Equality Analysis (EA)

Financial Year
2013/14

Section 1 – General Information (Aims and Objectives)

See Appendix A

Current decision rating

Name of the proposal including aims, objectives and purpose
(Please note – for the purpose of this doc, 'proposal' refers to a policy, function, strategy or project)

Better Care Fund

The Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas.

The Better Care Fund has been initiated by government to promote a greater level of cooperation, joint planning and integrated delivery of health and social care. The reconfiguration and redesign of health and social care services is central to the intentions inherent in the Health and Social Care Act and the Care Bill. Funding mechanisms are likely to become increasingly combined into pooled arrangements, underpinned by integrated working and focused on improving health and wellbeing, supporting more people in community based settings and services and reducing demand on acute care.

The Better Care Fund provides an opportunity to transform care so that people are provided with better integrated care and support. It encompasses a substantial level of funding and it will help deal with demographic pressures in the health and social care system. The Better Care Fund is an opportunity to take the integration agenda forward at scale and pace, building on the WELC integrated care programme, and successful bid to become a "Pioneer"

Conclusion -
As a result of performing the analysis, the Better care Fund does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

Name: Deborah Cohen,
(signed off by)

Date signed off:
(approved)

Service area:
Commissioning and Health

Team name:
Commissioning and Health

Service manager:
Deborah Cohen

Name and role of the officer completing the EA:
Deborah Cohen, Service Head, Commissioning and Health

Section 2 – Evidence (Consideration of Data and Information)

The vision, aims and objectives of the Better Care Fund are based on the Tower Hamlets Joint Strategic Needs Assessment and the Tower Hamlets Health and Wellbeing Strategy (including the 'Equalities Insights for the Health and Wellbeing Strategy). Both these document have a detailed evidence base related to the impacts on the nine protected characteristics.

Some patients have a higher risk of requiring an emergency admission following a crisis than others, and certain characteristics can be indicative of that risk. Therefore we can stratify patients into categories of risk. Information used to identify this risk includes age, their previous acute admissions, and the existing long-term conditions. Because of the high and growing number of people in the borough with one or more long-term conditions, stratifying the risk of patients in order to focus on those with the highest risk of admission is increasingly important. In depth Risk Stratification evidence gathering was undertaken by the Tower Hamlets CCG during the development of the Better Care Fund.

Section 3 – Assessing the Impacts on the 9 Groups

Target Groups	Impact – Positive or Adverse What impact will the proposal have on specific groups of service users or staff?	Reason(s) • Please add a narrative to justify your claims around impacts and, • Please describe the analysis and interpretation of evidence to support your conclusion as this will inform decision making Please also how the proposal with promote the three One Tower Hamlets objectives? -Reducing inequalities -Ensuring strong community cohesion -Strengthening community leadership
Race	Neutral	The results of the Census 2011 reveal that the profile of the borough is one of increasing diversity. The two largest groups are the Bangladeshi (32%) and White British communities (31%) but there are also an increasing number of smaller ethnic groups in the resident population re-affirming the hyper diverse nature of the Borough. Further detailed analysis will be undertaken of the older population and those with Disabilities in relation to race during the 'shadow' year of the BCF in 14/15.
Disability	Positive	There are around 9,000 adults (aged 16 years and over) in Tower Hamlets claiming Disability Living Allowance (DLA). In addition, there are 3,640 older people claiming Attendance Allowance (AA). Around 4,560 people receive higher rate mobility award DLA and around 2,575 receive higher rate care award DLA (these are not mutually exclusive categories). Around 1990 people are claiming higher rate mobility award AA. (January 2011) Some patients have a higher risk of requiring an emergency admission following a crisis than others, and certain characteristics can be indicative of that risk. Therefore we can stratify patients into categories of risk. Information used to identify this risk includes age, their previous acute admissions, and the existing long-term conditions. Because of the high and growing number of people in the borough with one or more long-term conditions, stratifying the risk of patients in order to focus on those with the highest risk of admission is increasingly important. Our risk stratification has identified the following split of our registered population into the following categories:

<table>
<tr>
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<table>
<tr><th>Risk factor</th><th>National average - percentage</th><th>Total</th></tr>
<tr><td>Very high risk</td><td>0.5%</td><td>1,662</td></tr>
<tr><td>High risk</td><td>4.5%</td><td>11,871</td></tr>
<tr><td>Moderate risk</td><td>15%</td><td>23,600</td></tr>
<tr><td>(Total TH population)</td><td>-</td><td>261,536</td></tr>
<tr><td>(Total TH population that are very high – moderate risk)</td><td>-</td><td>37,133</td></tr>
</table>

For 2014/15 and 2015/16 the model of care we will be introducing will focus on the Very High and High risk patients groups. The Better care Fund will have a positive impact on those with a disability.

Further detailed analysis will be undertaken of the population with disabilities and other protected characteristics during the ‘shadow’ year of the BCF in 14/15.
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<tr>
<td>Gender</td>
<td>Neutral</td>
<td>In 2010, the gender split in the population is 51 per cent male and 49 per cent female, or expressed another way, 105 males for every 100 females.

