

## Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

### 1. Name of Strategy, Policy or Plan

East Dunbartonshire Older People's Transformational Change Programme

Please tick box to indicate if this is: Current Policy, Strategy or Plan  New Policy, Strategy or Plan

### 2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

#### Older People's Transformational Change Programme

The Older People's Transformational Change Programme provides the planning and implementation framework for East Dunbartonshire's Ageing Well Strategy and Joint Strategic Commissioning Plan which have been established to deliver the national policy goals set out in Reshaping Care as well as Outcome 5 of East Dunbartonshire's Single Outcome Agreement (SOA):

"Our older population are supported to enjoy a high quality of life".

The objectives of the Transformational Change Programme are to:

- Develop a shared vision and strategy to shape joint service planning and commissioning over the next decade to achieve the best possible outcomes for older people in East Dunbartonshire;
- To develop and manage a delivery plan which will set out how joint resources will be used to achieve these outcomes; and
- To plan and manage the use of Change Fund resources to support this strategy through the provision of bridging finance to achieve transformational change;

With the aim of achieving the national policy goals set out in Reshaping Care for older People, by:

- Supporting people to live independently at home or in a homely setting;
- Reducing inappropriate hospital and care home admissions;

- Achieving a single system of care, taking account of out-of-hours services where we can optimise anticipatory care and rehabilitation at every point of the patient's journey;
- Establishing robust and sustainable arrangements for the ongoing engagement and participation of third and independent sector partners in planning and delivering re-modelled services to achieve a shift in the balance of care.

The use of the Change Fund allows partners to target resource at greatest need. It also supports communities through capacity building, long term conditions management, carers support, reablement, anticipatory care planning and rehabilitation.

### **Scope**

- Development of an Older People's Strategy and Joint Strategic Commissioning Plan.
- Development of a model of current and future demands, resources and patient/service user flows.
- Development and monitoring of a performance framework for older people's services.
- Identification of new or resigned services that will contribute to the Programme objectives and establishment of workstreams to deliver these.
- Development of a joint workforce plan.
- Establishment of a systematic approach to evaluating the impact of the Change Programme as a whole and the contribution of individual workstreams.

### **3 Lead Reviewer**

Annemargaret Black, Head of Primary Care & Community Services

### **4. Please list all participants in carrying out this EQIA:**

Annemargaret Black, Head of Primary Care & Community Services, East Dunbartonshire CHP; Andy Martin, Head of Social Work, East Dunbartonshire Council; James Hobson, Head of Finance, East Dunbartonshire CHP; Ian Nicol, Transformational Change Programme Manager; Attiq Asghar, Information Officer, East Dunbartonshire CHP

## 5. Impact Assessment

### A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

The Older People's Transformational Change Programme is informed by the document, A Framework for Improving the Health, Wellbeing & Care of Older People in East Dunbartonshire (2013 - 2023). This framework includes the following sections :

- East Dunbartonshire Ageing Well Strategy
- Joint Strategic Commissioning Plan for Older People
- Joint Strategic Commissioning Delivery Plan for Older People

Although the programme and framework do not explicitly mention equality legislative and policy drivers they do contain important demographic information on age, faith and race.

An equalities section will be added to the next version of the Ageing Well Strategy, to include these and other protected characteristics to ensure compliance with the Equality Act.

### B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?

		Source
All	<p>A series of engagement events with older people and their carers took place during June and July 2012. The aim was to elicit their views on the key factors they believe would maintain their overall health, wellbeing and quality of life.</p> <p>Over 250 people took part in eight events which were hosted and delivered in various settings including lunch clubs, sheltered housing complexes, user forums and carer groups. Participants ranged from individual members of the public to those involved in community and voluntary groups.</p> <p>Based on these engagement events and previously held seminars in respect</p>	East Dunbartonshire Ageing Well Strategy

