

Appendix two – Equality Impact Assessment

EQUALITY IMPACT ASSESSMENT

TITLE: Better Care Fund section 75 agreement

VERSION CONTROL

Date	Version	Author	Description of Changes
08/10/2020	One	Alex Jones	

CHESHIRE EAST COUNCIL - EQUALITY IMPACT ASSESSMENT

Stage 1 Description: Fact finding (about your policy / service /

Department	Specify the Department within which the assessment is being undertaken. People directorate		Lead officer responsible for assessment Alex Jones		State the full title(s) of the person(s) completing the assessment. Better Care Fund programme manager	
Service	Specify the Service within which the assessment is being undertaken. Better Care Fund		Other members of team undertaking assessment Shelley Brough		State the full title(s) of all person(s) supporting/ completing the assessment. Head of integrated commissioning	
Date	08/10/2020		Version One			
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service
Is this a new/ existing/ revision of an existing document (please mark as appropriate)	New		Existing		Revision	
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/ plan/ function/ policy/ procedure/ service	Better Care Fund The Better Care Fund was first announced in 2013 to bring about greater integration between health and social care. The Better Care Fund requires that the NHS and local government create a single pooled budget. The section 75 agreement is a legal agreement made between local authorities and NHS bodies to allow for resources to be pooled. The Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group					

	<p>allocations, the Disabled Facilities Grant and funding paid directly to local government for adult social care services – the improved Better Care Fund.</p> <p>The Better Care Fund in recent years has expanded to include: Winter Pressures funding, improved Better Care Fund. The Winter Pressures funding was paid directly to local government via a section 31 grant. There is a requirement to use the funding to alleviate pressures on the NHS over the winter period. Conditions attached to the funding note that it should be pooled into the Better Care Fund. The schemes funded by the Winter Pressures are included within the section 75 agreement. Reporting in relation to this funding is managed through wider Better Care Fund reporting. Plans are submitted to the Health and Wellbeing Board to confirm plans for the use of the funding.</p> <p>Whilst the Better Care Fund planning and policy guidance for 2020/21 hasn't been published, the 2019/20 policy guidance noted that local authorities were to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant. Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home. The Better Care Fund should continue to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more) by continuing ongoing work to implement and embed the High Impact Change Model for Managing Transfers of Care that support this ambition. One of the conditions attached to the improved Better Care Fund grant is that it needs to be aligned with the Better Care Fund pooled budget through a section 75 agreement which is part of the NHS Act 2006 (section 75). In addition to this the monies forming part of the winter pressures allocation has been included within the section 75 agreement.</p>
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	<p>Local Better Care Fund plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place.</p> <p>NHS England required that Better Care Fund plans demonstrated how the area will meet the following national conditions:</p> <ul style="list-style-type: none"> • Plans to be jointly agreed • NHS contribution to adult social care is maintained in line with inflation • Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care • Managing Transfers of Care (Delayed Transfers of Care)
Who are the main stakeholders, and have they been engaged with? (e.g. general public, employees, Councillors, partners, specific audiences, residents)	<p>The following stakeholders have been engaged:</p> <ul style="list-style-type: none"> • Cheshire East Council • NHS Cheshire CCG <p>Consultation and engagement with CCG partners through the Better Care Fund Governance Group has and will continue to take place. Plans are submitted to the Health and Wellbeing Board to confirm plans for the use of the funding.</p>
What consultation method(s) did you use?	<i>Engagement has taken place through virtual meetings.</i>

Stage 2 Initial Screening

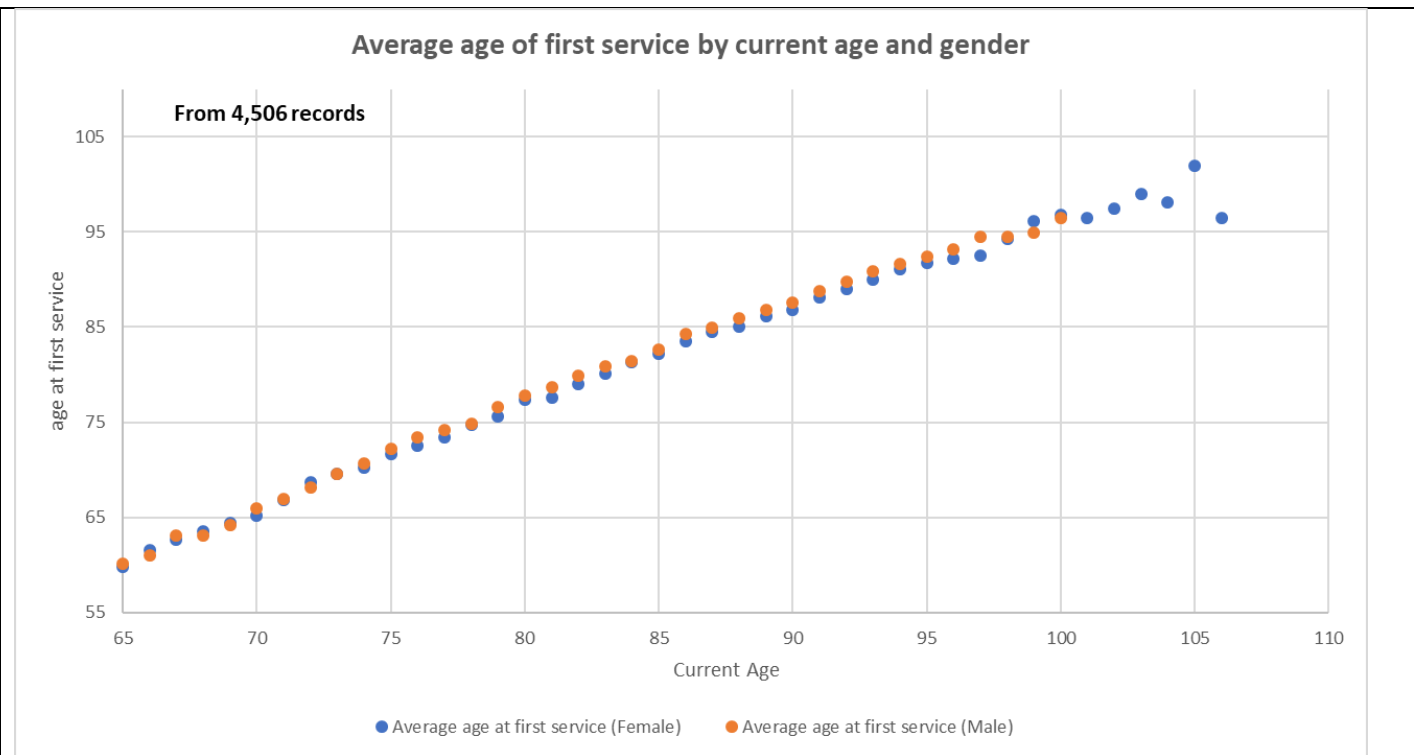
Who is affected and what evidence have you considered to arrive at this analysis?	<i>There are a number of implications as a result of the services which are included within: Winter pressures, improved Better Care Fund, Better Care Fund and older people joint commissioning schemes.</i>
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<p>(This may or may not include the stakeholders listed above)</p>	<p><i>There are no direct implications for rural communities. As noted in the body of the report the local authority and NHS Cheshire CCG have created a mandate for the joint commissioning for place for all age mental services and older people services. The local authority will lead on the joint commissioning of older people's services. There are 11 service areas in scope of the pilot.</i></p> <p><i>The section 75 agreement includes two schemes which are all age services: Disabled Facilities Grant (Better Care Fund) and Carers hub (Better Care Fund). All age services are also included within Home first schemes (Better Care Fund).</i></p> <p><i>The section 75 agreement includes the Care home flu vaccination (improved Better Care Fund) scheme which aims to reduce the impact of flu on care home residents and amongst care home staff. This aligns to the role of public health to prevent disease and reduce the risk of communicable and non-communicable diseases.</i></p> <p><i>In total there are some 39 schemes which are included within the scope of the Better Care Fund section 75 agreement. Each of the schemes will at the time of being commissioned have information about who is affected by the scheme.</i></p>
<p>Who is intended to benefit and how?</p>	<p>The Better Care Fund will positively impact on the age protected characteristic; the Better Care Fund section 75 agreement comprises of 39 schemes which are focused primarily on older people's services. Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home. The Better Care Fund should continue to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more) by continuing ongoing work to implement and embed the High Impact Change Model for Managing Transfers of Care that support this ambition.</p> <p>Both nationally and locally Better Care Fund plans reflect a focus on improved hospital flow and performance. Two of the metrics used to judge the effectiveness of the Better Care Fund are reducing non-elective admissions and reducing delayed transfers of care. Research shows that reduced hospital length of stay is linked with lower odds of a decline of physical functioning. There</p>

	are a number of Better Care Fund and improved Better Care Fund schemes which are linked towards achieving this aim. Within the Better Care Fund there are also schemes aimed at all age support in the form of Disabled Facilities Grant as well as Carers breaks and support.
Could there be a different impact or outcome for some groups?	<p>An analysis of older people's services was undertaken to analyse the service users accessing, provide some demographic information, better understand the interaction between services and how long services were accessed for. The analysis considered adult social care services but also included a range of Better Care Fund and older people joint commissioned services.</p> <p>This report provides data analysis of a dataset of older people (aged 65 and over) in receipt of adult social care services and looks back at their history of services by various category types. The criteria for inclusion within the dataset was as follows:</p> <ul style="list-style-type: none"> • The person had an active service at any time between 1st July 2020 and 19th August 2020. • The person's 65th birthday was on or before the end of their latest service (or on or before 19th August if they have an open service). <p>For each person included within the criteria above, every service episode that the person ever had was extracted.</p> <p>The dataset is made up of 4,507 distinct clients and 26,679 individual service episodes. The service episodes can stretch back to 2008. As there have been numerous service titles and sub-categories over this time, for ease of analysis and presentation, the different services have been categorised under 19 different categories.</p> <p>Services were categorised into the following category types:</p> <ul style="list-style-type: none"> • Nursing Dementia • Nursing • Residential Dementia • Residential • Supported Living • Home Care • Direct Payment

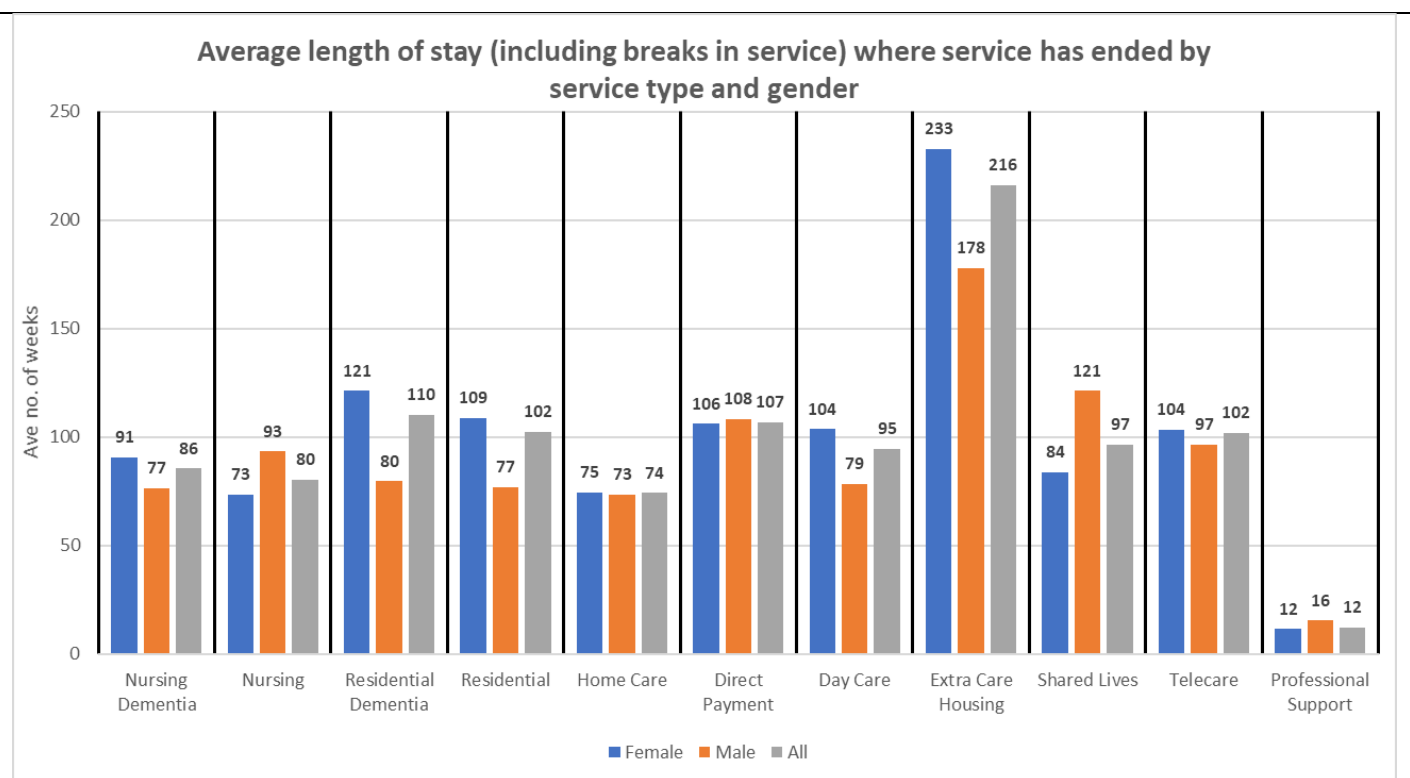
	<ul style="list-style-type: none"> • Night Support • Day Care • Extra Care Housing • Short Term Residential/Nursing • Reablement • Intermediate Care • Rapid Response • Respite / Sitting Service • Shared Lives Telecare • Professional Support • Carers Direct Payment • Other
Does it include making decisions based on individual characteristics, needs or circumstances?	<p>Individual schemes include provision for decisions and due consideration of characteristics, needs or circumstances. For example, the trusted assessor service includes the following:</p> <p>The service specification notes the following in relation to equality and diversity:</p> <p>Provider[s] will ensure that access to services by individuals, considers the needs of specific groups to ensure that disadvantage does not occur. Provider[s] will need to demonstrate their understanding of the population and geography of Cheshire East to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct ethnic groups, gender, age, disability, and sexuality as it does for our towns, villages and rural populations. Provider[s] understanding of modes of transport and transport routes, acceptable service delivery locations for children, young people, families, adults and communities will be vital in ensuring flexible, mobile, and outreach service delivery, at accessible times, and in locations that best meets need.</p>

	<p>Provider[s] will ensure that the needs of service users / patients from under-represented groups and priority groups are fully considered in the planning and delivery of service arrangements, these groups are as follows:</p> <ul style="list-style-type: none"> • Ex-service personnel • People with a Learning Disability • Lesbian, Gay, Bisexual, Transgender • Black and minority ethnic groups
<p>Are relations between different groups or communities likely to be affected? (e.g. will it favour one particular group or deny opportunities for others?)</p>	<p>As noted previously the primary user of the services included within the Better Care Fund section 75 agreement is older people, the data analysis of social care service users identified the age of service users when they first accessed social care shown by gender.</p> <p>Age at first adult social care service</p> <p>The following chart shows the average age at which the clients within the dataset received their first adult social care service cross referenced to their age as at 19th August 2020. This data is split by gender. The overall average age at which people aged 65 and over start their first adult social care service is 81 (82 for females and 80 for males).</p>



Length of stay within services

From the dataset, it is also possible to calculate the length of time that each person received a particular service type. The following charts show the lengths of stay (in weeks) for different cohorts: the first is for those people who no longer receive that service type and are now receiving other services; and the second includes those who are still receiving that service type as at the data extract date. Please note that the length of stay ignores temporary breaks in service and excludes service types that are generally short term or for a time-limited period or where there were particularly low numbers within a cohort.



