

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Name of Strategy	Draft Ten Year Vision for Joint Services –Reshaping Care for Older People		
Name of Division	Pan Ayrshire Multi-agency i.e. NHS, EAC, NAC,SAC, Independent Care Sector, Third Sector Interface(s)		
Names and role of Review Team:	Members of the JSOP Core Team on behalf of the Programme Board Irene Campbell Eunice Johnstone Zhan McIntyre Christine Tod	Date(s) of assessment:	13 November 2012 Revised 20 February 2013
PART ONE: RAPID IMPACT ASSESSMENT (INITIAL SCREENING PROCESS)			
SECTION ONE AIMS OF THE PROGRAMME			
<p>1.1 Is this a new or existing Policy: This is a new local approach based on the national policy –Reshaping Care for Older People. This assessment is based on a Draft document to take forward joint commissioning. It will be subject to review in line with the development of the document.</p>			
<p>1.2. What is the aim or purpose of the Strategy: A requirement of the implementation of the national policy Reshaping Care: A Programme for Change is the development of a suite of plans on Joint Strategic Commissioning. This is reflected in the vision for joint services for older people across Ayrshire and Arran over the next ten years, which will influence joint commissioning and future service delivery.</p>			
<p>1.3. Who is this strategy intended to benefit or affect? In what way? Who are the stakeholders?</p>			

Older people who reside in Ayrshire and Arran, and access services from the partners.

By reshaping service for Older People to be more community based

The stakeholders:

NHS Ayrshire & Arran

East Ayrshire Council

North Ayrshire Council

South Ayrshire Council

Independent Care Sector

Third sector interface(s) – EA, NA and SA

Service users, families and carers

Staff working within each of the partner agencies

Wider population (patients and public)

1.4. What is the socio-economic impact of this policy / service change on Ayrshire and Arran? (Consider the impact on community benefit e.g. procuring national contracts)

Unable to assess the impact at this time as document is at draft stage and out for wider engagement.

However, service change is expected across all partner's services, which might include changes to services, changes in job roles, and training requirements.

1.5. What outcomes are intended from this Strategy

- Older people in Ayrshire enjoy full and positive lives within their own communities.
- Effective whole system partnership working for the provision of services which fits the needs of older people (i.e. those aged 65 years or more) and allows them to remain in their own communities wherever possible
- Services are more suited to the needs of individuals (personalisation
- A shift in the balance of care from institutional to community care

1.6. How have these people been involved in the development of this policy?

- Joint Strategy for Older People (Commissioning) Programme Board
- Community Health Partnership Structures (<http://www.chp.scot.nhs.uk/index.php/chps>)

1.7. What resource implications are linked to this strategy?

The objective is to shift the balance of care and associated existing multi-agency resources in line with Scottish Government policy.

SECTION TWO**IMPACT ASSESSMENT**

Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group
- Taking account of disabilities

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

Equality Target Groups				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
2.1. Age (young and old)	x			It is anticipated that there will be a positive impact on Older People, as the Ten Year Vision relates to the reshaping of care for older people (Scottish Government policy directive) Potential societal change on other age groups cannot be quantified at this time.
2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			It is anticipated that there will be a positive impact on older people with disabilities as the Ten Year Vision provides Partnership commitment to the personalisation agenda which will improve the outcomes of older people with disabilities
2.3. Gender Reassignment			x	It is anticipated there will be no specific impacts on people undergoing gender reassignment, as any changes resulting from the Ten Year Vision will be applied equally to everyone irrespective of their gender reassignment status.
2.4 Marriage and Civil partnership			x	It is anticipated there will be no specific impacts on people who are married or in a civil partnership, as any changes resulting from the Ten Year Vision will be applied equally to everyone irrespective of their marital status.

2.5 Pregnancy and Maternity			x	It is anticipated there will be no specific impacts on people who are pregnant or in the period after birth as changes proposed as part of the Ten Year Vision relate to people outwith child-bearing age.
2.6 Race/Ethnicity (including Travellers and Gypsies)	x	x		<p>It is anticipated there will be a positive impact on people from BME groups, as there is a commitment to personalisation meaning the needs of people from BME groups, including Gypsy Travellers, will be taken into account when offering support and care. Any changes resulting from the Ten Year Vision will be applied equally to everyone irrespective of their ethnic identity or national origin, including gypsy travellers.</p> <p>A possible negative impact may be that some BME communities may feel the move to community based practices and staff coming into their homes is intrusive as certain communities tend to care for their elders on their own in their own homes.</p> <p>As with existing NHS policy, information about the Ten Year Vision will be available in a range of languages on request.</p>
2.7 Religion/Faith			x	It is anticipated there will be no specific impacts in relation to people with particular religion / beliefs (including non-belief) as any changes resulting from the Ten Year Vision will be applied equally to everyone irrespective of their religion or belief.
2.8 Sex (male/female)	x			It is anticipated there will be a greater positive impact on females due to the greater number of females aged 65+ across Ayrshire. The Ten Year Vision will be applied equally to everyone irrespective of their gender.
Sexual Orientation incl. 2.9 Lesbians 2.10 Gay men 2.11 Bisexuals			x	It is anticipated there will be no specific impacts in relation to LGBT groups as any changes resulting from the Ten Year Vision will be applied equally to everyone irrespective of their sexual orientation.