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
	<p>of developing a local Vision for Reshaping Care for Older People, a number of themes emerged which informed the priorities set out in the Ageing Well Strategy and Joint Strategic Commissioning Plan.</p> <p>Whilst members of protected characteristic groups weren't specifically targeted by these events, they were open to all and we have no reason to believe that they were excluded. No specific issues for protected characteristic groups were identified at the events.</p> <p>Data is routinely collected on the age, gender, ethnic origin, disabilities of service users/patients, and some analysis of socio-economic status is possible through the use of postcodes and SIMD; however, we have limited data on other protected characteristics</p> <p>Performance information is not routinely disaggregated, and so has not been used in a systematic way to identify performance issues (e.g. uptake of services, equity of access) for any specific group of service users.</p> <p>We will explore the extent to which we are able to address these issues, and improve our data and develop reporting of data disaggregated by protected characteristics and the potential for its use to monitor impact across protected characteristic groups.</p>	
<b>Sex</b>	<p>Male and female life expectancy are both higher than the Scottish average. Whilst life expectancy at birth remains lower for males,) than females (79.4 years compared to 82.7 years), life expectancy is improving more rapidly for males than females, resulting in a growth in the proportion of the older population that are men.</p> <p>Sex disaggregated data is collected; however, as described above, there is little routine disaggregated reporting to identify whether there are any issues</p>	East Dunbartonshire Ageing Well Strategy

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
	specific to men or women.	
<b>Gender Reassignment</b>	<p>No data on gender reassignment in East Dunbartonshire and little is currently known about specific issues for this group of people.</p> <p>Change fund monies have been allocated to the development of resource pack for Lesbian, Gay, Bisexual and Transexual older people.</p> <p>NHSGGC's transgender policy and training is accessible to all staff.</p>	NHSGGC's Transgender Policy
<b>Race</b>	<p>The Black and Minority Ethnic communities represent 3.1%.of the population of East Dunbartonshire with the largest group being from the Indian community and the strategy highlights the growth in the older Black Minority Ethnic (BME) population.</p> <p>An issue identified for the Indian population during the engagement process described under "All" above, is that traditionally women in the family would have looked after older relatives. Young Asian woman do not have the same outlook as cultures are changing.</p> <p>Isolation is a particular risk factor for older people from minority ethnic groups, those in rural areas and for people older than 75 who may be widowed or live alone.</p> <p>Data on ethnic origin of service users is collected; however, as described above, there is little routine disaggregated reporting to identify whether there are specific issues faced by any minority ethnic group.</p>	<p>East Dunbartonshire Ageing Well Strategy</p> <p>Office of the Deputy Prime Minister, 2006</p>
<b>Disability</b>	<p><u>Learning Disabilities</u></p> <p>There is a growing group of older people with learning disabilities, particularly with rising life expectancy of those with Down's Syndrome and more formal diagnoses of autistic spectrum disorder. Societal changes may result in less</p>	Joseph Rowntree Foundation

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
	<p>provision of kinship support, which reinforces the need to build capacity and responsibility within local communities</p> <p><u>Dementia</u></p> <ul style="list-style-type: none"> <li>• The estimated prevalence of dementia in East Dunbartonshire is 1,900 people with dementia, the vast majority being aged over 65.</li> <li>• People with dementia and their carers need support early on to come to terms with the illness, to manage its symptoms and to put in place legal, financial and care arrangements for the future.</li> <li>• As the condition progresses, people with dementia need increasing help with everyday activities and personal care and eventually require constant support and supervision. Much of this care is provided by partners and family members, who themselves need support to enable them to do so.</li> <li>• Of the carers who sought support from Carers Link in East Dunbartonshire in 2012, 40% -the highest percentage- were caring for someone who had dementia.</li> <li>• Dementia is identified as a Year 1 priority in the Joint Strategic Commissioning Delivery Plan</li> </ul> <p><u>Physical Disability</u></p> <p>The Community Planning Partnership Vulnerable Citizens Group focuses on physical disabilities; however, more work is planned for this area to identify the specific issues for people with physical disabilities, including hearing and visual impairment through our engagement processes and use of data.</p>	Alzheimer Scotland
<b>Sexual Orientation</b>	We do not have data on the number of lesbian, gay or bisexual older people	

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		<b>Source</b>
	<p>in East Dunbartonshire or information on the specific issues they face.</p> <p>Change fund monies have been allocated to the development of resource pack for Lesbian, Gay, Bisexual and Transexual older people. The first steps in this exercise will be to gain a better understanding of the population of transgender older people in East Dunbartonshire, the specific issues they face, and the potential positive and negative impacts of the Transformational Change Programme.</p>	
<b>Religion and Belief</b>	<p>There are established faith communities in East Dunbartonshire with a large network of churches that provide community services including services for older people. There are also established Hindu organisations and events at the An Bevan centre. More work needs to be done with Muslim community who tend to use an established older people's centre in the Glasgow Central Mosque.</p>	
<b>Age</b>	<p>Recent forecasts suggest that as a percentage of the population, the number of people in East Dunbartonshire over the age of sixty-five will increase from the current level of 26.3% to 32.5% by 2035.</p> <p>The rate of growth will vary across age bands. The greatest increase will be in the older age bands, with the number of over 85's projected to increase by 28.8% in the 5 years to 2015, and by a further 30.6% by 2020. This is a substantially greater increase than is projected Scotland-wide (an increase of 18.9% by 2015 and a further 22.9% by 2020).</p> <p>Those aged 75 or over report lower levels of positive perceptions of health and wellbeing than the rest of the population (65% compared to 96% for those aged 16-24 years). They are the least likely to have a positive view of their mental/emotional wellbeing (82%) and overall quality of life (81%). A</p>	<p>GROS</p> <p>Health &amp; Wellbeing Survey, 2011</p>

