



**Directorate Name: Chief Executive's Office**

## **Oxfordshire Joint Health and Wellbeing Strategy 2012-2016**

### ***Service and Community Impact Assessment***

**Lead Officer:** Jonathan McWilliam

#### **Purpose of the assessment**

This is an assessment of the potential impact of the new Oxfordshire Joint Health and Wellbeing Strategy 2012-2016, with particular reference to groups of people who share protected characteristics. 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 for particular groups.

#### **Summary**

The Oxfordshire Joint Health and Wellbeing Strategy 2012-2016 is intended to provide overarching direction in the development of health and social care services. The Strategy focuses on long-term intractable issues (such as delayed transfers of care and low educational attainment), and identifies priorities where working across health and social care can make a real difference in maintaining or improving the health and wellbeing of people in Oxfordshire.

Once agreed the priorities will be the main focus of the Oxfordshire Health and Wellbeing Board. They have been selected as areas where focused work will result in meaningful and measurable improvements whilst ensuring value for money.

The focus in the strategy is on areas that require additional work, new approaches or renewed emphasis. This does not replace the current priorities and arrangements already in place across a number of organisations and partnerships, and is intended to build on and supplement existing good practice rather than seeking to capture it all. As such, there is limited focus on meeting the specific needs of some groups that share protected characteristics where existing arrangements are working well and targets are being achieved (e.g. people with disabilities).

Although the policy is intended to have a positive impact on outcomes for all individuals and groups, including those who share protected characteristics, potential negative impacts are identified on customers, staff and providers. However these are mitigated by a range of actions, including the completion of service and community impact assessments for individual actions and policies, communication, engagement and consultation with a wide range of individuals and communities, and the use and development of the Joint Strategic Needs Assessment to ensure an evidence-based approach to the development of the strategy and the actions by which it will be delivered.

## Introduction

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.

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.

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.

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

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

## Consultation

Consultation on a draft of the Strategy with the public and a wide range of organisations took place during May and June 2012. 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.

The outcomes of this consultation have been used to further refine the Strategy, including the measures and priorities. Overall a wide range of responses were received to the consultation and feedback was gathered from over 750 individuals and organisations across Oxfordshire through surveys, letters, emails, meetings with stakeholder groups / organisations and public workshops.

In response to the consultation, changes have been made to the strategy and the approach to action planning to ensure:

- A greater focus on interdependencies and linkages with other strategies e.g. end of life
- More references to social exclusion and access to services
- More focus on health issues encountered by people from Black, Asian and minority ethnic groups, and people with learning disabilities.
- Inclusion of mental wellbeing and helping communities tackle the impact of isolation/loneliness
  
- Safeguarding for adults as well as children is reflected
- Inclusion of child sexual exploitation
- More of a focus on children looked after
- Dementia support is an overarching theme across priorities for older people
- Complex needs of individuals and families are included
- Plans reflect the differing needs of different localities, particularly where the needs of localities differ sharply
- A focus on improving quality of services and staff as well as ensuring equity of services and consistently high standards in service delivery

Concerns were raised about the Joint Strategic Needs Assessment (JSNA), the key data source on which the strategy is based. Specific reference was made to Autism and Aspergers, vulnerable children and children in poverty as there is the need for more research into the current needs of these groups, as currently these are not fully covered by the JSNA. In addition, the importance of local knowledge of services was expressed and the need for more data on ethnicity in Oxfordshire and an assessment of whether existing services are adequately addressing current needs. These concerns will be addressed as part of the development of the next iteration of the JSNA by April 2013, which will in turn inform revisions of the strategy as appropriate.

The consultation outcomes will also inform the development of appropriate actions to deliver measurable and meaningful improvements in health and wellbeing. These more detailed actions will give full consideration to the needs of different individuals, communities and organisations, including those that share or represent protected characteristics where appropriate. The development of these actions will be further informed through workshop sessions held by the partnership boards that support the Health and Wellbeing Board (the Adult Health and Social Care Board, Children and Young People's Board, and Health Improvement Board), as well as through the engagement of members of the Public Involvement Network.

### **Impact on Individuals and Communities**

The Oxfordshire Joint Health and Wellbeing Strategy 2012-2016 is intended to provide overarching direction in the development of health and social care services. The strategy itself is a high level document that discusses the key strategic priorities that will be shared between partner agencies. Once agreed, the priorities will be the main focus of the

Oxfordshire Health and Wellbeing Board. They have been selected as areas where focused work will result in meaningful and measurable improvements whilst ensuring value for money.

