Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

Joint Strategic Commissioning Plan 2013-16 - Reshaping Care for Older People

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

This EQIA has been undertaken to help inform the development of the Joint Strategic Commissioning Plan (JSCP) for Older People within Glasgow City. The template should be used as both a guide and a checking mechanism to ensure plans are inclusive of the diverse needs of older people and clearly articulate inequality sensitive aspirations for the highest quality of care for older people. Our Reshaping Care Strategy highlights that older people in Glasgow are living longer, healthier lives. Within the next six years, it is estimated that more people, particularly those over 65, will need some form of care, and to meet these needs services will have to change. To do this in the current economic climate will be a major challenge. While the drive to improve standards will go on, we need to find new ways of delivering services to many more older people, and we need to be able to fund these services. We will deliver on a new approach that aims to ensure that older people can do as much for themselves as possible, enabling people to stay safely in their homes and communities for as long as possible. The key outcomes and benefits we see for older people and their carers will be that:

- more older people can be cared for at home or in a homely setting, rather than in hospital; and,
- carers can be supported in their caring role and get the support they need including information, training, respite and short breaks.

The benefits for the wider community will be that the remaining hospital beds will be available for patients who require that level of care.

The benefits for all stakeholders will be:

- that we make more effective use of scarce resources;
- it will enable us to implement local plans for making better use of our combined resources for older people's services; and
- provide increased opportunities to maximise the wider resources available within Glasgow to support older people for

example through exploring the development of strategic alliances/initiatives with a range of additional partners.

The benefits for the wider community will be that the remaining hospital beds will be available for patients who require that level of care.

3 Lead Reviewer

David Walker, South Sector Director, Glasgow City CHP

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

Name	Organisation e.g. NHS GGC	Organisational Role
David Walker	NHSGGC, CHP	Director, South Sector
Marie Farrell	NHSGGC, Acute (RAD)	Interim Director
Stephen Fitzpatrick	GCC, Social Work	Head of Adult Services
Sheena Morrison	GCC, Social Work	Head of Social Work Services (South Sector)
Helen Macneil	GCVS	Chief Executive
Liz McEntee	GCVS	Head of External Relations
Ranald Mair	Scottish Care	Chief Executive
Nanette Paterson	Scottish Care	Independent Sector Development Officer
Steve McGowan	GGC, Housing & Regeneration Services	Group Manager Strategy
Jill Carson	NHSGGC, CHP	Adult Services Manager
Tressa Burke	Glasgow Disability Alliance	Chief Executive
Sandra Bustillo	NHSGGC, Communications	Associate Director of Communications
Hamish Battye	NHSGGC, CHP South Sector	Head of Planning and Performance
Jeanne Middleton	NHSGGC, CHP	Head of Finance
Julie Young	South East Carers Centre	Carers Centre Manager
Isla Hyslop	NHSGGC, CHP	Head of Organisational Development
Duncan Goldie	NHSGGC, CHP	Performance Planning Manager

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
Discrimination can be subtle or overt; direct or indirect; individual or institutional. Care workers who make assumptions about patient's social identity or characteristics and preferences or make decisions on another person's behalf are practicing discrimination. The best way to mitigate this likelihood is to have an inclusive and inequalities sensitive approach to commissioning and delivering care. The Joint Commissioning Plan should reference the Equality Act (2010) and specifically highlight the legally protected characteristic of Age in relation to the provision of goods and services. It is important that Plans understand that the protected characteristic of age will inter-connect with the other protected characteristics and that this may have a compounding impact on experience of discrimination, unfair treatment or differences in accessing care. Recent media attention highlighting the (sometimes) extreme cases of neglect and negligence experienced in older people's care has further enhanced the requirement for care providers and care commissioners to better understand responsibilities as set out in the Human Rights Act and the various articles contained therein. Plans should be able to reference the Act and steps taken to evidence compliance. Wherever possible, plans should acknowledge risk and the steps taken to mitigate against that risk by asking the following questions: Need; do some people have a greater need for a particular service than others? Access – Is there any information about whether uptake of services varies by different groups? Outcomes – Does a particular service or intervention seem to work better for some groups than others? User experiences- are some groups more satisfied with a service than others? User engagement – to what extent have users with different protected characteristics been involved in developing the service? Are some groups more likely to have been excluded from this process (see report of research 'Diversity in Older people and access to services – an evidence review (JRF).
B What is known about the issues for people with protected characteristics in relation to the services or activities

affected by the policy? **These sections can be added to with local intelligence to complement the evidence already provided below.**	
All	To better understand care issues for older people it is important to understand older people as a heterogeneous group. Older people requiring care will have a range of factors other than age that need to be considered, such as sexual orientation, race, faith, disability or sex, and each may impact on the relevance and appropriateness of the care received and on the access to care. Understanding this mix of experiences will help ensure aspirations for care delivery are in tune with the often unexpressed needs of diverse older people. The recent Joseph Rowntree Foundation (JRF) report – A Better Life – What Older People Want - presents a framework for capturing the expressed values of older people with high support needs. The framework covers three key areas: Social – personal relationships, good relationships with carers, social interaction, making a contribution and cultural activities Physical – physical health, good environment, physical activities, getting out and about, safety and security Psychological – self-determination, continuity and adjusting to change, humour and pleasure, sense of self and mental health. The things that could either facilitate these happening or act as barriers to older people having these positive experiences were seen as: Information, support, other people's time, transport, equipment, technology and finances. An associated JRF report – *Equality and Diversity and Older People with High Support Needs* – has further analysed support needs through an inequalities lens, focussing on the impact of protected characteristics on older people with high support needs in relation to having care needs identified and effectively addressed. Evidence of risk for differential impact/outcome has been listed against each of the characteristics below.
Sex	Women live longer than men so a higher proportion of older people will be female. 61% of women

	over the age of 75 live alone compared to 34% of men in the same age group. Women disproportionately experience the burden of carer as part of expected gender roles (Care UK estimates that 58% of carers are women) and will often be the primary care giver to older relatives, children and partners. 11.5% of providers of high levels of care will be 65+ and those providing high levels of care will be twice as likely to be permanently sick or disabled as those not caring. Subsequently any move to increase care provided in the home by informal carers will disproportionately impact on women – and often on women who need to be in receipt of care themselves. Due to a lifetime experience of the gender pay gap, older women are poorer than older men and women aged 85+ are poorest of all (those aged 85+ represent most care home residents).
Gender Reassignment	Though generations of people have experienced gender dysphoria, recent legal protections have allowed transgender people to actively seek clinical interventions to live permanently and visibly in their preferred gender. Age Concern estimate that 7% of trans people are over 61 and 4% of those who underwent gender reassignment surgery are aged 60-74. Older transgender people are likely to experience high levels of prejudice and discrimination and in supported social care situations will require sensitive intimate personal care that may include need to shave, catheterisation and 'gender-appropriate' clothing. Transgender people are more likely to be out of touch with their birth families and children and more likely to be living alone than non-trans people.
Race	The number of older people from Black and Minority Ethnic Communities is set to rapidly increase. The UK census from 2001 showed that more than 10% of all BME people were aged 60-79. Evidence shows that people over the age of 65 from 'Asian and 'Black' communities are disproportionately affected by poor health and are more likely to be dependant on others at an earlier age due to experience of disability. Some BME communities experience higher rates of some long term conditions which will impact on future care provision. For instance South Asian people are around twice as likely to have a diagnosis for diabetes and have considerable higher rates of death from coronary heart disease and stroke. Research also suggests that experiences of poverty, poor living conditions and problems accessing health care are likely to result in high incidence of early on set health problems for people from Gypsy/Traveller communities and that refugees in their 50s and

	60s are more likely to have health problems more typical of older people. This suggests people from these communities may require access to care and support services at an earlier stage in their life course than average. Evidence suggests that older BME people are less likely to be aware of what services exist and how to access them. An ever-changing landscape of care provision can be confusing for anyone, but if your first language is not English you will be particularly disadvantaged. Service providers may make culturally based assumptions that the care needs of older people from BME communities are being met by their families when this is not the case. There is some evidence to suggest older people from some BME communities will perceive seeking help as shameful and fear it indicates a failure of their family.
Disability	The 2001 census reports that 80% of women and 70% of men aged 85 and over had a 'long term illness, health problem or disability which limited activities or work' and so will be protected against discrimination in the provision of goods and services as outlined in the Equality Act (2010). A significant number of older people aged 65+ will also qualify for protection. People with learning disabilities may find themselves moved into 'mutual care giving arrangements' with ageing parents, and the added stress of worrying about who will care for their carer if they die or become incapacitated will be significant. Alzheimer's Society estimate that one in six people over the age of 80 has some form of dementia (2007) and predicts a steady increase over the next 20 years. Older people with dementia are particularly vulnerable to discrimination and human rights infringements. Older people with dementia and without an informal caring support will experience additional barriers to accessing personalised care planning and independent living.
Sexual Orientation	Older people are often overlooked as having a sexual orientation, irrespective of whether that may relate to being straight, lesbian, gay or bi-sexual. Subsequently where sexual orientation becomes a consideration in delivering appropriate, sensitive and inclusive care, the social stereotyping applied to older people can render key aspects of their life invisible. Caring for a same-sex partner may be significantly challenging. It is worth remembering that many older gay and bi-sexual men will have experienced persecution under the law and this will also

	impact on their concern regarding disclosure of their sexual orientation. Lesbian, gay or bi-sexual (LGB) older people may choose to 'hide' their sexual orientation from services due to past experience of discrimination and will therefore be fearful of assumptions made about their sexuality and possible prejudice of care givers. It is likely that older LGB people will be over-represented amongst those requiring formal care support as LGB people are less likely to have children, more likely to be out of touch with their birth families and their own children and 2.5 times more likely to be living alone than straight older people.
Religion and Belief	Older people are more likely to have a faith belief than younger people, though there is some evidence that faith becomes increasingly important as people get older. Irrespective of this, older people will need to have their faith needs understood and met, particularly in relation to care home provision, where religious observation will impact on food and nutrition, transport arrangements to places of worship, funeral arrangements, provision of pastoral care, books, music and artifacts.
Age	There is a high risk associated with any provision of a service that is based on age-related criteria. Having this type of chronological cut-off in services can lead to lead different levels of care quality that may be discriminatory. Where age is used as criteria for accessing a service, the objective justification test (as per Equality Act 2010) should be applied and a written record of the rationale for using an age criteria should be produced and retained for future reference. Wherever possible age should be considered alongside other legally protected characteristics. Clinical or care decisions should be based on a patient's biological functionality/ capability and not on chronological age. People with protected characteristics are more likely to have early onset health problems and services need to be flexible and appropriate in responding to care needs throughout the life course.
Pregnancy and Maternity	**Not applicable**
Marriage and Civil Partnership	See sexual orientation section – May be some difficulties for same sex partnerships to be 'out' in care settings.

Social and Economic Status	Socio-economic status, as with all considerations, must be seen as interconnecting with other characteristics to better understand the wider inequalities picture. For instance, the caring role expected of women and the associated financial burden will mean women are at a greater risk of poverty in older age than men. Likewise older people who have who have spent most or all of their lives as disabled have accrued disadvantage and are more at risk of poverty as they grow older. People over 50 who are living in social housing accommodation, on low incomes and with a history of manual labour are much more likely to report long-term limiting conditions and are therefore more likely to be over-represented in older people's care settings with more complex or high need. People from low income groups are more likely to require care or to provide care.
Other marginalised groups (homeless, asylum seekers/refugees, gypsy travellers, ex-offenders, prisoners, people with literacy issues, people involved in prostitution	Homeless people and refugees, who experience extreme poverty and the effects of physical and psychological trauma, can experience health issues associated with much older people at a much younger age. Older people who have spent most or all of their lives as disabled have accrued disadvantage and are more at risk of poverty as they grow older. People leaving prison after long sentences are likely to have much poorer health and are more likely to be socially isolated.

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
All	The key outcome of the Commissioning plan is that services will work in partnership to support people to live longer and where possible do so in their own homes. Services will be community focussed offering greater choice underpinned by dignity and respect.	Some older people will be familiar and/or comfortable with current care delivery arrangements and may be concerned about proposed changes. Some older people may not consider their home to be the most appropriate/safe place to receive care.	There needs to be clear communication available in appropriate formats to inform of any changes to current arrangements. The plan needs to include a clearer commitment to address the barriers to equitable care caused by experience of discrimination and wider inequality. Ensure that care assessment tools are developed to identify issues that may otherwise remain hidden but will add to experience of complex medico/social health issues. Implement a phased plan to capture service user data relating to legally protected characteristics and an aligned analysis to monitor uptake of services.
Sex	The plan sets out an approach that will support people to live longer in their own homes. Each case will be underpinned by a strong person centred	Where there is an increased expectation on family care provision there will be a disproportionate impact on women.	Need to ensure service uptake is monitored by sex to better understand the gendered nature of access and implement support where required (e.g. are men less likely to

Comment [H1]: Not sure this is rele for the strategy – this is a service delive issue

Comment [H2]: Would this not be a action for partners as part of their routin service activity reporting?

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
	approach that will unpack the complex socio-medical context.	Increased care provision by family members or partners may either increase the risk of carer abuse or perpetuate ongoing experience of gender based violence.	seek support at the right time?). Formal consideration of the gendered nature of caring roles and what supports can be put in place to offer increased respite care etc. Men are less likely to live into older age than women meaning there will be more older women living alone and requiring care. Where there is an increased reliance on care provision from family and partners, robust assessment must be put in place to minimise risk of carer or partner abuse.
Gender Reassignment	The plan sets out a person-centred approach to delivering the most appropriate care in the most appropriate setting. Trans people will be supported to live longer lives and stay in their own home for longer.	Trans people are less likely to have strong family supports in place so any increased emphasis on informal/family care provision may disproportionately impact on them. With increased protection and recognition under recent	While not comparatively large as a protected characteristic group, the risk of direct and indirect discrimination and exposure to prejudicial attitudes is high. A learning and education package will be put in place to ensure all care providers understand their legal responsibilities in relation to the protected characteristic of gender

Comment [H3]: Action for partners?

Comment [H4]: Action for partners?

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
		legislation there will be more visible older trans people requiring community based care services. A lack of awareness or knowledge of trans people (and the extreme levels of discrimination experienced) may increase the risk of care staff delivering inappropriate and insensitive care.	reassignment. Additional engagement with older trans people will support a more inclusive approach to delivering services to this vulnerable group.
Race	The plan sets out a person-centred approach to delivering the most appropriate care in the most appropriate setting. BME people will be supported to live longer lives and stay in their own home for longer.	Evidence suggests that some BME groups may be restricted in terms of the quality of private sector housing available to them. This may limit options of staying at home for longer. Access to care is typically negotiated and agreed either verbally in English or written in English. Glasgow has a significant number of older BME people and carers who do not have English as a first language and will require consistent levels of	Wider plans to make good quality private housing more accessible will ease the burden on some older BME people. All partners will agree a standard of communication support for all older people/carers who do not have English as a first language. An extended consultation approach will include an invitation specifically to older BME people to consider and comment on the plan Service use will be monitored by standardised race categories to

Comment [H5]: Need to check there still a commitment to this

Comment [H6]: Do we agree this?

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
		communication support to better understand and negotiate the care options available to them. BME people were not well represented in proposal consultations and there is a risk that race-specific issues have been missed.	identify and respond to any anomalies in relation to ethnicity.
Disability	The plan sets out a person-centred approach to delivering care in the most appropriate setting. Disabled people will be supported to live longer lives and stay in their own homes for longer.	The investment required to enable an older disabled person to enjoy comparable levels of home-based care as a non-disabled older person may present resource challenges for care providers. There is a risk that older disabled people will be less likely to receive extended home care. Access to care is typically negotiated and agreed either in English or written in English. Many older people	Commitment required by partners to ensure that all reasonable adjustments are made to extend the same rights for independent living to older disabled people as older non-disabled people. Partners will agree a consistent standard and approach for communication support to ensure the needs of disabled people are met. An extended consultation approach will include an invitation specifically to learning disabled people to consider and comment on the plan

Comment [H7]: Did we agree this to

Comment [H8]: Not sure how we respond to this as we're not planning a further consultation

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
		will have a sensory or cognitive impairment and will require consistent levels of communication support to better understand and negotiate care options available to them. Some older people may have a reciprocal caring arrangement with a disabled child or other relative. The nature of the co-dependence may not be clear to service providers and requires careful and sensitive planning.	
Sexual Orientation	The plan sets out a person-centred approach to delivering the most appropriate care in the most appropriate setting. LGB people will be supported to live longer lives and stay in their own home for longer	Older LGB people may have a fear of discriminatory attitudes in care provision. This will be heightened with a focus on providing extended support within a home environment. There may be a risk of care staff making assumptions about relationships, particularly as sexual orientation is often	A multi-partner learning and education package will put in place to ensure all care providers understand their responsibilities in delivering a sensitive service in relation to the protected characteristic of sexual orientation. An extended consultation approach will include an invitation specifically to older LGB people to consider and

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
		made invisible through societal attitudes to age and sexual identity. Views of older lesbian, gay and bi-sexual people were not specifically sought as part of the consultation and this may mean that pertinent issues relating to sexual orientation have not been considered to date.	comment on the plan
Religion and Belief	The plan sets out a person-centred approach to delivering the most appropriate care in the most appropriate setting. People with a faith/belief will be supported to live longer lives and stay in their own home for longer.	Older people with a faith and/or belief may become increasingly isolated in their homes if ongoing connection to faith communities is not understood as part of their holistic care package. Older people participating in consultations were not specifically asked if they had any concerns about the impact of proposals in their faith and belief.	Staff should be aware of the importance of faith for many older people and the role it plays in day to day activities. Learning and education will be put in place to ensure staff delivering care are sensitive to the faith and belief needs of older people. An extended consultation approach will include an invitation specifically to older people in relation to their faith and belief.