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
	<p>significant proportion (18%) say their long-term condition or illness substantially interferes with their day to day activities such as continuing to be physically active; and sustaining social connectivity.</p> <p>Older people are major users of health services, both hospital and GP. As people get older they are more likely to be admitted to hospital and their length of stay for each admission also increases. Those aged 75 or over are amongst those most likely to have been outpatients. It also highlights that people aged 65 plus report some difficulty in reaching hospital for an appointment and that this is further compounded if living in a deprived community.</p> <p>The number of people reporting a long standing illness increases with age as does the number needing help with one or more domestic, self-care or mobility task; however, the majority of older people in East Dunbartonshire live independently, with only 2.1% of over 85's currently resident long-term in care homes. Moreover, the majority of the population over the age of 65 do not use formal social care services.</p> <p>As stated in Section 2 above, the Transformational Change Programme aims to deliver the national policy goals set out in Reshaping Care for Older People by supporting people to live independently at home or in a homely setting.</p> <p>The use of the Change Fund allows partners to target resource at greatest need. It also supports communities through capacity building, long term conditions management, carers support, reablement, anticipatory care planning and rehabilitation.</p>	

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
<b>Pregnancy and Maternity</b>	Not relevant	
<b>Marriage and Civil Partnership</b>	<p>Isolation is a particular risk factor for older people from minority ethnic groups, those in rural areas and for people older than 75 who may be widowed or live alone</p> <p>Carers who provide high levels of unpaid care for sick or disabled relatives and friends are more likely to suffer from poor health compared to people without caring responsibilities. Our joint approach to supporting carers is set out in the East Dunbartonshire Joint Strategy for Carers 2012-15 and includes our shared vision of:</p> <p>“Working together to support carers in East Dunbartonshire by ensuring carers are supported and empowered to manage their caring responsibilities with confidence and in good health and to have a life of their own outside of caring”.</p>	<p>Office of the Deputy Prime Minister 2006</p> <p>Hearts and Minds: The Health Effects of Caring</p>
<b>Social and Economic Status</b>	<p>East Dunbartonshire is more affluent than Scotland as a whole with 54.4% living in the least deprived quintile and only 3.7% living in the most deprived quintile. In addition, only 9.3% of the population is income deprived compared to 17.1% of the population in Scotland.</p> <p>However, the Ageing Well Strategy recognises that, at an aggregated level, analysis of SIMD data (2012) for East Dunbartonshire masks the complexity of disadvantage in some communities. It identifies significant inequalities in life expectancy across different communities, with a differential which is similar to variances experience between some communities in Glasgow. For example, life expectancy in Westerton West is 82.9 years whilst those living in Kirkintilloch West can expect to live for 71.2 years.</p>	<p>East Dunbartonshire Ageing Well Strategy</p> <p>GCPH Profiles 2010</p>

<b>B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</b>		
		<b>Source</b>
	<p>The Ageing Well Strategy identifies that those most likely to have been outpatients include those aged 75 or over, those with no qualifications, and those who received all household income from benefits. It also highlights that people aged 65 plus report some difficulty in reaching hospital for an appointment and this is further compounded if living in a deprived community. One of the priorities identified in the Ageing Well Strategy is to “Increase older people and carer awareness of entitlements and develop robust referral mechanism to maximise the reach and facilitate easier access to good quality financial inclusion and income maximisation services”.</p> <p>Further work is required to identify the specific issues for older people living in deprived areas and the impact on them of the Change Programme.</p>	Health & Wellbeing Survey, 2010
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	We need to improve our understanding of the specific issues for older people in these groups.	