The Strategy focuses on long-term intractable issues (such as delayed transfers of care and low educational attainment), and identifies priorities where working across health and social care can make a real difference in maintaining or improving the health and wellbeing of people in Oxfordshire.

By definition, the Oxfordshire Joint Health and Wellbeing Strategy 2012-2016 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. Several of 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:** All children have a healthy start in life and stay healthy into adulthood
- Priority 2:** Narrowing the gap for our most disadvantaged and vulnerable groups
- Priority 3:** Keeping all children and young people safer
- Priority 4:** Raising achievement for all children and young people
- Priority 5:** Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential
- Priority 6:** Support older people to live independently with dignity whilst reducing the need for care and support
- Priority 7:** Working together to improve quality and value for money in the Health and Social Care System
- Priority 8:** Preventing early death and improving quality of life in later years
- Priority 9:** Preventing chronic disease through tackling obesity
- Priority 10:** Tackling the broader determinants of health through better housing and preventing homelessness
- Priority 11:** Preventing infectious disease through immunisation

The focus in the strategy is on areas that require additional work, new approaches or renewed emphasis. This does not replace the current priorities and arrangements already in place across a number of organisations and partnerships, and is intended to build on and supplement existing good practice rather than seeking to capture it all. As such, there is limited focus on meeting the specific needs of some groups that share protected characteristics where existing arrangements are working well and targets are being achieved (e.g. people with disabilities).

The Strategy highlights where significant differences exist in outcomes for people who share protected characteristics, and people in different parts of the county, without discussing in detail where equally important but less significant differences exist beneath the headline figures. These subtleties will be priorities for the organisations, boards and strategies responsible for the delivering meaningful and measurable improvements against each of the priorities, as part of detailed action and service planning, commissioning activity and so on. These actions will be developed following agreement of the revised strategy (to reflect the outcomes of consultation) by the Health and Wellbeing Board in July.

There is unlikely to be any negative impact on particular groups as a direct result of the strategy itself. However the implementation of specific actions will need to be closely

monitored to ensure that, in positively impacting circumstances for one or more groups, there are not unintended negative impacts on others. Where appropriate a separate Service and Community Impact Assessment will be developed and updated to ensure the needs of all individuals and communities are considered. The Health and Wellbeing Board (in having overall responsibility for the delivery of the Joint Health and Wellbeing Strategy) will continue to reinforce this requirement as part of performance management arrangements.

Risk	Mitigation
<p>The needs of different individuals, communities and organisations are not fully understood, meaning inappropriate (or no) action is taken, leading to either no improvement in outcomes or unintended consequences as a result</p>	<p>Consultation with a wide range of individuals, communities and organisations (including those that share or represent those that share protected characteristics) took place during May and June 2012. The draft strategy has been updated to reflect the outcomes of this consultation. In particular, further detail has been added about</p> <ul style="list-style-type: none"> <li>○ health issues encountered by people from Black, Asian and minority ethnic groups, and people with learning disabilities.</li> <li>○ mental wellbeing and helping communities tackle the impact of isolation/loneliness</li> <li>○ end-of-life care</li> <li>○ Safeguarding for adults as well as children</li> <li>○ Dementia support as an overarching theme across priorities for older people</li> </ul> <p>The Joint Strategic Needs Assessment (JSNA), the shared evidence base for Oxfordshire, has been used to identify the issues, challenges and priorities that the strategy needs to address. This includes identifying where particular groups have different needs that must be addressed to meet the priorities in the strategy – for example specific Black and Minority Ethnic Groups who achieve significantly lower levels of educational attainment at Key Stage 4.</p> <p>The JSNA will also be developed throughout 2012/13, including more detailed consideration of the needs of different groups who share protected characteristics. Where information continues to be limited, appropriate action will be taken to try and address this.</p>
<p>The key priorities for action are not implemented, or do not have the desired positive impact</p>	<p>Progress in implementing the objectives and actions will be monitored reviewed as part of the overall performance and risk management arrangements established for the Health and Wellbeing Board, and appropriate action taken or amendments made as required</p> <p>Service users, individuals and communities who share protected characteristics and representative organisations will be engaged in the development and implementation of actions as appropriate. In particular this will take place through the workshops held by each of the partnership</p>

	boards during the year, focused on particular priorities within the strategy.
Implementing actions to have a positive impact on one or more groups (eg those who share protected characteristics) has an unintended and potentially negative consequence on others	<p>Progress in implementing the objectives and actions will be monitored reviewed as part of the overall performance and risk management arrangements established for the Health and Wellbeing Board, and amended as appropriate / required. Partner organisations (including the Council) will also be encouraged to embed actions they are responsible for within their own performance and risk management arrangements.</p> <p>All actions that represent a significant change in policy or are likely to impact on one or more groups of customers will undergo a Service and Community Impact Assessment, with appropriate mitigating actions identified and implemented. These assessments will be updated on an ongoing basis to ensure they remain current and reflect any learning as a result of developing policy, changes in approach, implementation, new evidence and so on.</p>

### Impact on specific individuals and communities

No additional impacts on specific individuals and communities, who share protected characteristics, are from rural or deprived areas and so on have been identified beyond those discussed above.

### Impact on staff

The Oxfordshire Joint Health and Wellbeing Strategy 2012-2016 will set the context and priorities within which partner organisations will deliver meaningful and measurable improvements in public health and wellbeing. As such, the priorities and actions identified will need to be embedded in business plans and individual work programmes to ensure that the progress in delivering key outcomes is achieved. Senior officers / employees have been engaged in the development of the draft strategy through involvement in the Health and Wellbeing Board, and council staff and those in partner organisations were encouraged to take part in the consultation. The Strategy has been refined to reflect the outcomes of consultation, and impacts arising during its implementation will be kept under review and responded to appropriately.

Risk	Mitigation
Staff are not aware of the new strategy, or their opportunity to comment as part of the consultation	<p>A communications and engagement plan was developed to help raise awareness of the consultation on the draft strategy, utilising a range of methods across partner organisations.</p> <p>Following sign off by the Health and Wellbeing Board, 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>

<p>Staff are not confident in adopting a partnership approach to the development and delivery of actions to achieve meaningful and measurable improvements in health and wellbeing.</p>	<p>There are already strong partnership working arrangements and cultures across the organisations involved in developing and delivering the new strategy, and these will be further encouraged / developed. This includes between the council and NHS (including the new Clinical Commissioning Group), with providers including the voluntary sector, and with District Councils.</p> <p>The consultation showed support for greater emphasis on improving quality of services, and it was identified that an emphasis on culture change in the organisations involved is needed to achieve this. Staff will be supported and encouraged to work across organisational boundaries, by senior managers who are signed up to achieving this and through reinforcement from the Health and Wellbeing and supporting boards in setting direction and expectations and monitoring delivery.</p>
---	--

### Impact on providers

As above, the Oxfordshire Joint Health and Wellbeing Strategy 2012-2016 will set the context and priorities within which partner organisations will deliver meaningful and measurable improvements in public health and wellbeing. It will therefore help to frame the expectations organisations place on providers, within existing contracts and in developing future commissioning intentions / arrangements.

However, the priorities and actions in the strategy are not necessarily new or a significant diversion from the current situation, reflecting as they do the ongoing, high level issues and challenges facing the county. As such, they are likely to be within a similar broad context, albeit with different actions and approaches where necessary to create meaningful progress against long-term, intractable problems (eg delayed transfers of care, educational attainment, breaking the cycle of deprivation / addressing inequalities). Work will be needed to ensure providers are aware of any changes in approach and / or expectations, and providers were given (and in many cases took) the opportunity to comment as part of the consultation. The outcomes from consultation have been used to inform further development of the strategy, and the action planning that will follow sign off of the strategy by the Health and Wellbeing Board.

Risk	Mitigation
<p>Providers are not aware of the new strategy, or their opportunity to comment as part of the consultation</p>	<p>A communications and engagement plan was developed and implemented developed to help raise awareness of the consultation on the draft strategy, utilising a range of methods across partner organisations.</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 arrangements and market testing / development. This will include a focus on improving quality of services and staff as well as ensuring equity of services and consistently high standards in service</p>

	<p>delivery (a theme that emerged from the consultation).</p> <p>Following sign off by the Health and Wellbeing Board, 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>
--	--

### Impact on other council services

No risks specific to other council services have been identified, beyond those already considered above as part of the impact on staff and customers.

### Next Steps

The key milestones in the development and implementation of the Oxfordshire Joint Health and Wellbeing Strategy are set out below. This assessment will be updated as appropriate throughout this timeline, to reflect learning as the result of policy development and changes, guidance from the Health and Wellbeing Board, development of the JSNA and development and implementation of action plans..

Action	Timescale	Responsibility
Sign off of final strategy following consultation	26 July	Health and Wellbeing Board
Implementation of strategy	August 2012 – March 2016	Partner organisations, including council
Performance management and monitoring implementation of strategy	At 3 meetings per year	Health and Wellbeing Board
Development of Joint Strategic Needs Assessment, including action to address any gaps in knowledge of needs of particular groups	March 2013	Alexandra Bailey
Review of Joint Health and Wellbeing Strategy	June 2013	Health and Wellbeing Board