
- Children whose needs may require access to NHS continuing care.

Consultation

Has a consultation been carried out? Planned

Service change implemented as part of the Better Care Fund project will include inclusive communications and engagement activities with patients, clients, carers and communities. To ensure all relevant protected characteristic groups have their say, it is proposed that equality impact assessment of individual projects includes consideration of communications and engagement approaches.

Statutory considerations

Impact

Age	High
Disability	High
Sexual orientation	Low
Race	Medium
Religion and belief	Medium
Gender reassignment	Low
Sex	High
Marriage and civil partnership	Low
Pregnancy and maternity	Low
Other policy considerations	
Poverty	Medium
Rurality	Medium
Other factors	Low
If other please describe	Need to work in partnership with carers

Geographical impact

Have you identified any medium or high impact?*

All Hampshire

Yes

No

Equality statement

The Hampshire Better Care Fund strategy and plan will have a big impact on people with the protected characteristics of age, disability, gender, race and religion or belief.

Age:

Hampshire

Hampshire has an ageing population. 18.5% of the Hampshire population is aged 65 years and above. This will grow to 29% of the population aged 65 years or older by 2021. This is higher than the regional (17.2%) and national (16.3%) average. Also 2.6% of the Hampshire population is aged 85 and over, compared to 2.5% regionally and 2.2% nationally.

Children and young people under the age of 20 make up nearly one quarter of the Hampshire population.

Districts

New Forest has the highest proportion of older people (aged 65 and over). Basingstoke and Deane, Hart and Rushmoor have the largest proportions of their populations consisting of children and young people (aged less than 18 years).

District population projections suggest that the majority of the population growth will be in the 65 and older age groups as people live longer. The 85 and over population group is likely to be where the largest proportionate change will be seen.

Single households

People are more likely to live alone than they were in the past. The 2011 Census found that over a quarter of households across Hampshire were single person households (26.7 %), almost half of which were pensioner households with the highest levels of single person households found in Gosport (29.8 %), New Forest (28.9 %) and Havant (28.6 %), and lowest in Hart (22.4 %), compared to 28.8 % across the South East as a whole and 30.2 % nationally.

Rising numbers of older and vulnerable people living alone raises concerns over their health and the impact on access to care and support for these groups.

Specific issues:

- The increasingly ageing population of the county as a whole, and in particular within the New Forest district, will put increasing pressure on health and social care services and budgets
- The rising number of older and vulnerable people living alone has an impact on access to care and support for these groups.

Actions:

- The commissioning of integrated health and social care services will need to take this into account. It is recommended that projects falling under the Better Care Fund Strategy are subject to detailed equality impact assessment/ equality analysis early in the planning cycle

Disability:

In Hampshire, 9.1% of the population say they are 'limited a little' as a result of a long term condition and 6.7% are 'limited a lot' by their illness. The proportion of Hampshire's population who are 'limited a lot' is below both the South East and England and Wales level.

Disabled children and their families constitute one of the most vulnerable groups in Hampshire. The JSNA recommends that commissioners/ services should look to address the needs of disabled children and their families holistically across the breadth of their social, educational and health needs.

Across the county people are living with a range of disabilities and long-term health conditions:

• Sight loss

An estimated 23,500 people in Hampshire over the age of 18 have some degree of sight loss. It is more common in older people and as the population ages, the prevalence of sight loss will increase. An estimated 30,000 people in Hampshire will be affected by sight loss by 2020.

• Learning disability

It is estimated that around 2% of the general population have a learning disability. In Hampshire in 2010 there were 2348 adults with a learning disability currently receiving a service funded by Hampshire County Council Adult Services Department. National statistics indicate that this is approximately one quarter of the total of adults with a learning disability in Hampshire.

People with a learning disability are known to experience health inequalities being 2.5 times more likely to have health problems than other people, and have an increased risk of early death. Although increased survival rates among young people with severe and complex disabilities, and reduced mortality among older adults with learning disabilities

• Chronic disease

The number of people with long term conditions such as heart disease, diabetes and lung disease is increasing. This is partly due to the ageing population and the decreasing death rate at all ages, but also partly due to the increase in illnesses caused by unhealthy lifestyles and unequal life opportunities.

