Audit tool for achieving
age equality in health and social care

A.1: Commissioning and service development

A.1.1: Knowing your local population

RED
There is little shared intelligence about local population characteristics and trends relating to age, including numbers and profile of people who need support, by age; and the impact that health & socio-economic inequalities have on access to and outcomes of services, by age.

AMBER
The local Joint Strategic Needs Assessment (JSNA) highlights local demographic trends and characteristics by age, but does not indicate inequalities relating to age exist. Stakeholder engagement in processes designed to complete local JSNA are inadequate

GREEN
Key local characteristics, trends and priorities are clearly highlighted as a result of the JSNA and set out in all strategies and delivery plans. Inequalities and barriers have been identified (e.g. through equality impact assessments) and local improvement targets for achieving age equality and ending age discrimination have been set as a result.

A.1.2: Resource allocation and distribution

RED

Resources are allocated according to historical patterns rather than the assessed needs of different age groups or gap analyses resulting from the JSNA.

AMBER

There is a clear understanding of resources available, current budget pressures and whether current allocation of resources is meeting agreed needs for different age groups; and resource allocation is monitored at individual, team, service & sector level and takes account of the interaction of multiple discrimination risks (age, disability, sexuality, gender, mental health, ethnicity, poverty).

GREEN

Investment decisions are made to achieve age equality in creative, joined up ways with honest discussions about where cost pressures exist and the options to consider, including:

- Reducing cost and spend differentials between different groups of people over time; and
- Ensuring that older and younger groups of people (with the same needs/conditions) have equal access to diagnostic facilities, support and care arrangements; and
- Work on World Class Commissioning competency 6 (Prioritise investment) has considered how inequalities of health status, access and resource allocation will be addressed to achieve age equality in health and social care.
- Work on common Resource Allocation Framework (ADASS 2009)

A.1.3: Patterns of provision

RED
A more limited range of services are available to some age groups (typically older people with specific needs compared to younger people with these same needs, e.g. mental health, social care support, intermediate care and dementia)

AMBER
Information developed through the JSNA is used to monitor and measure access to services by different population groups including by age; and plans are in place to ensure equal access to a wide range of options and opportunities for treatment and support across all ages.

GREEN
A wide range of options and opportunities for support exist and are accessed by people on the basis of their needs and preferences, not their age.

Service users and their families are involved in assessing their own needs, strengths and aspirations, and are involved in developing options and opportunities. Where services are different for different age groups over 18 years, an assessment of whether this difference leads to less favourable treatment has been undertaken (e.g. through an Equality Impact Assessment)

A.1.4: Procurement and contracting

RED
There is no reference to age equality / discrimination within procurement and contracting (compliance) arrangements or documentation guiding service commissioning and delivery.

AMBER
Achieving or working towards age equality in health and social care is a stated aim of procurement and contracting processes, but there is little evidence of implementation or monitoring to ensure compliance.

GREEN
Procurement and contracting processes are used to ensure equality of access to assessment, diagnosis, prevention, interventions/treatment, support and care provision. Equality Impact Assessments are completed for all new developments.