

## ANNEX 2

**Oxfordshire Older People's Joint Commissioning Strategy**  
**Draft 1 - Service and Community Impact Assessment Following**  
**Consultation on the Draft Strategy**

June 2013

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**1. Purpose of the Assessment**

- 1.1 This document is an assessment of the impact of the new Oxfordshire Older People's Joint Commissioning Strategy 2013-2016 following consultation on the draft strategy. The draft strategy was presented to the Adult Health and Social Care Partnership Board on 23 April 2013 and is going to Cabinet on 18 June 2013. This assessment will be kept under review as the strategy and priorities it contains are implemented, and updated as necessary to ensure emerging risks are identified and appropriate mitigating action taken. Separate assessments will be undertaken on specific actions as appropriate, for example where they in themselves constitute a significant change in policy in their own right or are intended to effect specific improvements in outcomes.

**2. Introduction**

- 2.1 Section 149 of the Equalities Act 2010 ("the 2010 Act") imposes a duty on the Council to give due regard to three needs in exercising its functions. This proposal is such a function. The three needs are:
- the need to eliminate any conduct which is prohibited by or under the 2010 Act;
  - the need to advance equality of opportunity between persons who
  - share any of the protected characteristics listed in section 149(7); and the need to foster good relations between persons who share a relevant protected characteristic and those who do not.
- 2.2 Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.
- 2.3 The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs other people, and encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.
- Steps to meet the needs of disabled people which are different from the needs of people who are not disabled include steps to take account of a person's disabilities.

2.4 The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- Age (people of different age groups)
- Disability (e.g. physical or sensory impairments, long-term illnesses and conditions, hidden impairments such as a heart condition, frailty, learning disabilities or mental health problems)
- Gender Reassignment
- Marriage/civil partnerships (but only in respect of eliminating unlawful discrimination)
- Pregnancy & Maternity
- Race (including ethnic or national origins, colour or nationality)
- Religion or belief (including lack of belief)
- Sex
- Sexual orientation

2.5 In addition to the characteristics above, the Council has also considered the effect of the proposals on particular communities (e.g. urban, rural, deprived).

### 3. **Background and Context**

3.1 The Oxfordshire Older People's Joint Commissioning Strategy is a joint approach from the County Council and Clinical Commissioning Group to meet the health and social care needs of older people.

3.2 It builds upon and responds to:

- The vision and aims set out in Ageing Successfully: Forward from 50 – Oxfordshire's Strategy for Ageing 2010 - 2015, published jointly by NHS Oxfordshire and Oxfordshire County Council in 2009,
- The Oxfordshire County Council draft Commissioning Intentions for Older People 2012 - 2015, which outlined the areas it would focus on to support the delivery of the outcomes and vision in Ageing Successfully, published in April 2012,

- A key measure in Oxfordshire's Joint Health and Wellbeing Strategy published in August 2012 to:

*“Support older people to live independently and with dignity whilst reducing the need for care and support.”*

#### 4. Evidence and Consultation

##### Evidence

- 4.1 Consultation on a draft of the Strategy with the public and a wide range of organisations took place between 30 November 2012 and 4 February 2013. This included individuals, communities and organisations from across the county, including representatives of some of the groups that share protected characteristics and from rural areas and areas of deprivation. The consultation also included staff and providers of services.
- 4.2 A wide variety of engagement methods were used to support this consultation, including online and printed survey, meetings with key stakeholders, and public meetings.
- 4.3 Overall a good range of responses were received to the consultation. In total the survey yielded 193 replies; public meetings attracted 105 people, and specific stakeholder meetings approximately 90 people.
- 4.4 The outcomes of this consultation were used to further refine the Strategy, including the development of an action plan to implement the priorities.
- 4.5 Overall the survey responses were positive about sections on the Vision, What will success look like, and the Six Main Priorities in the Strategy.
- 4.6 The overall agreement with the vision and priorities meant that these were not altered and the majority of the key themes were already included within the strategy and the feedback was used to strengthen them. The key themes that needed more work were:
  - Access to services
  - Loneliness and isolation
  - Dignity and respect

#### 5. Impact on Individuals and Communities

- 5.1 The Oxfordshire Older People's Joint Commissioning Strategy 2013-2016 is intended to provide overarching direction in the development of health and social care services for older people. The strategy itself is a high level document that identifies key strategic priorities that will be shared between partner agencies. The 6 priorities form the main focus of the Joint

Management Group for Older People and the Adult Health and Social Care Partnership Board. They have been selected as areas where focused work will result in meaningful and measurable improvements whilst ensuring value for money, and confirmed as being the main priorities for the county through the detailed Needs Assessment which supports the Strategy.