<b>C Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	Yes, as aim of the Transformational Change Programme is to improve the health, wellbeing and		

<b>C Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
	care of all older people		
<b>Sex</b>	Yes; however we would wish to develop our awareness of issues specific to men or women		
<b>Gender Reassignment</b>		Probable but not enough data.	
<b>Race</b>	Yes; however we would wish to develop our awareness of issues specific to any racial group		
<b>Disability</b>	Yes. Personalisation, reablement and rehabilitation provide a focus on personal outcomes for individuals However, greater use of disaggregated data would enhance awareness of any differential impact		
<b>Sexual Orientation</b>		Probable but not enough data.	
<b>Religion and Belief</b>	Yes; however we would		

<b>C Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
	wish to develop our awareness of issues faced by people due to their religion or belief		
<b>Age</b>	Yes. The Transformational Change Programme is targeted at over 65s and there are targeted programmes for over 75s and over 85s.		
<b>Marriage and Civil Partnership</b>	The Change programme clearly identifies support for carers as a priority		
<b>Pregnancy and Maternity</b>			Not relevant
<b>Social and Economic Status</b>	Transformational Change Programme incorporates action to maximise income available for older people and to identify, and target resources at, the most vulnerable older people. Some indicators are disaggregated by SIMD;		

<b>C Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
	however, and we would wish to develop this further where practicable. .		
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>		Probable, but not enough data,	

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>			There is a risk of not being able to sustain the current levels of service affecting all groups – related to escalating demands associated with the growing older population. Possible removal of funding for some workstreams following discontinuation of Change Fund
<b>Sex</b>			Possible but need to ensure that engagement allows issues to be identified and development of disaggregated data required to

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
			monitor impact.
<b>Gender Reassignment</b>			Possible but not enough data.
<b>Race</b>			Possible but need to ensure that engagement allows issues to be identified and development of disaggregated data required to monitor impact.
<b>Disability</b>			Possible but need to ensure that engagement allows issues to be identified and development of disaggregated data required to monitor impact.
<b>Sexual Orientation</b>			Possible but need to ensure that engagement allows issues to be identified and development of disaggregated data required to monitor impact.
<b>Religion and Belief</b>			Possible but need to ensure that engagement allows issues to be identified and development of disaggregated data required to monitor impact.
<b>Age</b>			Possible. Need to develop reporting by age band

<b>D Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>Marriage and Civil Partnership</b>			Possible. Need to monitor impact of Change Programme on carers.
<b>Pregnancy and Maternity</b>			Not relevant
<b>Social and Economic Status</b>			Possible. Need better understanding of possible differential impact across socio-economic groups
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>			Possible but not enough data.

<b>E Actions to be taken</b>		
		<b>Responsibility and Timescale</b>
<b>E1 Changes to policy</b>	In reviewing the Ageing Well Strategy, Joint Strategic Commissioning Plan, ensure that they reflect more explicitly potential equalities issues for protected characteristic groups.	Older People's Transformational Change Programme Board (Annual)
<b>E2 action to compensate for</b>	Work with LGBT voluntary organisation to gain better understanding of numbers of LGBT older people and the specific issues they face and	Manager - Adults & Community Care

<b>E Actions to be taken</b>		
		<b>Responsibility and Timescale</b>
<b>identified negative impact</b>	<p>carry out scoping work on the development of Resource Pack for LGBT older people.</p> <p>Explore the extent to which we have data disaggregated by protected characteristics and the potential for its use to monitor impact across protected characteristic groups.</p>	<p>Services (6 months)</p> <p>Joint Performance Group (6 months)</p>
<b>E3 Further monitoring – potential positive or negative impact</b>	<p>Explore the extent to which we have data disaggregated by protected characteristics and the potential for its use to monitor impact across protected characteristic groups.</p> <p>Require leads to complete EQIAs for individual workstreams.</p>	<p>Joint Performance Group (6 months)</p> <p>Workstream leads (6 months)</p>
<b>E4 Further information required</b>	<p>Ensure that engagement activity is designed to be accessible to all, including people with sight and visual impairments and facilitates the identification of any issues for protected characteristic groups including older people of all religions and beliefs.</p>	<p>Older People's Transformational Change Programme Board (Ongoing)</p>

**6. Review: Review date for policy / strategy / plan and any planned EQIA of services**

12 months

**Lead Reviewer: Name: Annemargaret Black**

**Sign Off: Job Title: Head of Primary Care and Community Services, East Dunbartonshire CHP**

**Signature: Annemargaret Black**

**Date: 28<sup>th</sup> May 2013**

Please email copy of the completed EQIA form to [EQIA1@ggc.scot.nhs.uk](mailto:EQIA1@ggc.scot.nhs.uk)

Or send hard copy to:

**Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH**