

# Equality Impact Assessment

## Context

1. under s.149 of the Equality Act 2010, when making decisions, Essex County Council must have regard to the Public Sector Equality Duty, ie have due regard to:
  - eliminating unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act,
  - advancing equality of opportunity between people who share a protected characteristic and those who do not,
  - fostering good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.
2. The characteristics protected by the Equality Act are:
  - age
  - disability
  - gender reassignment
  - marriage/civil partnership
  - pregnancy/maternity
  - race
  - religion/belief
  - gender and sexual orientation.
3. In addition to the above protected characteristics you should consider the cross-cutting elements of the proposed policy, namely the social, economic and environmental impact (including rurality) as part of this assessment. These cross-cutting elements are not a characteristic protected by law but are regarded as good practice to include.
4. The Equality Impact Assessment (EqIA) document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for reviewing existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
5. Use the questions in this document to record your findings. This should include the nature and extent of the impact on those likely to be affected by the proposed policy.
6. Where this EqIA relates to a continuing project, it must be reviewed and updated at each stage of the decision.
7. The EqIA will be published at:  
<http://cmis.essexcc.gov.uk/essexcmis5/Home.aspx>
8. All **Cabinet Member Actions, Chief Officer Actions, Key Decisions** and **Cabinet Reports must be** accompanied by an EqIA.
9. For further information, refer to the EqIA guidance for staff.
10. For advice, contact:  
Shammi Jalota [shammi.jalota@essex.gov.uk](mailto:shammi.jalota@essex.gov.uk)  
Head of Equality and Diversity  
Corporate Law & Assurance  
Tel 0330 134592 or 07740 901114



## Section 1: Identifying details

Your function, service area and team: People Commissioning

If you are submitting this EqlA on behalf of another function, service area or team, specify the originating function, service area or team: Essex County Council People Commissioning, Basildon & Brentwood Clinical Commissioning Group (CCG), West Essex CCG, Castle Point & Rochford CCG, North East Essex CCG and Mid Essex CCG.

Title of policy or decision: Essex Better Care Fund (BCF) 2016/17

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Date of completing the assessment: 21/3/16

## Section 2: Policy to be analysed

2.1	Is this a new policy (or decision) or a change to an existing policy, practice or project? This is a change to an existing BCF Plan
2.2	<p>Describe the main aims, objectives and purpose of the policy (or decision): The main aims and objectives of the decision are to: Create an Essex wide BCF Plan in line with NHS England planning requirements. The Essex BCF is owned by the Essex Health and Wellbeing Board</p> <p>What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)? The outcome will be the continued commissioning and provision of existing services in line with NHS England funding allocations for the BCF by ECC and the five Essex CCGs</p>
2.3	<p>Does or will the policy or decision affect:</p> <ul style="list-style-type: none"><li>• service users</li><li>• employees</li><li>• the wider community or groups of people, particularly where there are areas of known inequalities?</li></ul> <p>The BCF affects the wider community and the health and social care system in Essex as a whole. The services commissioned by the funds allocated to the BCF are not new services and involve only existing contracts that are designed to improve services and reduce inequalities for service users / patients and the wider community</p> <p>Will the policy or decision influence how organisations operate? As this decision confirms the funding of existing services it will not influence how organisations operate.</p>
2.4	<p>Will the policy or decision involve substantial changes in resources? This decision will not result in changes in resources</p>



2.5	<p>Is this policy or decision associated with any of the Council's other policies and how, if applicable, does the proposed policy support corporate outcomes?</p> <p>This decision supports the Essex corporate outcomes and the Essex Health and Wellbeing Strategy but as NHS England have targetted the BCF only at adult health and social care, the BCF does not have a direct relationship with each of the Essex Corporate Outcomes:</p> <ul style="list-style-type: none"> <li>- People in Essex enjoy good health and wellbeing: health and care services will be commissioned jointly reducing duplication of services, services will be joined up and coordinated across providers and inequalities of service will be reduced. Unplanned admissions to hospital will be reduced and for those that are admitted joined up and appropriate discharge pathways will be created.</li> <li>- People in Essex live in safe communities and are protected from harm: through increasing use of volunteers less people will feel isolated in their communities.</li> <li>- Sustainable economic growth for Essex communities and businesses: through working with the district and borough councils, the development of suitable housing for an aging population in Essex.</li> <li>- People in Essex can live independently and exercise control over their lives: through shifting the balance of care from high cost hospital interventions to lower cost early interventions and by encouraging more care in the community delivered through community assets it is expected that people will be enabled to live as independently as possible for as long as possible and have access to personal health budgets. Where higher cost interventions and hospital admissions are required then people will have their care managed in such a way as to improve the discharge process back to appropriate places of residence.</li> </ul>
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## Section 3: Evidence/data about the user population and consultation<sup>1</sup>

As a minimum you must consider what is known about the population likely to be affected which will support your understanding of the impact of the policy, eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information (national, regional and local data sources).

