

Durham County Council – Altogether Better equality impact assessment form

NB: Equality impact assessment is a legal requirement for all strategies plans, functions, policies, procedures and services. We are also legally required to publish our assessments.

You can find help and prompts on completing the assessment in the guidance from page 7 onwards.

Section one: Description and initial screening

Section overview: this section provides an audit trail.

Service/team or section: AWH Commissioning Team, DCC and NHS County Durham and Darlington

Lead Officer:
Durham County Council
Commissioning Policy and Planning Officer
Strategic Commissioning Manager

NHS County Durham and Darlington
Joint Commissioning Manager
Assistant Director

People who attended the Impact Assessment Meeting:

- Chief Executive Age Concern Durham County
- County Durham LINKs Representative
- Equality Impact Officer, Durham County Council
- Public Health Portfolio Lead, NHS County Durham and Darlington
- Commissioning Policy and Planning Officer, Durham County Council

Start date: 14th June 2010

Subject of the Impact Assessment: (please also include a brief description of the aims, outcomes, operational issues as appropriate)

Joint Commissioning Strategy for Older People 2010-13

Background and Context

This strategy is part of a suite of Joint Commissioning Strategies which have been developed by Durham County Council and NHS County Durham and Darlington. This strategy focuses on the health, housing, support and social care needs of older people aged 50 and over. There is a wide range of needs within the group of people aged 50 and over, and thus the strategy aims to provide services to older people who have different needs as they age. These groups are:

- those in the 50+ age group who in many cases will not consider themselves old, who may still be active and may remain so into late older age;
- those in a transitional phase. This group are in transition between healthy active lifestyle and frailty;
- frail older people. Those who are vulnerable as a result of health problems and have complex health and social care needs.

Historically there has been 5 Primary Care Trusts and 7 District Council's operating in County Durham and a range of different local priorities and levels of resources have been made available over time. This and the other joint commissioning strategies provide an opportunity for the local authority and commissioning primary care trust for County Durham to agree key priorities for their resources to focus on over the next 3 years.

Key Aims of Strategy

The strategy aims to review current resources for older peoples health and social care service provision with a view to working towards fair access to service across the County and to ensure that a range of services are provided which support people from age 50 and over for all three groups identified above.

There are some key areas of focus to support this strategy and they are based on what older people tell us they want. These are to continue to maintain:

- Physical health
- Mental Health
- Retaining Independence
- Choice – what to do and with who
- Ability to carry out everyday tasks

In order to achieve this the strategy focuses on some key service areas:

- Information, Involvement and Engagement
- Live at Home for Longer
- Maximising Independence
- Fair Access to Local Services
- Partnership
- Personalisation

Operational Issues

There are many challenges ahead in reviewing current service provision, ensuring it remains value for money and is still addressing the current and future health and social care needs of older people in County Durham. In an increasingly difficult financial climate and faced with an ageing population, doubtless there will be difficult decisions to make in terms of how resources are invested during the life of this strategy to make the best use of public funds to the benefit of older people and to make sure their needs continue to be met with cost effective, efficient, quality services that are able to deliver services in a personalised way to meet individual need.

Strategy Consultation Process

The draft strategy was consulted on over a 12 week period from 8th March 2010 to 28th May 2010. The process included: email circulations of the draft documents, a proactive approach to seeking feedback from individuals and groups, articles in newsletters and the Northern Echo, the delivery of three consultation events open to both professionals and the public, publication of the consultation documents on both Durham County Council and NHS County Durham and Darlington websites and a number of meetings and presentations to groups and individuals.

Age Concern Durham County were commissioned to undertake consultation on the draft strategy action plan with older people and their carers and minority groups.

Strategy Consultation Feedback

The consultation events were well attended and provided people with the chance to give face to face feedback on the draft document. A total of 66 completed questionnaires, emails and written responses were received including those completed at the consultation events. A total of 87 people attended the consultation events, including a broad mix of health and social care representatives, social care and housing providers, service users, carers and members of the public and several representatives from the Area Action Partnerships. A total of 61 evaluation forms were completed.

Age Concern Durham County consulted with a further 227 people which included 14 individuals and 213 people from a wide range of groups of older people or organisations who support older people.

A lot of really useful feedback and views were provided and this was summarised in a Consultation Report and the views used to help shape the final strategy which included reviewed and new actions detailed in the action plan as a direct result of the feedback as well as some additional sections and strengthening existing sections within the main body of the strategy.

Who are the main stakeholders: General public / Employees / Elected Members / Partners/ Specific audiences/Other (please specify) –

There are a wide range of stakeholders who have an interest in this strategy. They include: older people aged 50 and above, their families and carers, members of the public, voluntary sector, independent/private sector and statutory sector organisations including housing associations and other housing and housing support providers, LINKs, Age Concern Durham County, Durham County Council including Social Inclusion, Sports and Leisure Services, County Durham Care and Support, and NHS County Durham and Darlington including the Commissioning Section and Public Health Departments, range of health providers from both the acute and community sector including General Practitioners, Tees, Esk and Wear Valleys NHS Trust, County Durham Fire and Rescue Services and County Durham Police Authority.

Is a copy of the subject attached? No – The final version of the strategy, together with summary version, accessible version of the executive summary and action plan and the consultation report can all be will all be available on the following websites once they have been formally signed off by each organisations management team.

www.durham.gov.uk or <http://www.countydurham.nhs.uk>

If not, where could it be viewed? – as above

Initial screening

Prompts to help you:
 Who is affected by it? Who is intended to benefit and how? Could there be a different impact or outcome for some groups? Is it likely to affect relations between different communities or groups, for example if it is thought to favour one particular group or deny opportunities for others? Is there any specific targeted action to promote equality?

Is there an actual/potential negative or positive impact on specific groups within these headings?

Indicate :Y = Yes, N = No, ?=Unsure

Gender	Y	Disability	Y	Age	Y	Race/ethnicity	Y	Religion or belief	Y	Sexual orientation	Y
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Section overview: this section identifies whether there are any impacts on equality/diversity/cohesion, what evidence is available to support the conclusion and what further action is needed.			
	Identify the impact: does this increase differences or does it aim to reduce gaps for particular groups?	Explain your conclusion, including relevant evidence and consultation you have considered.	What further action is required? (Include in Sect. 3 action plan)
Gender	<p>There is traditionally an under-representation of males contributing to consultation and involvement activities in respect of older people and their choice to access certain services, eg GP's, physical activity classes.</p> <p>Services are assessed on individual needs, regardless of gender. Some people may wish to specify a specific gender of care worker eg for personal care and already have the option to do so.</p>	It should be noted that the older population is comprised of more females than males and this would have some impact on this issue.	There is a need to monitor access to services by gender to identify any specific access issues.
Age	This strategy's main focus is to review and improve access to services, quality of social and health care and support for older people.	Consultation feedback on the draft strategy has generally supported the direction of travel to support people at home where possible and support people around their individual needs. Some areas of the strategy required strengthening and new areas and	There are key areas about supporting people to make informed choices about how they manage their finances and plan

	<p>The strategy has aimed to identify actions that support older people who are currently active and need to plan for their future, those whose health is starting to deteriorate and need some support and those who are more frail and/or have complex health and care needs.</p> <p>The strategy aims to provide a range of services to support people with their individual needs as they grow older.</p>	<p>actions were suggested which have now been incorporated into the final strategy document.</p>	<p>for the future. Access to information and advice is a key issue for older people and there is currently a wide range of methods of provision.</p>
<p>Disability</p>	<p>The strategy recognises a wide range of disability issues experienced by older people including physical, visual and hearing impairments, mobility issues, long-term conditions, mental health needs and learning disability.</p> <p>Where appropriate, actions have been taken forward within this strategy and to avoid duplication with other</p>	<p>There is a suite of Joint Commissioning Strategies including Older People with Mental Health Needs, Learning Disabilities, Long-Term Conditions and End of Life and Palliative Care and therefore this strategy aims to make appropriate links in respect of key issues for older people as opposed to duplicating actions within these strategies.</p>	<p>Actions are noted within the strategy action plan to make sure there are robust links with other Joint Commissioning Strategies.</p> <p>An easy read version of the</p>

	<p>Joint Commissioning Strategies, links have been made within the document and the action plan to other strategies where relevant.</p> <p>In addition, all the strategy documents can be requested in another format eg Braille, large print, or another language.</p> <p>Service providers, whether they be housing, social care or health related must also operate their services in line with the Disability Discrimination Act 1995 and 2005 and any commissioning of new services or remodelling of services must also ensure that this is adhered to.</p>		<p>Joint Commissioning Strategy for Older People's Executive Summary and Action Plan will be developed.</p>
<p>Race/Ethnicity</p>	<p>The current 2001 census data in relation to ethnic groups is now substantially out of date and it is expected that a higher percentage of ethnic minorities will be reported in the 2011 census.</p>		<p>Actions are currently stated within the strategy action plan.</p>

	<p>It is recognised that there is a need to make sure that in any health, social care or housing service provision that people's individual's cultural needs are considered and provided for.</p> <p>In addition, there are groups of people whose needs we require more detailed information on and these are detailed within the strategy action plan and include the Roma, Gypsy and Travelling communities.</p> <p>It is also recognised that there may be social isolation issues for some groups of older people in terms of support networks and access to information, for those from an ethnic minority background.</p> <p>In addition, summary documents can be requested in another language.</p>		
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<p>Religion or belief</p>	<p>It is recognised that there is a need to make sure that in any health, social care or housing service provision that people's individual religion or belief needs are considered and provided for.</p> <p>Both commissioning and service provider organisations are expected to make sure that their staff are appropriately trained in equality and diversity issues and take this into account when developing services, consulting or assessing individual service needs.</p>		<p>This is currently monitored as part of the service review process and in the collation of performance monitoring statistics for some services.</p>
<p>Sexual orientation</p>	<p>There were some key issues fed back during the strategy consultation for older lesbian, gay and bi-sexual people which includes social isolation due to lack of family/support networks.</p>	<p>Feedback was received from a group of lesbian, gay and bi-sexual older people and this resulted in an additional action to be stated in the strategy action plan.</p>	<p>There is a specific action within the strategy action plan to research the health and social care needs of this group of older people.</p>

How will this promote positive relationships between different communities?

The strategy seeks to promote fair access and cost effective and efficient use of resources to continue to deliver health, housing support and social care services for older people. The strategy consultation process has already

been comprehensive and enabled a wide range of views to help shape the final strategy. Plans will be developed to enable a continued dialogue as the strategy is implemented to continue to enable progress information to be shared and views to be input into the implementation process.

The strategy seeks to ensure that there is appropriate service provision for a wide range of needs, starting with those who need advice about maintaining their healthy lifestyle and make choices about later life to those who have very complex needs.

Section three: Review and Conclusion

Summary: please provide a brief overview, including impact, changes, improvements and any gaps in evidence.

- Some existing actions within the final Joint Commissioning Strategy for Older People with enable a better understanding of the health and social care needs of specific groups of older people based on evidence of need.
- The strategy is designed to impact positively on all older people to promote services to support their independence, choice and control in all service delivery based on a personalised approach

Action to be taken	Officer responsible	Target Date	In which plan will this action appear
<p>4.13 To contribute to the implementation of the Joint Commissioning Strategy for End of Life and Palliative Care 2010-13 and to work towards addressing the needs of older people and their carers.</p>	<p>Anita Porter, Commissioning Policy and Planning Officer, DCC</p> <p>Catherine Scott, Joint Commissioning Manager, NHS</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010-13</p>
<p>4.14 To contribute to the implementation of the Joint Commissioning Strategy for Adults with Long-Term Conditions 2010-13 and to work towards</p>	<p>Anita Porter, Commissioning Policy and Planning Officer,</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010</p>

<p>addressing the needs of older people and their carers</p>	<p>DCC Catherine Scott, Joint Commissioning Manager, NHS</p>		
<p>4.15 To contribute to the implementation of the Joint Commissioning Strategy for Older People with Mental Health Needs 2010-13 and to work towards addressing the needs of older people and their carers</p>	<p>Anita Porter, Commissioning Policy and Planning Officer, DCC Catherine Scott, Joint Commissioning Manager, NHS</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010</p>
<p>4.16 To contribute to the implementation of the Joint Commissioning Strategy for Carers 2010-13 in respect of the needs of older carers</p>	<p>Anita Porter, Commissioning Policy and Planning Officer, DCC Catherine Scott, Joint Commissioning Manager, NHS</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010</p>
<p>6.2 Contribute to the research in respect of older people's needs, to be undertaken with the Roma, Gypsy and Travelling communities.</p>	<p>Anita Porter, Commissioning Policy and Planning Officer, DCC Catherine Scott, Joint Commissioning Manager, NHS</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010</p>
<p>6.3 Review the current supply of services that support older people with debt or financial advice including support to access welfare benefits with a view to considering how resources can be used to ensure fair access to these types of service across the County.</p>	<p>Anita Porter, Commissioning Policy and Planning Officer, DCC Catherine Scott, Joint Commissioning Manager, NHS</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010</p>

<p>6.6 Research and identify the specific health and social care needs of lesbian, gay, bi-sexual and transgender older people</p>	<p>Anita Porter, Commissioning Policy and Planning Officer, DCC</p> <p>Catherine Scott, Joint Commissioning Manager, NHS</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010</p>
<p>This is currently monitored as part of the service review process and in the collation of performance monitoring statistics for some services.</p>	<p>Anita Porter, Commissioning Policy and Planning Officer, DCC</p> <p>Catherine Scott, Joint Commissioning Manager, NHS</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010</p>
<p>An easy read version of the Joint Commissioning Strategy for Older People’s Executive Summary and Action Plan will be developed.</p>	<p>Anita Porter, Commissioning Policy and Planning Officer, DCC</p> <p>Catherine Scott, Joint Commissioning Manager, NHS</p>	<p>August 2010</p>	<p>Joint Commissioning Strategy for Older People 2010</p>
<p>There is a need to monitor access to services by gender to identify any specific access issues.</p>	<p>Anita Porter, Commissioning Policy and Planning Officer, DCC</p> <p>Catherine Scott, Joint Commissioning Manager, NHS</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010</p>
<p>There are key areas about supporting people to make informed choices about how they manage</p>	<p>Anita Porter, Commissioning Policy</p>	<p>TBC</p>	<p>Joint Commissioning Strategy for Older People 2010</p>

their finances and plan for the future. Access to information and advice is a key issue for older people and there is currently a wide range of methods of provision.	and Planning Officer, DCC Catherine Scott, Joint Commissioning Manager, NHS		
When will this assessment be reviewed?	Date: July 2011		
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer - sign off: Strategic Commissioning Manager		Date: 10 th August 2010	
Service equality representative - sign off: Equality and Diversity Officer		Date: 18 th August 2010	

Please email your completed Impact Assessment to the Equality team - equalities@durham.gov.uk.