

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Sustainable Futures – Responding to Changing Demand in Older People’s Service – Residential Care Home review (Renfrewshire HSCP)

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

Residential Care – Current Service Arrangements

As at January 2024, Renfrewshire HSCP currently operates three Residential Care Homes; Hunterhill Care Home, Montrose Care Home and Renfrew Care Home. Registered beds and beds in operational use are shown below.

The breakdown of current Residential Care Home provision provided by Renfrewshire HSCP is summarised as follows:

Bed capacity at 16/02/24

| | Hunterhill | Montrose | Renfrew |
|---|------------|----------|---------|
| Registered beds | 60 | 60 | 60 |
| Available for use – permanent | 48 | 36 | 48 |
| Current occupancy | 48 | 35 | 46 |
| In use – Intermediate *temporary | - | 12 | - |
| Not in use (closed houses) | 12 | 12 | 12 |

The reduced number of placements available in internal care homes will require any future intermediate care provision to be purchased from the external care home market. The negative impact of this includes the accessibility of placements even if they are commissioned due to external care homes requiring to undertake independent pre-admission assessments.

Staffing Breakdown

| As at 2/2/24 | Hunterhill | Montrose | Renfrew |
|---|------------|----------|----------|
| Permanent staff (FTE) | 46.7 FTE | 36.9 FTE | 38.8 FTE |
| Fixed term/temporary staff (FTE) | 2 FTE | 2 FTE | 1 FTE |
| Vacancies (FTE) | 3.62 FTE | 6.5 FTE | 2.18 FTE |
| Headcount | 58 | 49 | 54 |

External to the HSCP there are a further 19 older people's residential/nursing homes in Renfrewshire. These homes provide capacity for approximately 1,122 resident places (not including any closed houses these homes may have). This figure includes both residential and nursing care beds. At the end of February 2024, there were approximately 40 places available.

Any closure within Renfrewshire Residential Care Homes would require a maximum of 12 beds to be sourced in the external care home market, following investment to reopen beds currently closed within the remaining care homes. This would be a maximum figure, considering the expected implementation timescales for any closure and variations in occupancy levels. Overall capacity within the HSCP's care homes would reduce from 132 to 120.

As noted above, there is currently capacity within external care homes. Whilst the specific number of available beds will change over time, there is adequate availability to source the 12 beds required whilst allowing contingency for any changes in demand. In addition, there will remain sufficient capacity within the overall residential and nursing care home estate to place patients who require long term care upon discharge from hospital.

Details of proposed changes/options

Following review of the HSCP's residential care model, there is a proposed reduction in the current internal Residential Care Home estate from 3 to 2 homes. Houses within the HSCP's remaining Care Homes which are currently not utilised would be reopened to support this proposal and staffing would be enhanced in these homes to reflect residents' increased acuity of need. Overall, this would result in a reduction of 12 beds from the current provision. The development of this proposal reflects:

- Changes in demand and preferences for support at home and within the community, which are also mirrored in national policy for older people.
- The changing complexity of need meaning individuals are more likely to require nursing care rather than residential care.
- The availability of spare capacity within internal care homes of 48 beds in units currently not utilised.
- Alignment with proposals having previously been considered, or are being considered, by IJBs across Scotland focused on reducing engagement internally managed residential care services.

Rationale for proposed changes

Due to significant financial pressures facing the Renfrewshire Integration Joint Board (IJB) and Renfrewshire HSCP (which delivers the services delegated to the IJB), the IJB approved the establishment and scope of the 'Sustainable Futures' programme in June 2023. This programme is intended to support the delivery of sustainable services through the achievement of savings and service change, to ensure that the IJB's costs are within the available budget within 2024/25 and future years. Options across all services are subject to ongoing review and shortlist, with an initial shortlist being agreed by the IJB in June 2023. All options are subject to robust options appraisals, impact assessments and equality impact assessments (EQIAs) where required and appropriate.

At a meeting of Renfrewshire IJB on 24 November 2023, approval was given to proceed to develop detailed options appraisals and an impact assessment on the proposed change which includes criteria set out within the EQIA. The EQIA considers the potential impact of the proposed changes to all relevant stakeholders and any specific identified impacts to each protected characteristic group. Following the completion of the impact assessment and options appraisal, updated options will be submitted to the IJB in March 2024 for their decision on whether to approve or reject the proposal.

Why was this service or policy selected for EQIA

The development of the Sustainable Futures programme aligns with the IJB's Strategic Plan for 2024-25, which is focused on delivery of five key themes. This includes 'Sustainable Futures' itself which is focused on maximising the impact of available resources whilst recognising that services must be financial sustainable and provide value for money. In doing so, the Strategic Plan recognised that difficult decisions would be required to ensure that resources are effectively targeted. This includes both service transformation and the delivery of savings.

More widely, the Strategic Plan includes four additional core themes, which were developed to align with national policy and guide the shape of services during the life of the Plan and beyond. These are:

- Healthier Futures: People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.
- Connected Futures: People are supported to recover, or manage disabilities and long-term conditions, and to live as safely and independently in their own home or community as possible.
- Enabled Futures: Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.
- Empowered Futures: People access the right care at the right time and place and are empowered to shape their support at every stage of life.

The proposals considered within this EQIA also align with the Connected Futures theme.

These proposals have been developed in line with existing legislation and policy, and support the delivery of national and local strategies, plans and objectives. Accordingly, they are aligned with key strategic drivers across Renfrewshire Council and NHSGGC and build on existing programmes of work and activities intended to help transform the health and social care system to ensure sustainability. This framework underpins the strategic case for change:

- [Renfrewshire HSCP Strategic Plan 2022-2025](#) - overarching plan providing the strategic framework for delivery of our services. Plan sets out our agreed priorities and deliverables to re-shape our services to meet ongoing and future needs for Renfrewshire's communities
- [NHSGGC Moving Forward Together Programme](#) - co-produced by NHSGGC and HSCPs, the strategy is the blueprint for the development and transformation of services which aims to deliver more care in the home and community
- [Scottish Government and COSLA The Future of Residential Care for Older People in Scotland](#) - outlines strategic intent for adult residential care over the next 20 years. The vision is for older people is for them to be supported to remain in their own homes or other homely settings
- [Scottish Government Home First](#) supports a vision for health and social care based on 'Home First' principles enabling people to live at home or in a homely setting for as long as possible
- NHSGGC and HSCP Care Home Collaborative
- [Best Value: Revised Statutory Guidance 2020](#)
- NHSGGC Annual Delivery Plan 2023/24
- [National Health and Social Care Strategy for Older People](#) (consultation stage)
- [National Health and Social Care Standards](#)
- National Care Home Contract
- [Renfrewshire HSCP Market Facilitation Plan 2023-2025](#)
- [National Health and Wellbeing Outcomes Framework](#)

Additionally, a range of national and local statistics have also informed the proposal – supplemented by local knowledge and expertise:

- [National Records of Scotland Population Projections](#) – November 2023
- [National Care Homes Census](#) – March 2022
- [PHS Delayed Discharges](#) and local management information on delay reasons
- Local understanding and implementation of HSCP current home-based services and hospital discharge processes.

As part of initial scoping of this proposal, a screening of the EQIA criteria was carried out and agreement given by Head of Health and Social Care (Paisley) that a full EQIA should be carried out, due to the potential impact across almost all areas and characteristics. All Renfrewshire HSCP EQIAs are carried out utilising the process and approach defined by NHSGGC for completeness and consistency. This EQIA seeks to identify the potential impact on residents families, cares, older people generally and the wider community.

Further EQIAs will be developed/updated depending on the outcome of upcoming decisions. The impact of any implementation of proposed closure of a specific home will be accounted for within an updated EQIA.

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)

| | |
|--|--|
| Name: Carron O'Byrne, Head of Health and Social Care (Paisley) | Date of Lead Reviewer Training: Bespoke via EQIA review and previous training |
|--|--|

Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

| Name | Job Title | Role in EQIA |
|-------------------|--|---------------------------------|
| Carron O'Byrne | Head of Health and Social Care | Drafting / Reviewing / Sign Off |
| Phil MacDonald | Operations Manager, Care Homes & Day Services | Drafting |
| Alison Valentine | Change and Improvement Officer | Drafting |
| Angela Riddell | Senior Change and Improvement Officer | Drafting |
| Mark Lilley | Operational Manager (Residential, ECH & Day Care Services) | Drafting |
| Bernadette Reilly | Senior Community Link Officer | Reviewing |
| Angela McCarthy | Senior Programme and Risk Management Officer | Reviewing |
| David Fogg | Strategic Lead and Improvement Manager | Reviewing |
| Debra Allen | Senior Planning and Policy Development Officer | Reviewing |

| | | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
|----|--|--|--|---|
| 1. | <p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p> | <p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p> | <p>A range of groups could be affected by this proposal; including but not limited to:</p> <p>Individual care home stakeholders:</p> <ul style="list-style-type: none"> • Volunteers • Neighbours • Community groups • Local suppliers <p>Partners:</p> <ul style="list-style-type: none"> • Community and voluntary organisations • Other LAs (placing authorities) • Acute hospitals (NHSGGC) • Independent care home providers <p>Each individual resident of the residential care homes has a record on the ECLIPSE Case Management system and a detailed paper-based care plan and a number of their protected characteristics will be captured within these. Via a data request this information has been extracted and analysed under the categories below.</p> <p>Using data available in the ECLIPSE Case Management system and local files, a data extract on 11 January 2024 provided a demographic analysis of residents within the care homes (Montrose, Renfrew and Hunterhill), encompassing age, gender, ethnicity and religion. It aimed to deliver observations to support the EQIA process aligned with the Sustainable Futures Workstream Proposal to reduce from 3 care homes to 2.</p> | <p>If necessary, if proposals are agreed, more data can be gathered where gaps have been identified in the collection of protected characteristic data.</p> |

The dataset includes 128 individual client records with active care home packages provided by Renfrewshire Council, extracted from SWIFT on 11 January 2024. This data aligns with the categorical information held in ECLIPSE as of the same date. Focused specifically on service users aged 65 and above with active services at the time of extraction, the dataset has been refined to remove duplicate identifiers and exclude deceased residents.

From these 128 records, the residents registered across the care homes are as follows:

| | Hunterhill | Montrose | Renfrew |
|--|--------------------|--------------------|--------------------|
| Total no. of residents/% of total | 46 (35.94%) | 35 (27.34%) | 47 (36.72%) |
| Female/Male (%) | F - 76% M - 24% | F - 57% M - 43% | F - 81% M - 19% |

| | Hunterhill | Montrose | Renfrew |
|---|------------|----------|---|
| No. of people who use connected services | Tba | Tba | 74 users of day service |
| | | | Mean age of these users is 82.9 years old |
| | | | Male / female breakdown: |
| | | | Female – 54 Male – 20 |

