**Equality Impact Assessment Tool for Frontline Patient Services**

**Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact** [**CITAdminTeam@ggc.scot.nhs.uk**](mailto:CITAdminTeam@ggc.scot.nhs.uk) **for further details or call 0141 2014560.**

**1. Name of Current Service/Service Development/Service Redesign (please provide service details and location:**

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| **Intermediate Care Pilot Project** |

**Top of Form**

**This is a: Service Development**

Bottom of Form

**2. Description of the service & rationale for selection for EQIA:**

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| **A. What does the service do?** |
| The service will facilitate the care management and rehabilitation of service users in an integrated care unit by delivering person centred care with a focus on personal outcomes for the service user. The service user’s discharge will be planned from the time of admission to the unit. Service user goals will be set and regularly reviewed throughout the individual’s stay.  The intermediate care project will transition service users from the hospital setting, when medically fit for discharge, to a homely environment giving the service user time for additional recovery and to receive a comprehensive assessment of their longer term health and social care support needs. This transition will be instrumental in determining the service user’s future care in the form of a personalised support plan. |
| **B. Why was this service selected for EQIA? Where does it link to local development plan priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)** |
| Over the next few years in East Dunbartonshire our overall population is predicted to decrease by 0.5%, while the 85 years + age group will increase by 17.8%. Increasing age has an impact on the likelihood of developing one or more long term conditions and increase the demand for health and social care provision. In-patient care will always be an important part of the provision of care for people who require medical needs.  Reducing unscheduled hospital admissions and bed usage is a key priority for the Health and Social Care Partnership. Our services are working in partnership to facilitate early discharge. Discharge planning for people with complex support needs takes longer and may require further assessment and recovery in the right setting. These people may benefit from the provision of intermediate care provided at home or in a homely setting.  This project is an area for priority within the HSCP’s Strategic Plan. It also meets Strategic Outcome Agreement (SOA 6) “Our older population are supported to enjoy a high quality of life and our more vulnerable citizens, their families and carers benefit from effective care and support services”. |

**3. Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

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| **Name:** | **Date of Lead Reviewer Training:** |
| Gillian Notman | 14th September 2016 |

**4. Please list everyone involved in carrying out this EQIA**

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| Stephen McDonald, Joint Service Manager Older People; Lisa Miller, Senior Practitioner; Margaret Friel, Planning and Commissioning Officer; Fiona Munro; Community Rehab Team Lead; Adelaide Maynard, Care Home Manager |

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|  | **Lead Reviewer Questions** | ***Example of Evidence Required*** | **Service Evidence Provided** | **Additional Requirements** | |
| **1.** | **What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?** | ***Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.*** | The information pertaining to each service user who is admitted to the project will be used to populate the Social work Carefirst database and Emis case reporting system. These systems routinely collect and can report on a number of characteristics including age, gender and ethnicity. This information will be utilised to determine the demographics of the service users utilising the intermediate care facility. |  | |
| **2.** | **Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?** | ***An addiction service used collected data to identify service uptake by sex. The review showed very few women attended and the service undertook local engagement to better understand perceived barriers.*** | The pilot project commenced in November 2016. The intermediate care working group will monitor and evaluate the statistical information on a regular basis. This will help us to understand the future planning of the current project and future planning for potential increase in this type of support. |  | |
| **3.** | **Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.** | ***Social work services used best practice models of engaging with adults with dementia tested in other parts of the UK. These were piloted locally with evaluation and review.*** | National research **(Scottish Government, Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland)** shows that increasing age has an impact on the likelihood of developing one or more long term conditions and increase the demand for health and social care provision.  Local data **(ED HSCP Delayed Discharge statistics)** suggests that the majority of our delayed discharge cohort of service users have long term conditions which have impacted on their functionality to such a degree that rehabilitation/enablement may not be an option and that emphasis on intermediate care would mainly be about focusing on transitions into a care home. There should however still be an opportunity for the promotion of rehabilitation, re-ablement and self-management for those with identified needs. **(NHS Scotland, Everyone Matters: 2020 Workforce Vision)** |  | |
| **4.** | **Can you give details of how you have engaged with equality groups to get a better understanding of needs?** | ***Service user satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.*** | In relation to this particular project we have relied on national research and reports (as detailed above) and local delayed discharge statistics. We have spoken with other areas that provide Intermediate Care facilities (Glasgow HSCP). | It is our intention to undertake exit surveys/audits with each customer and their family/carers. This would provide us with an opportunity to establish a qualitative baseline of the impact of intermediate care for this customer group. This will assist the HSCP with forward planning in relation to intermediate care. | |
| **5.** | **Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?** | ***A service has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.*** | The service is physically accessible to older people (age 65 years and over). Research and local statistics indicate that the delayed discharge concerns mainly affect the older people living in our community. This barrier to age is also advocated by the Care Commission registration requirements for the Nursing Home where the intermediate care facility is located.  In relation to physical accessibility, the home is designed to accommodate people with all levels of physical impairment including people who are non-ambulant. There is appropriate equipment in place i.e. hoists, etc and the HSCP’s Rapid Assessment Team will assess for any additional equipment that may be required for individual service users. | | By regular monitoring of hospital discharge referrals the HSCP will be able to determine whether intermediate care facilities requires to be established for adults under the age of 65 years and in other geographical areas. |
| **6.** | **How does the service ensure the way it communicates with service users removes any potential barriers?** | ***A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on Interpreting Protocols.*** | The Intermediate Care Group has designed a leaflet for service users and their families. This leaflet will also be reviewed and evaluated throughout the pilot period by taking account of the views of service users and their families. The leaflet is also available in other formats when required. Where necessary interpreters will be arranged either via the Council or NHS GG & C interpreting services arrangements. All staff are aware of the interpreting protocols and how to arrange services. | |  |
| **7.** | **Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:** | | | | |
| **(a)** | **Sex** | ***A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.*** | The intermediate care facility offers single ensuite rooms within a nursing home environment thereby respecting privacy and dignity for all service users. All staff have received appropriate training including Adult Support and Protection. Training records are required to be evidenced to the Care Inspectorate as part of the inspection process. | | The pilot period will provide an opportunity to determine whether the facility is utilised more by a certain gender, however, the facility is open to all genders. |

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| **(b)** | **Gender Reassignment** | ***A service has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.*** | The intermediate care facility offers single ensuite rooms with a nursing home environment thereby respecting privacy and dignity for all service users. | Further work is required within the HSCP involving Council and Health staff to raise awareness regarding gender reassignment. This will also be raised with the Nursing Home management as part of the pilot monitoring and evaluation group. |
| **(c)** | **Age** | ***A home support service had operated age related exclusions for service users without objectively justifying the decision. This was reviewed and evidence sought to support the decision to limit service access.*** | Over the next few years in East Dunbartonshire our overall population is predicted to decrease by 0.5%, while the 85 years + age group will increase by 17.8%. Increasing age has an impact on the likelihood of developing one or more long term conditions and increase the demand for health and social care provision.  The service is physically accessible to older people (age 65 years and over). Research and local statistics indicate that the delayed discharge concerns mainly affect the older people living in our community. This barrier to age is also advocated by the Care Commission registration requirements for the Nursing Home where the intermediate care facility is located. | By regular monitoring of hospital discharge referrals the HSCP will be able to determine whether intermediate care facilities requires to be established for adults under the age of 65 years. |