<p>2.12 Staff (This could include details of staff training completed or required in relation to service delivery)</p>	x	x		<p>It is anticipated that there could be both positive and negative impacts on staff, as significant changes to existing staff configuration and roles expected as a result of the 3 year implementation plans.</p> <p>This will be explored in more detail when care models and changes are finalised.</p> <p>Perpetuation of the current differential in pay rates and other employment related conditions between what the independent sector can afford under the current agreements and those of the statutory partners would have a negative impact.</p>
<p>2.13 Carers</p>	x	x		<p>Both a positive and negative impact may occur as there will be more support and services configured to support carers.</p> <p>Older people remaining in their own homes for longer may adversely affect some carers.</p>
<p>2.14 Homeless</p>	x			<p>It is anticipated that there could be a positive impact on older people who find themselves homeless as proposed personalisation will ensure that older people who are homeless are offered coordinated anticipatory care.</p>
<p>2.15 Involved in criminal justice system</p>			x	<p>It is anticipated there will be no specific impacts in relation to people involved in the criminal justice system as any changes resulting from the Ten Year Vision will be applied equally to everyone irrespective of their involvement within the criminal justice system.</p>
<p>2.16 Language/ Social Origins</p>			x	<p>It is anticipated there will be no specific impacts in relation to language / social origin as any changes resulting from the Ten Year Vision will be applied equally to everyone irrespective of their language / social origins.</p> <p>As with existing NHS policy as above, information about the Ten Year Vision will available in a range of languages on request.</p>

2.17 Literacy			x	It is anticipated there will be no specific impacts in relation to literacy as any changes resulting from the Ten Year Vision will be applied equally to everyone irrespective of their literacy standard As with existing NHS policy, above information about the Ten Year Vision will available in a range of formats.
2.18 Low income/poverty			x	It is anticipated there will be no specific impacts in relation to low income / poverty as any changes resulting from the Ten Year Vision will be applied equally to everyone irrespective of their income.
2.19 Individuals with Mental Health issues	x			Proposed personalisation should impact positively on older people with mental health issues.
2.20 Rural Areas	x			It is anticipated that the Ten Year Vision will have a positive impact on Rural Areas as there will be more community based services, meaning people in rural areas will have better access to local services

SECTION THREE	CROSSCUTTING ISSUES
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What impact will the proposal have on lifestyles? For example, will the changes affect:
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	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
3.1 Diet and nutrition?	x			It is anticipated that the Ten Year Vision will have a positive impact on diet and nutrition, as it provides Partnership commitment to earlier prevention and anticipatory care as well as adoption of health and wellbeing approaches

3.2 Exercise and physical activity?	x			It is anticipated that the Ten Year Vision will have a positive impact on exercise and physical activity, as it provides Partnership commitment to expanding health and wellbeing programmes.
3.3 Substance use: tobacco, alcohol or drugs?	x			It is anticipated that the Ten Year Vision will have a positive impact on substance use
3.4 Risk taking behaviour?	x			It is anticipated that the Ten Year Vision will have a positive impact on risk taking behaviours .
3.5 Education and learning, or skills?	x			It is anticipated that the Ten Year Vision will have a positive impact on education, learning or skills as it provides Partnership commitment to expanding health and wellbeing programmes, re-enablement and sustaining independence.
3.6 Other	x			It is anticipated that the Ten Year Vision will have a positive impact on mental health and wellbeing as the better coordinated and effective services will improve the mental health and well being of service users, carers and staff in terms of job satisfaction.

