Adult Social Care and Health

ANNEX 2

Bracknell Forest Council

Development of Joint Commissioning Strategy for Intermediate Care 2015 - 2018

14nd October 2014

Bracknell Forest Council
www.bracknell-forest.gov.uk

Equalities Screening Record Form

<table>
<tr><td>Date of Screening:
19 October 2011</td><td>Directorate:
ADULT SOCIAL CARE, HEALTH & HOUSING</td><td>Section:
JOINT COMMISSIONING (LEAD SECTION)</td></tr>
<tr><td>1. Activity to be assessed</td><td colspan="2">Development of Joint Commissioning Strategy for Intermediate Care</td></tr>
<tr><td>2. What is the activity?</td><td colspan="2">☒ Policy/strategy ☐ Function/procedure ☐ Project ☐ Review ☐ Service ☐ Organisational change</td></tr>
<tr><td>3. Is it a new or existing activity?</td><td colspan="2">☒ New ☐ Existing</td></tr>
<tr><td>4. Officer responsible for the screening</td><td colspan="2">Alysoun Asante, Joint Commissioning Officer</td></tr>
<tr><td>5. Who are the members of the EIA team?</td><td colspan="2">Zoë Johnstone, Chief Officer, Bracknell Forest Council; Mary Purnell, Head of Operations, Bracknell and Ascot Clinical Commissioning Group</td></tr>
<tr><td>6. What is the purpose of the activity?</td><td colspan="2">Intermediate care, with a focus on reablement and independence, prevents unnecessary hospital admission, promotes discharge and reduces the need for long term residential care. With the advent of the Health and Social Care Act 2012, the Care Act 2014 and Better Care Fund (DOH 2013) which promote integration of working across health and social care, further emphasis on prevention and person centred approaches which impact on health and wellbeing, the timing is right to develop the strategy for intermediate care within the Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group areas. This strategy defines the future vision, principles and outcomes for intermediate care within the local area, analyses current service delivery and future demand, models of care and priorities for development.

To develop the strategy, feedback from people who had used the service in Bracknell Forest was reviewed. The local finds reflect the finding in “Intermediate care: a realist review and conceptual framework” (Mark Pearson et al 2013). The authors completed a systematic review of all the evidence into intermediate care services including evidence from people who use the services. They found that intermediate care can improve outcomes when:-
People who use intermediate care are listened to, what they say is acted upon and decisions are made collaborative.
Agreed intermediate care is co-ordinated in a timely fashion.
Professionals have a detailed understanding what intermediate care services are available and are able to combine this knowledge with the needs and preferences of people who use the service.
There are a range of places where intermediate care can take place e.g in the home, in the persons local</td></tr>
</table>

	community, in a clinic and professionals explore with people who use the services, where the best place would be to allow functional, psychological and social continuity. • Goals are planned with the individual for achievement, extending beyond the timeframe of intermediate care. • People who are in the person's primary social and care network, including informal networks) are involved in the planning and implementation of intermediate care programmes.
7. Who is the activity designed to benefit/target?	• People aged 18+ with disabilities and or long term conditions • Informal Carers • Health and social care systems • Social care and health care practitioners

Protected Characteristics	**Please tick** **yes or no**		**Is there an impact?**	**What evidence do you have to support this?** E.g equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.
8. Disability Equality	Y X	N	Yes. The impact of the strategy will be positive.	The total number of people estimated to be living in Bracknell Forest in 2013 was 116,567. • The number of people aged 18- 64, in Bracknell Forest who have a moderate disability is 5,617 and this is predicted to rise to 6,199 by 2012. (PANSI 2014) • The prevalence of long-term conditions rises with age, affecting about 50 per cent of people aged 50, and 80 per cent of those aged 65. Many older people have more than one chronic condition, but in absolute terms there are more people with long-term conditions under the age of 65 than in older age groups (HSCIC, 2014) • Number of people aged 65 and over, in Bracknell Forest with a limiting long-term illness, whose day to day activities are limited. Currently there are an estimated number of 3,771 whose life is limited a little and this is predicated to rise to 4,483 by 2020. There are and estimated number of 3,257 whose life is limited a lot and the numbers are predicted to rise to 3,774 by 2020. (POPPI 2014) • Number of people 18- 64, in Bracknell Forest who identified themselves as having a limiting long-term illness, whose day to day activities are limited a little in the 2011 census was 4,056 and those whose life is limited a lot was 2,420.