| | | <table border="1"> <thead> <tr> <th></th> <th>Hunterhill</th> <th>Montrose</th> <th>Renfrew</th> </tr> </thead> <tbody> <tr> <td>No. of permanent staff (FTE)</td> <td>46.7 FTE</td> <td>36.9 FTE</td> <td>38.8 FTE</td> </tr> <tr> <td>No. of fixed term/temp staff (FTE)</td> <td>2 FTE</td> <td>2 FTE</td> <td>1 FTE</td> </tr> <tr> <td>Vacancies (FTE)</td> <td>3.62 FTE</td> <td>6.5 FTE</td> <td>2.18 FTE</td> </tr> <tr> <td>Headcount</td> <td>58</td> <td>49</td> <td>54</td> </tr> </tbody> </table> | | | | | Hunterhill | Montrose | Renfrew | No. of permanent staff (FTE) | 46.7 FTE | 36.9 FTE | 38.8 FTE | No. of fixed term/temp staff (FTE) | 2 FTE | 2 FTE | 1 FTE | Vacancies (FTE) | 3.62 FTE | 6.5 FTE | 2.18 FTE | Headcount | 58 | 49 | 54 | |
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| | | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required | | | | | | | | | | | | | | | | | | | | | | |
| 2. | <p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> | <p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p> | <p>To support the analysis and completion of this Equality Impact Assessment, service user data for all potentially impacted service users currently accessing the service was subject to a data request which was submitted to Renfrewshire HSCP's Data Assurance Team. Data was subsequently extracted from SWIFT on 11 January 2024 (Note this data aligns with the categorical information held in ECLIPSE as of the same date) and additional data obtained from locally held service files. Staff data was sourced on 30th January 2024.</p> <p>The service user data included within this Equality Impact Assessment reflects the data available as held on the HSCP's information systems in January 2024. Each individual service user of the three Residential Care Homes has a formal record on ECLIPSE Case Management System and a number of their protected characteristics and demographic information is captured as part of this. However, the available dataset does not include structured fields for all categories. This includes pregnancy and maternity where data will be captured in supporting narrative on an individual's care record. Such data is more challenging to collate and analyse and therefore may not be included in the analysis.</p> | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>4) Not applicable <input type="checkbox"/></p> | | <p>Gaps in the available data for some protected characteristics, and in particular for sexual orientation, gender reassignment, religion and disability categories were identified. This may be as a result of this data not being mandated for collection through specific assessment and care management processes, or where individuals have chosen not to provide a response in these areas. Where this is the case, a response of ‘not recorded/unknown’ should be used, in line with the Scottish Government’s national data return processes. In addition, no additional data cleansing has been undertaken on the available dataset over and above processes and procedures in place as part of business and usual assessment and case management requirements.</p> <p>Where gaps in available data have been identified, effort has been made to gather further relevant information from service files locally. Aspects such as understanding relationships between service users is an example.</p> <p><u>Service users</u> The data utilised represented 128 service users who reside in one of the three care homes in scope of this proposal.</p> <p><u>Staff</u> The data utilised was taken as an extract on 30 January 2024 and represents 162 individuals.</p> <p>Soft FM facilities in the care homes is provided by Renfrewshire Council, and those staff are not directly managed by the care home management teams. Each care home hosts 23 Soft FM employees and this equates to around 14.5FTE per home. Currently these employees are not included in the data extract.</p> | |
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| | | | <p>This Equality Impact Assessment will sit alongside, and inform, an Options Appraisal which will consider which Care Home would be considered by Renfrewshire IJB for closure. The data captured within this Equality Impact Assessment will inform the Renfrewshire IJB on the potential impact of this decision and any mitigating actions that may be required if the decision is made to proceed to implementation.</p> <p>All projects will evaluate their respective options using the same consistent application of a pre-defined set of criteria across a number of areas which are weighted accordingly. This will result in the calculation of an overarching score for each option within each project which will provide the IJB with a balanced view of the value and impact of each option available. The criteria include: 1) viability and the value of savings achievable, 2) desirability and the impact on service quality and outcomes, and alignment to the IJB's Strategic Plan and 3) feasibility, which looks at inherent risk, reputational impact and also the time and ease of implementation. The updated option for this proposal will form the basis of a submission to Renfrewshire IJB in March 2024 for their formal review and decision-making.</p> | |
| | | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 3. | <p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the</p> | <p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a</i></p> | <p>In line with National Policy, and development of the IJB's Strategic Plan and local Board-wide plans e.g. NHSGGC Moving Forward Together vision, Renfrewshire Health and Social Care Partnership services have evolved to support people to live independently in their own homes for longer and the services that enable us to do this include extra care housing, rehabilitation and reablement, care at home, telecare, community meals and nursing teams.</p> | |