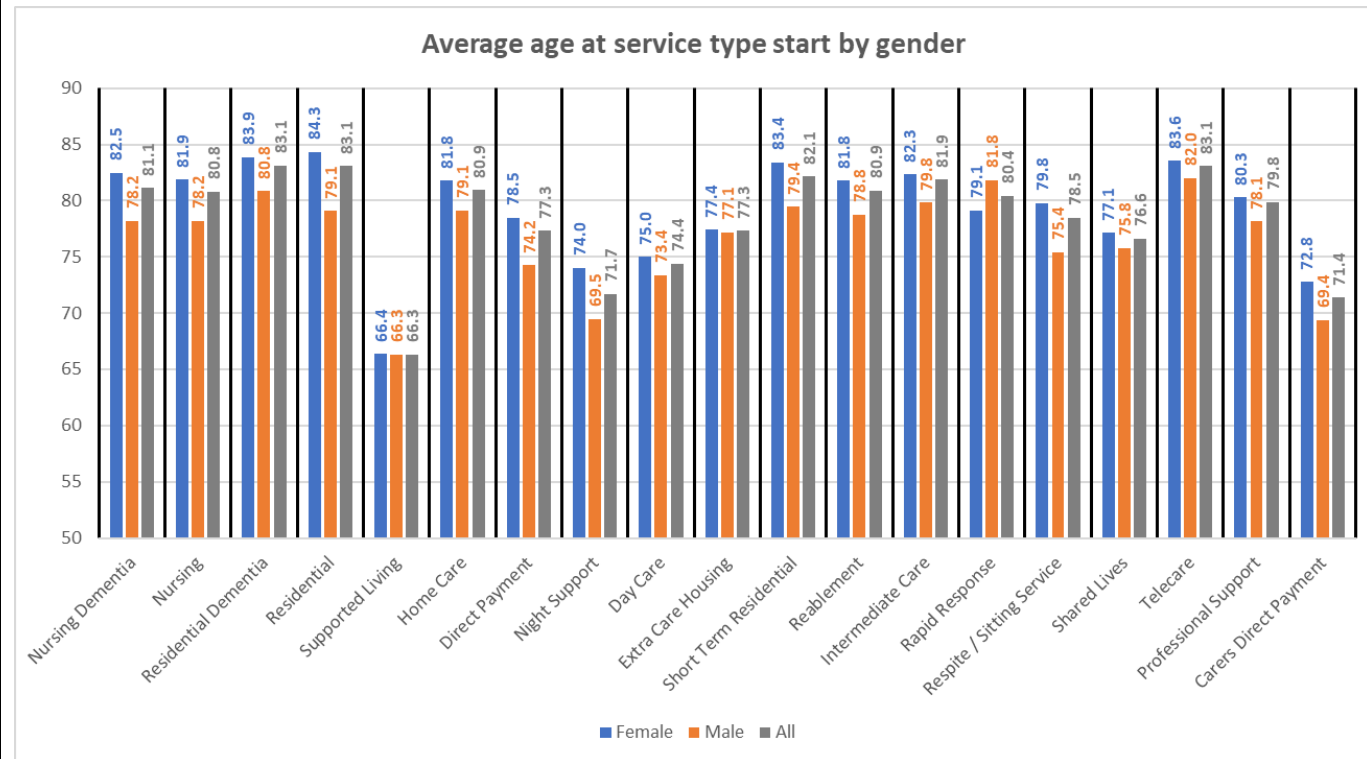
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?

As noted previously each commissioned service will give due consideration to effective promotion of equality, the data analysis of social care service users shows the age at first episode by different social care service.

Age at first episode of service type

Although there is little difference between males and females in terms of age at their first adult social care service, there are some significant differences when looking at the age that people first have a particular type of service as their support needs change. The following chart shows

the average age at which people first access a type of service and is split by gender, as well as showing the overall average for that service type.



Is there an actual or potential negative impact on these specific characteristics? (Please tick)

Age	Y	N	Marriage & civil partnership	Y	N	Religion & belief	Y	N
Disability	Y	N	Pregnancy & maternity	Y	N	Sex	Y	N

Gender reassignment	Y	N	Race	Y	N	Sexual orientation	Y	N
What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts							Consultation/ involvement carried out	
<p>In relation to the specific characteristics noted, the majority of the schemes are targeted at older people over the age of 65. This is as a result of the core aims of the fund and as a result of the programme trying to bring about positive performance against the Better Care Fund metrics.</p>								
							Yes	No
Age	<i>Does this service provide any impact for different age groups? If so, what is this?</i>						X	
Disability	<i>Does this service provide any impact for disabilities? If so, what is this?</i>						X	
Gender reassignment	<i>Does this service provide any impact for those who have undergone gender reassignment? If so, what is this?</i>						X	
Marriage & civil partnership	<i>Does this service provide any impact for people who are married or have a civil partner?</i>						X	
Pregnancy & maternity	<i>Does this service provide any impact for women who are pregnant or on maternity leave?</i>						X	
Race	<i>Does this service provide any impact for people from a particular race? If so, what is this?</i>						X	
Religion & belief	<i>Does this service provide any impact for people from different faith groups? If so, what is this?</i>						X	
Sex	<i>Does this service provide any impact for men or women? If so, what is this?</i>						X	
Sexual orientation	<i>Does this service provide any impact for people who are gay, lesbian etc.? If so, what is this?</i>						X	

Proceed to full impact assessment? (Please tick)	Yes	No	Date
Lead officer sign off	Alex Jones	Date	08/10/2020
Head of service sign off	Shelley Brough	Date	09/10/2020

If yes, please proceed to Stage 3. If no, please publish the initial screening as part of the suite of documents relating to this issue