- 5.2 The Strategy focuses on long-term intractable issues, and identifies priorities where working across health and social care can make a real difference in maintaining or improving the health and wellbeing of older people in Oxfordshire.
- 5.3 By definition, the Oxfordshire Older People's Joint Commissioning Strategy Joint Health and Wellbeing Strategy 2013-2016 is intended to have a positive impact on outcomes for people who share protected characteristics and in many cases for the wider communities of Oxfordshire as well. The priorities in the Strategy have a particular emphasis on improving outcomes for vulnerable groups and/or people who share protected characteristics where particular challenges, issues and under-performance have been identified:
- **Priority 1: I can take part in a range of activities and services that help me stay well and be part of a supportive community.**
  - **Priority 2: I get the care and support I need in the most appropriate way and at the right time.**
  - **Priority 3: When I am in hospital or longer term care it is because I need to be there. While I am there, I receive high quality care and am discharged home when I am ready.**
  - **Priority 4: As a carer, I am supported in my caring role.**
  - **Priority 5: Living with dementia, I and my carers, receive good advice and support early on and I get the right help at the right time to live well.**
  - **Priority 6: I see health and social care services working well together.**

Impact/Risk	Mitigation
The needs of different individuals/communities and organisations are not fully understood leading to no or inappropriate action	Consultation and engagement with a wide range of individuals, communities and organisations took place during November 2012 to February 2013 Detailed Needs Analysis developed
Key priorities for action are not implemented or do not make a difference	Progress in implementing the actions needs to be regularly monitored and reviewed and appropriate action taken by an accountable group
Implementing actions to have a positive effect on one group may have an unintended or negative impact on another	Progress in implementing the actions will be reported as detailed above and via the performance arrangements established for the Health and Wellbeing Board In addition a governance structure has been

	<p>established to implement the priorities in the strategy which ensures involvement from a wide range of groups</p> <p>Actions that represent a significant change in policy or are likely to impact one or more groups will undergo a Service and Community Impact assessment</p>
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## 6. Impact on specific individuals and communities

- 6.1 No additional impacts on specific individuals and communities, who share protected characteristics, have been identified beyond those discussed above.

## 7. Impact on Staff

<b>Risk</b>	<b>Mitigation</b>
Staff are not aware of the new strategy, or their opportunity to engage in the development process	<p>Consultation and engagement has taken place with a wide range of individuals, communities and organisations</p> <p>Progress in implementing the actions will be regularly monitored and reviewed and appropriate action taken by the accountable group</p> <p>A communications and engagement plan will be developed to help raise public awareness of the strategy</p>
Staff need to be confident in adopting a partnership approach to the implementation of actions	<p>As above</p> <p>As a result of the above strong partnership working relationships have been developed resulting in cultural change which will be further supported and developed. This includes relationships between the Council, Clinical Commissioning Group, providers of services, other key stakeholders and older people and carers themselves</p> <p>This will be further reinforced through the governance structure for the delivery of the strategy</p>

## 8. Impact on Providers

<b>Risk</b>	<b>Mitigation</b>
Providers are not aware of the strategy	<p>As above</p> <p>Commissioners have also been raising awareness of the new partnership arrangements and emerging priorities as part of regular engagement with providers, and will continue to do so as part of ongoing contract monitoring</p>

	<p>arrangements and market testing / development. This will include a focus on improving quality of services as well as ensuring equity of services and consistently high standards in service delivery</p> <p>Following sign off of the Strategy, further communications and engagement will be used to raise awareness and help embed the priorities and actions within business plans and individual work programmes</p>
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## 9. Action Plan

9.1 This SCIA will be updated at the end of each key milestone as set out below:

<b>Action</b>	<b>By When</b>	<b>Who</b>
Sign off Strategy following consultation	June 2013	Cabinet
Implementation of strategy	July 2013 – March 2016	Partner organisations, including council and clinical commission group
Performance management and monitoring implementation of strategy	At meetings	JMG, Adult Health and Social Care Partnership Board, wider governance structure for monitoring implementation of the Strategy
Review of Oxfordshire Joint Older People's Commissioning Strategy and production of Action Plan for 2014/15	February 2014	JMG, Adult Health and Social Care Partnership Board, wider governance structure for monitoring implementation of the Strategy