3.1	<p>What does the information tell you about those groups identified?</p> <p>As the BCF covers the entire adult population of Essex it can be noted that the population is increasing. According to ONS (source POPPI and PANSI) the adult population of Essex is due to increase from 1,729,800 to 1,910,300 over the next ten years, an increase of 10%. The over 65 population, who are the main cohort in receipt of the services affected by this decision, are expected to increase by 22% in the same period.</p> <p>The number of people in Essex who are becoming unplanned admissions to hospital is already increasing at 3.5% per year.</p> <p>This decision is intended to reduce the numbers of people ending up with unplanned care by introducing coordinated care across health and social care and moving the balance of care from unplanned to early intervention and prevention.</p> <p>The ACO design will have an impact on the following staff groups:</p> <ul style="list-style-type: none"> <li>ECC adult social care teams</li> <li>ECC Community Providers</li> <li>NHS Community Providers</li> <li>NHS GP Practices</li> <li>NHS Mental Health Providers</li> <li>Acute Hospital Staff including Basildon and Thurrock University Hospitals NHS Foundation Trust staff, Princess Alexandra Hospital NHS Trust and Southend University Hospital NHS Foundation Trust, Mid Essex Hospitals Trust and Colchester Hospital University Foundation Trust (hospital admission and discharge)</li> <li>Community hospitals staff including Brentwood Community Hospital</li> <li>CCG Community Services Providers staff including North East London NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust, Provide and Anglian Community Enterprise.</li> </ul>
3.2	<p>Have you consulted or involved those groups that are likely to be affected by the policy or decision you want to implement? If so, what were their views and how have their views influenced your decision?</p> <p>Yes, through local patient group forums and through formal consultation carried out in November and December 2014. The results of which can be found at <a href="http://www.essexinsight.org.uk/Resource.aspx?ResourceID=1112">http://www.essexinsight.org.uk/Resource.aspx?ResourceID=1112</a></p> <p>The main findings of the consultation were:</p> <p>The public said that it wanted more joined up, coordinated health and care systems. The response is that we are currently in the process of developing new models of care that link the Clinical Commissioning Groups, the County Council and health and care providers.</p> <p>The public said that it wanted to be kept more informed about developments that the County Council and Health partners were working on together.</p>

<sup>1</sup> Data sources within EEC. Refer to Essex Insight:  
<http://www.essexinsight.org.uk/mainmenu.aspx?cookieCheck=true>  
 with links to JSNA and 2011 Census.



	<p>The response is that to represent the voice of patients and care service users/carers we are involving Essex Healthwatch in the implementation of the new models of care.</p> <p>High level strategic engagement has been undertaken with the partner and provider organisations. No formal consultation was felt necessary with staff groups as the investment is in existing contracts that are in continuation from the 2015/16 BCF.</p>
3.3	<p>If you have not consulted or engaged with communities that are likely to be affected by the policy or decision, give details about when you intend to carry out consultation or provide reasons for why you feel this is not necessary:</p>



## Section 4: Impact of policy or decision

Use this section to assess any potential impact on equality groups based on what you now know.

Description of impact	Nature of impact Positive, neutral, adverse (explain why)	Extent of impact Low, medium, high (use L, M or H)
Age	<p>Positive. The overall objectives of the BCF is to improve the quality of outcomes for the population of Essex whilst removing inequality of service provision and improving the Health and Social Care system sustainability. The positive impacts on the aging population will be:</p> <ul style="list-style-type: none"> <li>• Frail people are able to enjoy healthier lives, feeling safe at home and connected to their community. Greater numbers of people physically active, not smoking, eating healthily and maintaining a healthy weight.</li> <li>• Reduced social isolation and loneliness. Improved mental health and greater community engagement and participation.</li> <li>• Frail people with long term conditions enabled to live well and avoid unnecessary complications and acute crisis.</li> <li>• Frail population will have personalised care plans and be involved in decision- making</li> <li>• Improved co-ordination of care and co-morbidities will help people remain as well and independent for as long as possible and avoid deterioration and complications.</li> <li>• Carers of frail people will be offered assessment of their needs and signposted to interventions to support them in their caring role.</li> <li>• Frail people will receive adequate rehabilitation and re-ablement when needed to prevent further disability, greater reliance on care and support, avoidable admissions to hospital, delayed discharge from hospital.</li> </ul>	H



Disability	Positive. For the same reasons as shown under "Age"	H
Gender	Neutral. The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group	L
Gender reassignment	Neutral. The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group	L
Marriage/civil partnership	Neutral. The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group	L
Pregnancy/maternity	Neutral. The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group	L
Race	Neutral. The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group	L
Religion/belief	Neutral. The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group	L



Sexual orientation	Neutral. The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group	L
<b>Cross-cutting themes</b>		
<b>Description of impact</b>	<b>Nature of impact</b> Positive, neutral, adverse (explain why)	<b>Extent of impact</b> Low, medium, high (use L, M or H)
Socio-economic	Neutral. The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group	L
Environmental, eg housing, transport links/rural isolation	<b>Neutral. The services affected are primarily aimed at the older population and those with physical and mental disabilities. However, a prime objective is to remove current inequalities of service provision around Essex and this will include this equality group</b>	L





## Section 5: Conclusion

		Tick Yes/No as appropriate	
5.1	Does the EqlA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups?	No <input checked="" type="checkbox"/>	
		Yes <input type="checkbox"/>	If ' <b>YES</b> ', use the action plan at <b>Section 6</b> to describe the adverse impacts and what mitigating actions you could put in place.



## Section 6: Action plan to address and monitor adverse impacts

What are the potential adverse impacts?	What are the mitigating actions?	Date they will be achieved.



## **Section 7: Sign off**

**I confirm that this initial analysis has been completed appropriately.  
(A typed signature is sufficient.)**

Signature of Head of Service:

Date:

Signature of person completing the EqlA:

Date:

## **Advice**

Keep your director informed of all equality & diversity issues. We recommend that you forward a copy of every EqlA you undertake to the director responsible for the service area. Retain a copy of this EqlA for your records. If this EqlA relates to a continuing project, ensure this document is kept under review and updated, eg after a consultation has been undertaken.