SECTION FOUR CROSSCUTTING ISSUES:

Does your Programme consider the impact on the social environment? Things that might be affected include:

	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
4.1 Social status			x	It is anticipated that the Ten Year Vision will have no specific impact on social status

4.2 Employment (paid or unpaid)		x		<p>Perpetuation of the current differential in pay rates and other employment related conditions between what the independent sector can afford under current agreements and those of the statutory partners would have a negative impact.</p> <p>There may be an increase in unpaid work as a result of the impact on carers</p>
4.3 Social/family support	x			<p>It is anticipated that the Ten Year Vision will have a positive impact on social / family support as it provides Partnership commitment to wider support for unpaid carers of older people.</p>
4.4 Stress	x	x		<p>It is anticipated that the Ten Year Vision will have a positive impact on stress, as it will improve the care and support available to older people.</p> <p>There may be a negative impact for some as it could cause more stress being at home and administering their own medication etc.</p>
4.5 Income/Expenditure	x			<p>It is anticipated that the Ten Year Vision will have a positive impact on Income / Expenditure as the personalisation approach will increase some older people's income to be spent on their chosen care services.</p>

SECTION FIVE		CROSSCUTTING ISSUES		
Will the proposal have an impact on the physical environment? For example, will there be impacts on:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
5.1 Living conditions?	x			It is anticipated that the Ten Year Vision will have a positive impact on living conditions as it provides Partnership recognition and commitment to improving the provision of equipment and adaptations to support staying independent.
5.2 Working conditions?	x	x		It is anticipated that the Ten Year Vision could have both a positive and adverse impact on working conditions as significant changes to existing staff configuration and roles expected as a result of the 10 year vision or associated 3 year implementation plans cognisance taken of staff health and safety. Increased understanding of service users needs in their home environment.
5.3 Pollution or climate change?			x	It is expected that the Ten Year Vision will have no significant impact on pollution or climate change as increased staff travel will be offset against reduced travelling by service users.
5.4 Accidental injuries or public safety?	x	x		It is expected that the Ten Year Vision could have both a positive and adverse impact on accidental injuries or public safety. The home environment is less controlled than service environment for staff but is more familiar for older people and vice versa for hospital/care homes.
5.5 Transmission of infectious disease?	x	x		It is anticipated that the Ten Year Vision may have a positive impact on transmission of infectious disease as there could be a reduction to the level of hospital acquired infection. There may be an adverse impact; however this has yet to be determined and will be monitored as the 3 year plans are implemented.

5.6 Other				
Will the Programme have any impact on...				
Discrimination?	x			It is expected that the Ten Year Vision will have a positive impact on discrimination against older people by ensuring older people receive appropriate care and support
Equality of opportunity?	x	x		It is anticipated that the Ten Year Vision will have a positive impact on equality of opportunity as it outlines Partnership commitment to improving equality of opportunity across Ayrshire. However, there may be geographic limitations to this.
Relations between groups?	x	x		It is anticipated that the Ten Year Vision could have both a positive and adverse impact on relations between groups as the Policy directive from the Scottish Government requires the development of services specific to older people which is not mirrored for other groups
Other	x			It is anticipated that the Ten Year Vision could have a positive impact in relation to Human Rights – particularly in relation to treating older people with dignity and respect.

Will the proposal affect access to and experience of services? For example:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
Health care	x	x		<p>It is anticipated that the Ten Year Vision could have both a positive and adverse impact on access to and experience of health care service as it provides Partnership commitment to more person centred co-ordinated care.</p> <p>However, this will require a change to the existing patient pathway from 'doing to' to 'doing with', which will require a change in patient expectation.</p>
Social Services	x	X		<p>It is anticipated that the Ten Year Vision could have both a positive and adverse impact on access to and experience of social services as it provides Partnership commitment to more person centred co-ordinated care.</p> <p>However, this will require a change to the existing client pathway from 'doing to' to 'doing with', which will require a change in patient expectation.</p>
Education			x	<p>It is expected that the Ten Year Vision will have no significant impact on access to and experience of education however, as part of remaining independent and being healthier longer, there may be increased uptake of lifelong learning.</p>
Transport	x	x		<p>It is expected that the Ten Year Vision will have no significant impact on access to and experience of transport, as services will be provided closer to community therefore less need for extended journeys.</p> <p>However, it may impact adversely on current transport routes.</p>

Housing	x			It is expected that the Ten Year Vision will have a positive impact on access to and experience of Housing as people should stay at home longer supported by appropriate aids and adaptations, co-ordinated discharge plans.
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PART TWO**SECTION SIX****EXAMINATION OF AVAILABLE DATA AND CONSULTATION**

Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

A Joint Needs Assessment for Older People has been undertaken. Copy attached.

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

Public Health have prepared an extensive and comprehensive Joint Older People's Needs Assessment.

Preparation of this document has been subject to pre-engagement discussions and the document and engagement booklet will be issued for extensive engagement with stakeholders until February 2013.

JIT Guidance

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

Joint Older People's Needs Assessment.

Two years experience of Change Fund bids and service development.

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

Pre-engagement with range of stakeholders undertaken via Officer Locality Groups of CHP structures. Older people's needs assessment. National consultation on Reshaping Care for Older People – a Programme for Change.

What gaps in knowledge are there?

Future workforce requirement and configuration in relation to new models of care

Future resource configuration.

Implications of Welfare Reforms.

In relation to the groups identified:

What are the potential impacts on

- **Health and wellbeing**

- It is anticipated that the Ten Year Vision will have a **positive impact** on health and wellbeing as a result of care being anticipatory, co-ordinated, and person centred across all partner areas.

Will the Programme impact on access to health care, social care, independent care sector and third sector interface(s)? If yes - in what way?

It is anticipated that the Ten Year Vision will have a **positive impact** on access to health care, social care, the independent and third sector as there will be more integrated patient pathways in place across the partner agencies.

Will the Programme impact on the experience of health care and social care? If yes - in what way?

It is anticipated that the Ten Year Vision will have a **positive impact** on the experience of health care and social care (including social care from the independent care sector and the third sector) which will be more co-ordinated for patients, carers and their families.

SECTION SEVEN	HAVE ANY POTENTIAL NEGATIVE IMPACTS BEEN IDENTIFIED?
<p>If so, what action been proposed to counteract these? Negative impacts (if yes, state how) e.g.</p> <ul style="list-style-type: none"> • Is there any unlawful discrimination? • Could any community get an adverse outcome? • Could any group be excluded from the benefits of the Programme/function? • Does it reinforce negative stereotypes? 	
Recommendations (This should include any action required to address negative impacts identified)	
<p>Impact on carers – ensure support, training and respite is available for unpaid carers</p> <p>Impact on staff – ensure staff and staffside / trade unions are involved in discussions about change; ensure adequate training.</p> <p>Impact on employment – work towards integration and review differential pay rates as services are developed</p> <p>Impact on working conditions – work with staff and staff-side / trade unions to minimise risk of changing working conditions</p> <p>Impact on accidental injuries or public safety – ensure relevant training, policies and procedures are in place to minimise risk of injuries and accidents</p> <p>Impact on transmission of infectious disease – ensure relevant training , policies and proceures are in place to minimise risk of transmission of infectious disease.</p> <p>Impact on equality of opportunity – work with partners to ensure services are available across Ayrshire</p> <p>Impact on relation between groups – work with partners in relation to Integration of Health and Social Care for Adults</p> <p>Impact on health care – work with partners to inform and educate service users about changes to services</p> <p>Impact on social services – work with partners to inform and educate service users about changes to services</p> <p>Impact on transport – inform and work with local transport networks to minimise threats and explore opportunities</p>	
SECTION EIGHT	MONITORING

How will the outcomes be monitored?

A Robust performance monitoring framework is currently in place. Further work will be required to improve data on people with protected characteristics

What monitoring arrangements are in place?

Covalent performance management system.

Who will monitor?

Monitoring of the 10 year Vision document will be thought the CHPs with input on performance from across all agencies. Monitoring reports will be considered by the Officer Locality Groups within each CHP structure.

What criteria will you use to measure progress towards the outcomes?

The national joint outcomes and performance indicators identified in the document.

SECTION NINE FOR NEW POLICIES ONLY

What research or consultation has been done? The document is in line with national policy direction and guidance Reshaping Care for Older People: A Programme for Change, including JIT guidance on joint commissioning. Initial engagement was undertaken to inform the development of the Ten Year Vision and this is undergoing a period of engagement with staff, user and carers and the public.

What stage is the Programme at? Draft document for engagement.

What is the target date for completion? 28 February 2013

Is a more detailed assessment needed? (It is not necessary to subject all proposals to a detailed assessment.) If so, for what reason?

No

COMPLETED PROGRAMME

Who will sign this off? JSOP Programme Board for consideration by Community Health Partnerships

When

PUBLICATION

How will this be published?

The Draft document is complete and is being issued for wider discussion, engagement and comments through CHP structures and a structured engagement process. The outcome of this will be incorporated into a final document due for completion by 28 February 2013. The final document will be placed on partner's websites and hard copies available on request.

Copy given to Equality & Diversity Contacts in each of the partner organisations

Carried Out by	Core Team on behalf of the JSOP Programme Board: Irene Campbell Eunice Johnstone Zhan McIntyre Christine Tod	Title	
Signature		Date	
Authorised by	JSOP Programme Board	Title	
Signature		Date	25 February 2013