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| **(d)** | **Race** | ***An outpatient clinic reviewed its ethnicity data and saw it was not providing information in other languages. It included a prompt on information for patients to request copies in other languages. The clinic realised it was dependant on family to interpret and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.*** | All referrals for the intermediate care facility will be from the acute hospital setting to the Social Work Hospital Assessment Team. It is during these liaisons that areas such as language or cultural barriers will be identified. Staff will arrange for information regarding the facility to be provided in alternative formats where required and are familiar with the arrangements for Council and NHS GG & C Interpreting Services. |  |
| **(e)** | **Sexual Orientation** | ***A community service reviewed its information forms and realised that it asked whether someone was single or ‘married’. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.*** | Training in social work and health professions provides knowledge around values and standards. Assessment paperwork does not assume sexual orientation. | The intermediate care project has a working group who will be meeting on a regular basis to discuss issues. This area will be raised to gain an understanding of the training that care home staff receive regarding standards and values. |
| **(f)** | **Disability** | ***A receptionist reported he wasn’t confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC’s Interpreting Protocol to ensure staff understood how to book BSL interpreters.*** | The intermediate care facility, will in the main, be utilised by service users with a disability, including dementia, physical frailty etc. There are no limitations for people with a disability in accessing and utilising the facility. There is appropriate equipment and accessibility. Staff have received appropriate training which also has to be demonstrated to the Care Inspectorate as part of the care inspection process i.e. Moving and Assistance. Carers are offered a carer assessment and where refused, consideration of caring responsibilities form part of the service user’s assessment for future support planning considerations. Interpreting services can be access by staff. |  |
| **(g)** | **Religion and Belief** | ***A spiritual care/faith manual was provided to staff visiting families in their homes to support inclusive and sensitive care. A quiet room was made available for prayer in the service area.*** | Information regarding a service user’s faith will be intimated as part of the assessment information to all parties involved, in particular the care home. The care home staff can make arrangements for local chaplaincy services to visit individual service users. |  |

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| **(h)** | **Pregnancy and Maternity** | ***A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.*** | While this is not applicable for service users, there may be instances where family members visiting the intermediate care facility may require additional facilities i.e. breastfeeding room. Where this is requested, the home will make appropriate arrangements for any carer/family member to access a private room within the Home environment. |  |
| **(i)** | **Socio - Economic Status** | ***A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.*** | Most service users utilising the intermediate care facility will be requested to provide financial information to the lead Social Work practitioner allocated to the service user. This is for several purposes: to ensure that the customer is in receipt of all appropriate and entitled benefits; to determine issues re debt etc where support and assistance can be arranged; to determine funding status for permanent long term care. A service user (or their legal Power of Attorney/Guardian) can refuse to provide this information and in these instances will be considered a ‘self funder’ in relation to long term care. There are no charges associated with staying in the intermediate care facility for the agreed period. |  |

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| **(j)** | **Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers** | ***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various HSCP areas.*** | Any service user, including those in other marginalised groups, who is being discharged from hospital will be considered for the intermediate care facility (within the age restrictions). Where marginalised groups are identified i.e. homelessness, addictions etc, contact will be made with other appropriate supports and services (where the service user is in agreement). |  |
| **9.** | **Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn’t impact disproportionately on equalities groups?** | ***Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.*** | There have been no cost savings made. The intermediate care facility has required additional funding to be identified. |  |
| **10.** | **What investment has been made for staff to help prevent discrimination and unfair treatment?** | ***A review of staff PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.*** | Social Work and Health staff have undertaken corporate inductions which includes equalities and diversity components. Some staff groups have also undertaken vision and values training and e-learning modules related to equalities and diversity. |  |

**11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care (including dementia care) may be considered higher risk in terms of potential human rights breach due to removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.**

**Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.**

**Right to Life**

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| For each section listed below, staff are required to adhere to numerous policies, procedures, legislations and codes of conduct. This includes all staff working within the intermediate care facility: social work staff; health staff and staff working within the Nursing Home where the intermediate care facility is housed. Listed below is just some (the list is not exhaustive) of the policies, procedures and legislations that staff are required to adhere to which ensures that a person’s human rights are protected in all aspects of health and social care provision:  **The Public Bodies (Joint Working) (Scotland) Act 2014 –** this Act sets the framework for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services for the increasing numbers of people in Scotland who need joined up support and care, particularly people with multiple, complex, long-term conditions.[*http://www.legislation.gov.uk/asp/2014/9/pdfs/asp\_20140009\_en.pdf*](http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf)  **The Social Work (Scotland) Act 1968 –** This is the primary Act detailing the general social work function of the local authority. There have been a number of subsequent Acts that have inserted amendments in respect of revised or additional duties.  <http://www.legislation.gov.uk/ukpga/1968/49>  **The Community Care and Health (Scotland) Act 2002 –** This Act details a range of provisions in respect of community care services.  <http://www.legislation.gov.uk/asp/2002/5/contents>  **The Mental Health (Care and Treatment) (Scotland) Act 2003 –** This Act is about protecting the rights of people with a mental disorder. Its primary objective is to make sure people with a mental disorder can receive effective care and treatment.  <http://www.legislation.gov.uk/asp/2003/13/pdfs/asp_20030013_en.pdf>  **Adult Support and Protection (Scotland) Act 2007 –** This Act details measures to identify, support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.  <http://www.legislation.gov.uk/asp/2007/10/contents>  **Adults with Incapacity (Scotland) Act 2000 –** This Act provide ways to help safeguard the welfare and finances of people who lack capacity.  <http://www.legislation.gov.uk/asp/2000/4/contents>  **East Dunbartonshire Council Eligibility for Social Work Services –** The Eligibility Criteria policy ensures that those in the greatest need receive the highest priority and that there is a fair distribution of resources across different groups of adults requiring care or assistance.  <https://www.eastdunbarton.gov.uk/residents/communities-wellbeing/social-work-and-integrated-care/adults-and-older-people>  **East Dunbartonshire Council Assessment and Support Management Procedures –** These procedures provide a focus on enabling practitioners to provide a fair and consistent approach to assessing and planning support for the individuals and families with whom they work.  <https://www.eastdunbarton.gov.uk/residents/communities-wellbeing/social-work-and-integrated-care/adults-and-older-people>  **The Social Care (Self Directed Support) (Scotland) Act 2013 –** The Act makes legislative provisions relating to the arranging of care and support (“community care services” and “children’s services”) in order to provide a range of choices to individuals as to how they are to be provided with their support.  <http://www.legislation.gov.uk/asp/2013/1/contents/enacted>  **East Dunbartonshire Health and Social Care Partnership’s Strategic Plan 2015 – 2018 –** East Dunbartonshire’s Health and Social Care Partnership’s strategic plan to contribute to its vision of working with people and partners to build strong communities with equity of opportunity for wellbeing and access to care and support when required.  <http://www.chps.org.uk/content/default.asp?page=s586_1&pt=1906>  **NHS Scotland, Everyone Matters: 2020 Workforce Vision –** this document sets out the aim of Scotland’s Health Services to provide safe, effective and person-centred care and that everyone, by 2020, is able to live longer, healthier lives at home or in a homely setting.  <http://www.gov.scot/resource/0042/00424225.pdf>  **Scottish Government, Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland -** The document provides a Framework for local health and social care partnerships to review and further develop Intermediate Care within their area. It identifies the common and key  components that should make up these services, however they may be configured.  [**http://www.gov.scot/resource/0039/00396826.pdf**](http://www.gov.scot/resource/0039/00396826.pdf)  **Scottish Social Services Council: Code of Practice:**  The SSSC is the regulator for the social service workforce in Scotland. This means the people of Scotand can count on social service being provided by a trusted, skilled and confident workforce. This protects the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development. People who fall below the standards of practice and conduct are investigated and action can be taken.  [www.sssc.uk.com](http://www.sssc.uk.com)  **Regulation of Care (Scotland) Act 2001:**  The Regulation of Care Act set up the Scottish Commission for the Regulation of Care. The Care Commission registers and inspects care and support services, taking account of the national care standards published by the Scottish Ministers.  [www.careinspectorate.com](http://www.careinspectorate.com)  **Equalities Act 2010:**  The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. This law now makes it easier to understand and strengthen the protection in some situations. It sets out the different ways in which it is unlawful to treat someone.  [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents) |

**Everyone has the right to be free from torture, inhumane or degrading treatment or punishment**

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| As described above. |

**Prohibition of slavery and forced labour**

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| As described above. |

**Everyone has the right to liberty and security**

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| As described above. |

**Right to a fair trial**

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| As described above. |

**Right to respect for private and family life, home and correspondence**

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| As described above. |

**Right to respect for freedom of thought, conscience and religion**

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| As described above. |

**Non-discrimination**

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| As described above. |

**12. If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.**

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| **N/A** |

**Lead Reviewer Name: Gillian Notman Date:**