Further detailed analysis will be undertaken with Gender and age/disabilities during the ‘shadow’ year of the BCF in 14/15.</td>
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<tr>
<td>Gender Reassignment</td>
<td>Neutral</td>
<td>The BCF will focus on Older people and people with disabilities so the impact Gender reassignmentwill be negligible</td>
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<tr>
<td>Sexual Orientation</td>
<td>Neutral</td>
<td>It is difficult to estimate the size and profile of the lesbian, gay and bisexual (LGB) population in the borough as sexual orientation was not a specific category used in the last census, however:
A national survey indicates that LGB people make up around 10% of the population in London.
Although the 2011 census did not ask specific questions around sexual orientation, it did ask about those who were living in same sex couples. This revealed that the borough has the fifth largest reported number of cohabiting same sex couples nationally, and the fourth largest in London.</td>
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		Further detailed analysis will be undertaken with sexual orientation and age/disabilities during the 'shadow' year of the BCF in 14/15.
Religion or Belief	Neutral	The Faith profile of the borough mirrors national trends including a significant decrease in the Christian population now at 27%. There have also been increases in the proportion of the Muslim population which is now the largest faith group in the Borough at 35%. The increase in the number stating 'No Religion' or opting to not to answer the question on religion has been higher than both the significant London and National increases in these categories, and together make up 34% of people in the Borough. The next largest proportionate increase was in the Hindu community which is now 1.7% of the Borough overall (up from 0.8%) and the largest percentage decrease was in the Jewish community from 0.9% to 0.5% in 2011. Further detailed analysis will be undertaken with religion and belief and age/disabilities during the 'shadow' year of the BCF in 14/15.
Age	Positive	The 2011 census has shown that residents in the 20 to 64 age group have increased from 122,070 in 2001 to 176,400 in 2011, an increase of over 44.5% (54,330 residents). However, in Tower Hamlets the number of residents aged over 65 fell from 18,362 in the 2001 Census to 15,500 in 2011. Tower Hamlets saw reductions in those aged 65 to 79 of 3,164 residents (a fall of 21.9%), but an increase in those aged over 80 which increased by 302 residents (an increase of 7.7%). The Census 2011 tells us that there has been a significant increase in working age population and this is where much of the overall population growth has occurred. The Borough also has the lowest pensioner population in the Country but with proportionately many more of them living alone. Some patients have a higher risk of requiring an emergency admission following a crisis than others, and certain characteristics can be indicative of that risk. Therefore we can stratify patients into categories of risk. Information used to identify this risk includes age, their previous acute admissions, and the existing long-term conditions. Because of the high and growing number of people in the borough with one or more long-term conditions, stratifying the risk of patients in order to focus on those with the highest risk of admission is increasingly important. Our risk stratification has identified the following split of our registered population into the following categories:

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For 2014/15 and 2015/16 the model of care we will be introducing will focus on the Very High and High risk patients groups. The Better Care Fund will have a positive impact on older people.
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<tr><td>Marriage and Civil Partnerships.</td><td>Neutral</td><td>The BCF will focus on Older people and people with disabilities so the impact marriage and civil partnerships will be negligible</td></tr>
<tr><td>Pregnancy and Maternity</td><td>Neutral</td><td>The BCF will focus on Older people and people with disabilities so the impact Pregnancy and maternity will be negligible</td></tr>
<tr><td>Other Socio-economic Carers</td><td>Neutral</td><td></td></tr>
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Section 4 – Mitigating Impacts and Alternative Options

From the analysis and interpretation of evidence in section 2 and 3 - Is there any evidence or view that suggests that different equality or other protected groups (inc' staff) could be adversely and/or disproportionately impacted by the proposal?

No

If yes, please detail below how evidence influenced and formed the proposal? For example, why parts of the proposal were added / removed?

(Please note – a key part of the EA process is to show that we have made reasonable and informed attempts to mitigate any negative impacts. An EA is a service improvement tool and as such you may wish to consider a number of alternative options or mitigation in terms of the proposal.)

Where you believe the proposal discriminates but not unlawfully, you must set out below your objective justification for continuing with the proposal, without mitigating action.

Section 5 – Quality Assurance and Monitoring

Have monitoring systems been put in place to check the implementation of the proposal and recommendations?

Yes

How will the monitoring systems further assess the impact on the equality target groups?

This EA wil be regularly reviewed and refreshed by the Better Care Fund Working Group

Does the policy/function comply with equalities legislation?
(Please consider the OTH objectives and Public Sector Equality Duty criteria)

Yes

If there are gaps in information or areas for further improvement, please list them below:

Further detailed analysis will be undertaken with age/disabilities and the other protected characteristics during the 'shadow' year of the BCF in 14/15.

How will the results of this Equality Analysis feed into the performance planning process?

This Equality Analysis will inform the development of the BCF during the 'Shadow' year of 14/15

Section 6 - Action Plan

A project plan will be developed and finalised during 14/15 and Equality considerations from the Equality Analysis will be incorporated in to the Action Plan.

Appendix A

(Sample) Equality Assessment Criteria

Decision	Action	Risk
As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.	**Suspend – Further Work Required**	**Red** 
As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy.	**Further (specialist) advice should be taken**	**Red Amber** 
As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.	**Proceed pending agreement of mitigating action**	**Amber** 
As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.	**Proceed with implementation**	**Green:**