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				• Nationally 29% of the population has one or more long-term conditions. They use 50% of GP appointments, 64% of outpatient appointments and 70% of bed days. (DOH 2012) • An estimated 18 per cent of people with long-term conditions are in receipt of state-funded social care and a small proportion of those with the most disabling or complex conditions (less than 1 per cent of the total) receive NHS Continuing Care support and are currently eligible for personal health budgets (Angela Coulter et al 2013). • In 2012/13 There were 18.3 million accident and emergency attendances recorded at major A&E departments, single specialty A&E departments, walk-in centres and minor injury units in England; an increase of 4.0 per cent from 2011-12. 57.2% of all A+E attendances were for patients over 29 years old. (HSCIC, 2014) • There is an increase of 8.28% in Bracknell Forest in non elective emergency admissions when comparing 2011/12 to 2012/13 data. Out of all 6 unitary authorities (Bracknell Forest, Windsor and Maidenhead, Reading, Newbury, Slough, West Berkshire and Wokingham), Bracknell Forest had the 2nd largest increase between the two years (after Windsor and Maidenhead with an increase of 11%). (JSNA 2014) • 8.9% of the emergency admissions in the Bracknell and Ascot CCG area were for chronic conditions. All of the patients included in this data had chronic conditions that could have been treated via community care (JSNA 2014) The outcomes of the strategy are that people will: 1. Improve their independence, health and wellbeing 2. Maintain their independence, health and wellbeing. 3. Have a managed decline in independence, health and wellbeing. 4. Have their ability to live independently maximised. 5. Avoid unnecessary hospital admission. 6. Be in hospital no longer than is necessary.

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				7. Avoid premature admission to long term residential care. These outcomes have benefits to individuals with disabilities and long term conditions as well as to the population, freeing up expensive resources such as hospitals and care homes.
9. Racial equality	Y	N	Neutral Impact	" There is no evidence at this time to suggest an adverse or positive impact on the basis of racial equality alone". However, 9.6% of the population in Bracknell Forest are black and ethnic minority communities, the largest number being Asian or Asian-British according to the 2011 census. People from Black African and Caribbean origin are 3 times more likely to develop type 2 diabetes and those of South Asian Origin are 6 times more likely to develop type 2 diabetes (Diabetes UK). These groups also tend to develop diabetes at an earlier age so there is evidence of need that the strategy should seek to address. The Borough has a significant Nepali population, clustered in the South of the Borough and local evidence indicates social isolation, specific health needs (particularly for women) and lack of awareness and take up to health and social care services. This has been addressed by a specially developed leaflet developed with the co-operation of the Nepali community. According to Census Data (Table QS204EW), the number of Nepali speakers aged 3 years and above is 975 (0.9% of the Borough population) and the number of Polish speakers is 758 (0.7%). Monitoring of ethnicity needs to continue and possible development of services targeting specific minority groups e.g. Nepalese community need to be considered to ensure that services for carers continues to benefit all groups.
10. Gender equality	Y x	N	Positive impact	The percentage of males to female is comparatively equal until the age of 80, when there are more females than men. Monitoring gender needs to continue and corrective action taken if either males or females are underrepresented in service (compared to numbers within the population).
11. Sexual orientation equality	Y X	N	Neutral Impact	" There is no evidence at this time to suggest an adverse or positive impact on the basis of racial equality alone" as we do not collect data on sexual orientation in a consistent manner. However, Stonewall advises that "research has demonstrated that significant barriers exist for disabled people. Health care practitioners are generally only concerned with medical and functional support for disabled people, and generally fail to recognise the personal and emotional needs. The health sector also fails to provide advice and guidance about safer sex to disabled people, generally assuming that disabled people are asexual. Supporting disabled people who are LGB requires a primary acknowledgement that they might be gay, rather than assuming that sexual orientation inclusion does not concern them."

Protected Characteristics	Please tick yes or no		Is there an impact?	What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.
				https://www.stonewall.org.uk/what_we_do/research_and_policy/health_and_healthcare/3478.asp (18/10/13) People from LGBT communities suffer ill health and long-term conditions like everyone else and the strategy will seek to be inclusive and with a person centred approach to support, there will be benefits to this group of people.
12. Gender re-assignment	Y x	N	Neutral	See the comments for sexual orientation above which apply to people who have had gender re-assignment.
13. Age equality	Y	N	Positive	The total number of people estimated to be living in Bracknell Forest in 2013 was 116,567 (ONS 2013). The numbers of people who are working age 18-64 are larger than the national average; the numbers of older people are lower than the national average. However By 2021, the population in Bracknell Forest is estimated to increase by almost 12,000 people and the older population is expected to increase at the greatest rate (JSNA). The intermediate care strategy targets all adults and those approaching adulthood and access to services for these age groups will continue to be monitored.
14. Religion and belief equality	Y x	N	Positive	There are wide ranging beliefs across cultures and within cultures, affecting people's perceptions of people with disabilities. These are often based on the remnants of tradition and past belief and also how the society sees their responsibility towards their citizens. For example, Scandinavian countries accept social responsibility for all members of society. The way disabled people are perceived can vary from being hated to loved, feared to tolerated, from revered to reviled. Views are not set within cultures and can change over time. http://dsq-sds.org/article/view/3197/3068 (22/10/13) Past and Present Perceptions Towards Disability: A Historical Perspective; Chomba Wa Munyi Kenyatta University (2012) The strategy will be inclusive and with a person centred approach to support, there will be benefits to this group of people.
15. Pregnancy and maternity equality	Y x	N	Neutral	" There is no evidence at this time to suggest an adverse or positive impact on the basis of racial equality alone" as data is not collated on the number of people with disabilities/ long term conditions who are pregnant. The strategy will be inclusive and with a person centred approach to support, there will be benefits to this group of people.
16. Marriage and civil partnership equality	Y x	N	Neutral	" There is no evidence at this time to suggest an adverse or positive impact on the basis of racial equality alone" as data is not collated on the number of people with disabilities/long term conditions in a marriage or civil partnership. Generally, people with disabilities are isolated and developing relationships is harder. Support is required to help people with this.

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yes or no</th><th>Is there an impact?</th><th>What evidence do you have to support this?
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<tr><td></td><td></td><td></td><td></td><td>The You Gov survey indicates 15% of men and 26% of women over 55 are single, with 54% cohabiting and 3% in a non-cohabiting relationship.
This compares to lesbian, gay and bisexual (LGB) people over 55 where 40% of men and 30% of women are single, 44% cohabiting and 9% in a non-cohabiting relationship.
Single people are more likely to consider their mental health as poor (13%) compared to 4% in a relationship.
Women are more likely to say that a partner will be important to future income (42%), such high prevalence has a potentially negative impact on older single women and for LGB people who may not be in a civil partnership.
Relationships in later life are the focus of research by relate (Ellen Harries and Lucy de Las Casas, July 2013, “Who will love me when I'm 64?”) which indicates that there are significant relationship issues (couple, family and social) affecting baby boomers born between 1940 and 1960's, who are the largest wave of people in history to enter old age in the UK. Social and emotional isolation are significant issues for this group, particularly older carers, as relationships are more fluid with long-term cohabitation having an impact of familial and financial security. Positive couple, family and social relationships have been repeatedly shown to protect against illness, impact on the progression of illness and reduce the time of recovery from illness. They have a positive role to play in preventative life choices, such as taking more exercise, eating healthily, reducing smoking, drinking less, adhering to medical routines and coping with stress, anxiety and having better mental health. This research has been underlined by observations from the Retirement Fair 2013 when people aged 50+ were asked about coping with the life change brought about by retirement with large numbers indicating social networks in particular as important when families live away or partners have died. The relate report recommends the embedding of relationship support in local service landscape, and considering the strength of couple, family and social relationships at touch points with health and social services when determining care and support for older people, particularly as rates of divorce are increasing in this age group.
The strategy will be inclusive and with a person centred approach to support, reducing social isolation and support in developing relationships should be addressed as part of the care plan.</td></tr>
<tr><td colspan="4">17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carer's/ex-offenders) and on promoting good community relations.</td><td>Carers
The impact of carers roles and their needs will be considered as part of the strategy. Carers also have a strategy specific to their needs.

Also need to consider the fact that carers should not be discriminated against because of their association to people from the protected characteristic groups.

People on lower incomes
People with disabilities and long term conditions have more difficulties in finding jobs. Person centred approaches to support should support in addressing these inequalities.

Ex offenders</td></tr>
</table>

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			Ex offenders should have equality of access to intermediate care as other groups. **Homeless** People who are homeless should have equality of access to intermediate care as other groups.
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?			No adverse impacts have been identified.
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?			The protected characteristic groups are not discrete communities, for example, people with disabilities cannot be clustered together on the basis of their disability alone. The volume of evidence gathered for the development of this strategy can only suggest priorities for action, but consideration must be made that the lack of evidence in some areas does not imply needs do not exist, but rather that additional and ongoing research is necessary to explore needs and their extent in more detail.
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	No adverse impacts have been identified.
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?			The lack of national evidence, in some areas and the small sample sizes in this local research means the ability to disaggregate findings to give statistically significant findings is not possible. The Council has an ongoing commitment in engagement practice to secure views which are representative of the population as a whole.
22. On the basis of sections 7 – 17 above is a full impact assessment required?	Y	N X	There is sufficient evidence from the consultation, national and local data and research and national and local policy. The strategy will have a positive impact on all individuals with disabilities/long term conditions and will help to ensure that people are able to maintain their independence, health and wellbeing and have control over their lives as far as possible.
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.			

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Action	Timescale	Person Responsible	Milestone/Success Criteria
To develop the Learning Disability Strategy	January 2014	Zoë Johnstone/ Alysoun Asante	Intermediate Care Strategy is published.

24. Which service, business or work plan will these actions be included in?	This strategy will be supported by an implementation plan. The findings of this strategy may help inform the following strategies: • Joint Strategic Needs Assessment • Joint Health and Wellbeing Strategy The findings may also help in the implementation of the following strategies: • Older People's Strategy • Dementia Strategy • Carers Strategy • Long Term Conditions Strategy • Young People Approaching Adulthood Strategy.
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	
26. Chief Officer's signature	Signature: Date:
27. Which PMR will this screening be reported in?	**3th quarter 2014/15**

When complete please send to abby.thomas@bracknell-forest.gov.uk for publication on the Council's website.