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is strongly related to deprivation. Up to 90% of cases of COPD are caused by smoking and so are preventable. There are 18,779 people in Hampshire known to be diagnosed with

COPD and estimates suggest this is only 60% of those who have COPD with many people with COPD yet to be diagnosed

Dementia

One in six people over 80 and one in 14 people over 65 have a form of dementia. Prevalence is higher in women in the older age groups. Of the people with some form of dementia in Hampshire, only 8,695 people are identified on GP dementia registers. The number of people with dementia in Hampshire is predicted to increase from 18,323 in 2012 to 24,042 by 2020.

Cardiovascular disease (CVD)

In 2011 28% of deaths in Hampshire were attributable to CVD. The worst CVD outcomes are seen for Hampshire's least affluent residents. There also seem to be inequalities between the sexes. Women seem particularly at risk from strokes and are less likely to have access to planned hospital care

Kidney disease

In 2011/12 there were 45,952 people living with Chronic Kidney Disease identified on GP QOF registers in Hampshire. It is estimated that there are another 32,000 people yet to be diagnosed.

Diabetes

The number of people with diabetes in Hampshire is increasing in line with the national trend. There were 57,092 people in Hampshire with known diabetes during 2011/12 and a further 13,000 people are estimated to have diabetes but have yet to be diagnosed. By 2020, there may be 87,000 people in Hampshire with diabetes. Diabetes is very strongly related to deprivation. The most deprived fifth of people living in Hampshire are more likely to have diabetes and three to five times more likely to develop serious complications and be admitted to hospital because of their diabetes, than the least deprived fifth.

Mental health

In general mental health appears to be better in Hampshire than England as a whole, but there are areas and groups that experience poorer mental health, often associated with deprivation and the wider determinants of health. Mental health problems are common with 1 in 6 of the adult population experiencing mental ill health at any one time (around 22,000 people in Hampshire).

Specific issues:

- Service changes will need to take account of the access needs of people with sensory impairments and those with a learning disability
- The number of people with long term conditions such as heart disease, diabetes and lung disease is increasing.
- The prevalence of a number of long-term conditions is strongly related to deprivation. In response, projects selected as part of the Better Care Fund (especially in Phase 2) should include a focus on neighbourhoods with the most concentrated deprivation: Leigh Park and Wecock in Havant; Rowner and Town in Gosport; and pockets of localised deprivation in Aldershot, Andover, Basingstoke, and Blackfield and Holbury in New Forest. There needs to be a focus on the diagnosis of disease and supporting self-management and lifestyle changes
- Both the prevalence of asthma and mortality rate from asthma is higher in Hampshire than the England average. Where the prevalence of asthma is highest (Fareham, Gosport, South Eastern and West Hampshire) projects in Phase 2 and 3 of the Better Care Fund implementation could include targeting health information and increasing opportunities for health checks for people with asthma
- The number of people with dementia (particularly amongst people over the age of 65 years and amongst women in older age groups) is set to increase. In response projects in the initial and second phase of Better Care Fund implementation should include a focus on the diagnosis of dementia and improving integration of services for this group
- In relation to cardiovascular disease, inequalities are highlighted between the sexes. Women seem particularly at risk from strokes and are less likely to have access to planned hospital care
- People with mental health problems have significantly higher rates of mortality and morbidity from illnesses such as heart disease, stroke, diabetes, respiratory disease and infections. Projects included as part of Phase 2 and 3 implementation of the Better Care Fund should increase opportunities for physical health checks for people with mental health problems
- As 10% of children have a mental health problem (around 31,000 in Hampshire) and 50% of lifetime mental illness is present by age of 14, these needs should be taken into account when implementing projects in Phase 3

Actions:

- Projects implemented as part of the Better Care Fund Strategy must be subject to detailed equality analysis at an early stage in order to tackle inequalities in access and health outcomes identified by the evidence
- Staff including those with disabilities or long-term health conditions will need to be involved in planning service

changes so that they are not discriminated against

Pregnancy and maternity

Low equality impact as the projects identified as part of the Better Care Fund do not target pregnant women and babies specifically.