Comment [H9]: Did we agree this to

Comment [H10]: No more consulta planned

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
Age	The plan sets out a person-centred approach to delivering the most appropriate care in the most appropriate setting. Older people will be supported to live longer lives and stay in their own home for longer. The plan recognises that older people are a heterogeneous group.	Age segregated services may perpetuate stereotypes about older people and be at odds with the Public Sector Equality Duty to: 1) Eliminate Discrimination, harassment, victimisation and any other prohibited conduct 2) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not, and 3) Foster good relations between people who share a protected characteristic and those who do not. There is a risk that any services configured on a chronological rather than biological basis will disadvantage some older people.	Any services that include an age cut-off criteria will evidence how an objective justification test has been applied. Where appropriate services will evidence how they have approached service determination through a frail/elderly assessment.

Comment [H11]: Misunderstanding the role of the commissioning strategy h as this is a question for services not the strategy who have their own governance arrangements re the Equality legislation

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
Marriage and Civil Partnership	The plan sets out a person-centred approach to delivering the most appropriate care in the most appropriate setting. Married and people in a civil partnership will be supported to live longer lives and stay in their own home for longer.	Older people in a civil partnership may be reluctant to 'out' themselves to care providers for fear of discrimination.	A multi-partner learning and education package will put in place to ensure all care providers understand their responsibilities in delivering a sensitive service in relation to the protected characteristic of sexual orientation. Consultation with older LGB people in civil partnerships will help identify any future care issues in relation to this protected characteristic.
Pregnancy and Maternity	**Not applicable**		
Social and Economic Status	The plan sets out a person-centred approach to delivering the most appropriate care in the most appropriate setting. People living in poverty will be supported to live longer lives and where appropriate stay in their own home for longer.	People living in poverty may be less likely to have considered a plan for their care in older age and may require more support to understand options available to them. People living in poverty are more likely to have long term limiting health conditions and complex need. They are also more likely to live in	Make a clear commitment in the plan that service planning will not create an additional financial burden for older people living in poverty.

Comment [H12]: No sure I understa this point – how does planning incur a financial burden?

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
		environments that require significant investment to support a longer, happier and healthier stay at home. This may mean poorer people are less likely to benefit from supported home care. There is a link to life-long experience of poverty, barriers to educational attainment and literacy. Care plan options can be complex and written to guide staff rather than inform service users and will present considerable barriers to service access.	
Other marginalised groups (homeless, asylum seekers/refugees, gypsy travellers, ex-offenders, prisoners, people with literacy			

C How will the strategy improve outcomes for people with protected characteristics?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
issues, people involved in prostitution			

D There is evidence that some NHS services are disproportionately accessed by people from more affluent communities. What is built into the strategy to address this?			
	Positive Impact (evidence provided)	**Negative Impacts**	**Additional Considerations Required**
	Some Change Fund investments are focused geographically on areas of the highest need, and/or on long term conditions such as COPD, where prevalence rates are higher amongst the most deprived sections of the population.		Uptake of the range of services to be commissioned will be analysed by SIMD to ensure equitable uptake.

E Actions to be taken		
		Responsibility and Timescale
E1 Changes to strategy	Inclusion of statement about the Equality act 2010 and Human Rights Act. This has been done and included in the updated strategy due to be completed in November 2015	**Hamish Battye April 2014**
E2 action to compensate for identified negative impact	Application of EQIAs against emerging service models by sub-groups as follows: ***1. Care Away from Home Group*** Cathkin OPMH/Dementia Ward (Acute) Palliative Care (Acute) ***Supporting People at Home*** Anticipatory Care (CHP) ***Carers*** Older Carer Development (Social Work) ***OPMH*** Post Diagnosis Support Project (CHP) 2. Scope out staff learning and education in relation to protected characteristics and interconnection with age. Duncan can you update	**Programme sub groups** **JRIT 2014-15**
E3 Further monitoring – potential positive or	Partners to agree composite set of disaggregated data fields to be applied to key service redesign areas. This action needs revisiting and updated update din light of comments above.	**JRIT April 2014**

negative impact		
E4 Further information required	Additional engagement with protected characteristic groups required where there are identified gaps in previous engagement activities. To be undertaken as part of next phase of engagement on the strategy currently due in early 2015.	**Communications group April-September 2014**

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

March 2015

Lead Reviewer: **Name: Hamish Battye**
Sign Off: **Job Title: Head of Planning & Performance, Glasgow City CHP South Sector**
Signature
Date: 12 November 2015

Please email copy of the completed EQIA form to 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