Action:

- The needs of pregnant staff and employees on maternity leave will need to be taken account of/ involved in service change planning in line with existing policy of partner organisations

Gender reassignment

The [Gender Identity Research and Education Society](#) (Gires) suggests organisations may estimate the number of gender nonconforming employees and service users, based on the following information: gender nonconforming to some degree (1%). Based on this information we can estimate the number of people in Hampshire who are gender nonconforming to some degree as 13,178, and 2,635 are likely to seek medical treatment for their condition at some stage (total population of county 1,317,800 – 2011 Census)

Specific issues:

- The main health issue for transgender people is stress and impact on mental health of social disadvantage, discrimination and stigma.
- This group also face a range of access issues:
 - 17% refused healthcare treatment not related to transgender issues, because the doctor or nurse did not approve of gender reassignment
 - 29% reported that being transgender negatively affected their treatment by healthcare professionals
 - Placement on wards: transgender men put on female wards, transgender women put on male wards

Actions:

- Although the equality impact is assessed as low, implementation of the Better Care Fund projects will need to be sensitive to the needs of transgender patients and carers. Health and social care commissioners and providers should consider providing staff with awareness training around gender identity where this is not already in place

Race:

The ethnic diversity is gradually increasing across the county although the population remains predominantly white British (91.8%). Those in other ethnic groups account for 8.2%. The ethnic group 'White Other' accounts for 3.2% including both White Irish and Polish individuals, amongst others. Asian ethnic groups make up the largest non-white categories in Hampshire at 2.7% encompassing Indian and Nepalese ethnicities, with others.

Rushmoor has the largest non-white population at 15.3% (up from 4.4% in 2001); mostly due to a growing Nepalese population (6.5% of Rushmoor's population identified themselves as Nepalese in the 2011 Census). Across the rest of the county we see a variation from a non-white population of 7.1% in Basingstoke and Deane (up from 3.4% in 2001) to 2.9% (up from 1.5% in 2001) in Havant.

Language:

In Hampshire 96.8% of people (aged 3+) state English as their 'main language'. Other than English, Nepalese (0.6%) and Polish (0.5%) are the next most common main languages. Others are Chinese, French and Filipino (0.1% respectively). In Hampshire 1.6% of all households are shown to contain no individuals with English as a main language.

Gypsies and Travellers

Gypsies and Travellers are a significant minority group in Hampshire. Significant health inequalities exist between Gypsies and Travellers and the general population in England, even when compared with other socially deprived or excluded groups and with other ethnic minorities. It is estimated that Gypsies and Travellers die on average 10-12 years younger than the population.

The 2011 Census recorded 2,069 Gypsies and Travellers living in Hampshire. However local estimates suggest this is a large underestimate, with the actual population between 4,690 and 7,630 people. Three quarters (75%) of these people are believed to be living in bricks and mortar accommodation, with 25% living on authorised local authority or private sites. The largest number (423) is in the New Forest while the greatest proportion (0.3% of the population) is in Hart district. Data suggest there are Gypsies and Travellers living in every district in Hampshire.

Specific issues:

- Better Care Fund projects targeted at people with long-term conditions will need to ensure equality of access and outcomes for people from ethnic minorities, and gypsies and travellers in particular.

Actions:

- Commissioners and service providers will need to have foreign language interpretation and translation services available to ensure engagement activity is accessible to older people and people with disabilities from ethnic minority communities in Hampshire. Such services are more likely to be needed as part of communications and engagement activity in Rushmoor and Basingstoke and Deane.
- Better Care Fund projects must be subject to detailed equality analysis at an early stage to ensure services are culturally sensitive and tackle inequalities faced by people from black and minority ethnic groups

Religion or belief:

Christianity remains the largest religion in Hampshire at 62.4% (822,200 people). Hinduism is the next biggest religion at 0.7% (8,900 people) followed closely by Muslim (0.6% or 8,000 people) and Buddhism (0.5% or 7,200 people). A large percentage said they had no religion (27.9% or 367,000 people), whilst 7.2% (95,000 people) did not state any religion at all.

Specific issues:

- Service provision should be sensitive to the spiritual care needs of people who practise different religions or beliefs, particularly around end of life care. Care should be sensitive to cultural norms, festivals and prayer times/rituals
- Service provision should offer menu choices that are sensitive to the religious practises of diverse communities (for example access to halal, vegan, kosher and vegetarian menu options, and respect for

Actions:

Better Care Fund projects must be subject to detailed equality analysis at an early stage to ensure individual needs related to faith and spirituality are considered where relevant

Marriage and civil partnership status:

Assessed as low equality impact

Rurality:

23% of Hampshire's population live in the 85% of the county classified as rural, while 77% live in the 15% categorised as urban.

Specific issues:

- People living in rural areas may face difficulties in accessing health and social care services

Actions:

The particular needs of people with protected characteristics living in rural parts of Hampshire should be considered as part of detailed equality impact assessment of individual Better Care Fund projects

Poverty:

Hampshire is ranked the tenth least deprived principal authority in England (out of 150), with Hart district the least deprived of all local authorities in England (out of 326).

Deprivation in Hampshire is most concentrated in a small number of neighbourhoods for example, Leigh Park and Wecock in Havant, Rowner and Town in Gosport. Alongside this are pockets of very localised deprivation across the county, e.g. in Aldershot, Andover, Basingstoke, and Blackfield and Holbury in New Forest.

Children and Young People

Variations in socioeconomic and family circumstances lead to the variations in outcomes seen in Hampshire's children and young people. There were 29,000 children and young people aged 0-15 living in poverty in Hampshire in 2011, which was 11.8% of all children in this age group. This compares to 21.7% for England. Havant and Gosport had the highest proportion of children living in poverty in 2011 (20% and 18% respectively).

Unemployment

- Youth unemployment remains high. As at March 2013, 6,660 16-24 year olds were claiming Job Seekers Allowance (approximately one third all claimants) which is lower than 2009-2010, but significantly higher than 2007.
- Unemployment is generally concentrated in Basingstoke Town, Eastleigh Town, Gosport (Rowner & Town), Havant (Leigh Park & Wecock), and Rushmoor (Heron Wood and Mayfield areas).

Specific issues:

- Given the evidence around the social determinants of health and the link between poor health outcomes and deprivation, Better Care Fund projects for people with mental health problems and long term conditions must target the most deprived neighbourhoods and localities.

Actions:

Detailed equality analysis of individual projects will identify specific access issues and most effective ways to tackle health inequalities

Conclusion:

- The high level evidence shows that protected characteristic groups across Hampshire face a range of access issues and differential health outcomes. The Better Care Fund provides an opportunity to reduce these inequalities for groups
- Integrated Care Teams being developed for the 15 GP practice clusters to link with local voluntary groups including those that specialise in working with diverse communities and minorities
- Where possible metrics and baseline measures be disaggregated by available protected characteristics so the projects can demonstrate 'due regard', equitable access, and improved outcomes
- Work to help patients and service users better self-care and self-manage their long term conditions must be accessible to and deliver improved outcomes for key protected groups and reach those living in areas of deprivation
- Approaches to keeping well, prevention and supporting recovery must be holistic, with housing, leisure, health and social care taking a joined up approach
- Data sharing and use of NHS number via mechanisms such as GP practice patient record systems, Hampshire Health Record and the Summary Care Record should flag key information. For example that a patient has learning disability and so requires easy read letters or information, or requires foreign language or British Sign Language interpretation.

Potential Mitigating Actions

- Detailed equality analysis of specific Better Care Fund projects in order to focus and prioritise actions to mitigate against potential negative equality impacts for the identified protected groups. Completion of equality analysis should be built into project plans at an early stage.
- Propose use of Hampshire County Council's electronic equality impact assessment tool so that actions can be tracked
- Propose joint working by Hampshire County Council Inclusion and Engagement Team and CCG/ provider Trust Equality and Diversity Leads to pool expertise and data to support detailed equality analyses
- Project communications and engagement plan to reflect findings of this equality analysis so that communication methods and engagement activities are inclusive and proactively engage the most relevant protected groups

Date to review actions 26 Sep 2014

Final decision date

Final decision date due 30 Jul 2014
 Decision to be made by Executive Member