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|---|--|--|--|
| <p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p><i>disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p> | <p>As a result, when people then require to move into a homely setting their complexity of assessed need is greater and there is an increased level of dependency on support services, requiring input throughout the 24 hour period. The Residential Care Home model that Renfrewshire commissioned nearly 20 years ago has changed, as a result of people living in their own homes for longer, and with an increasing number of current and future residents with more complex Health and Social Care Needs.</p> <p>During 2018 there was a noticeable reduction in demand for people requiring residential care within the Renfrewshire HSCP area, understood to be a result of people being supported to remain living in their own homes for longer with community support services being provided. The demand for placements in Montrose Care Home fell most significantly, therefore available beds in Montrose were reduced initially, followed by Renfrew Care Home in 2019. Hunterhill Care Home has maintained a consistent demand for placements over recent years.</p> <p>Data shows that within Renfrewshire the Balance of Care (Balance between supported people 65+ receiving personal home care and those residents in residential / nursing care and NHS continuing care beds) is sitting around a 60/40 split between care at home and care homes (Nov '23 62% and 38%).</p> <p>National Care Homes for older people (65 years and over) in Scotland National Care Home Census data high level extracts to March 2023 indicates that most care home provision in Scotland is delivered by the private sector, and a number of Local Authorities/HSCPs do not operate any of their own Residential Care Homes. Whilst the number of residents within private</p> | |
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| | | | sector care homes increased in the last 10 years, the number decreased within Local Authority/Health Board sector. This evidence, along with the findings from assessment of national policy and national data, has been used to inform this proposal. Further details on potential impact or otherwise is provided in the following sections of this EQIA. | | | | | | | | | |
|--|--|--|--|---|-----------------------------------|--|----|--------------------------------|----|--|-------------------------|--|
| | | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required | | | | | | | | |
| 4. | <p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> | <p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in</i></p> | <p>The engagement approach taken forward by Renfrewshire HSCP is intended, as far as possible, to provide opportunities through a number of routes for staff and individuals to provide feedback, seek further clarity and to highlight concerns they may have about the potential impact on their family members and loved ones, and for their own situation. Four core strands of activity underpin this approach: (i) engaging with service staff affected by proposals; (ii) engaging with affected service users, residents, families, and carers; (iii) responding to enquiries received from members of the public, elected members, MSPs, MPs and the media; and (iv) wider engagement with HSCP staff and key fora.</p> <p><u>Engagement methods</u></p> <table border="1"> <thead> <tr> <th>Engagement Method</th> <th>Number of engagements/attendances</th> </tr> </thead> <tbody> <tr> <td>2x 'face-to-face' stakeholder meetings</td> <td>53</td> </tr> <tr> <td>2x online stakeholder meetings</td> <td>21</td> </tr> <tr> <td>Responses to online form (MS form via QR code)</td> <td>29 +3 paper completions</td> </tr> </tbody> </table> | Engagement Method | Number of engagements/attendances | 2x 'face-to-face' stakeholder meetings | 53 | 2x online stakeholder meetings | 21 | Responses to online form (MS form via QR code) | 29 +3 paper completions | <p>Where any resident is required to move, person-centred planning and resident choice will be key. Best practice and will be followed in any closure process and the rights of residents will be a priority.</p> <p>Health and Social Work assessments are undertaken to determine the individual care and support needs of people to inform options that may be appropriate to meet their identified needs. When someone is assessed as requiring care and support within a 24 hour care setting, the assessed needs along with the personal information gathered is considered by the management of the care provider, to inform their decision about whether they are best placed to meet the individual's needs by providing a placement. The difference between residential care</p> |
| Engagement Method | Number of engagements/attendances | | | | | | | | | | | |
| 2x 'face-to-face' stakeholder meetings | 53 | | | | | | | | | | | |
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|---|--|--------------|---|--|
| <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p><i>households at risk of low incomes.</i></p> | <p>Other</p> | <p>Ongoing staff engagement via local managers</p> <p>Resident engagement on a responsive basis, depending on and sensitive to family wishes and resident's capacity.</p> | <p>and nursing care is the level of clinical input required, which could be related to physical and/or mental health needs, which is determined through collaboration between Health and Social Work assessment staff, and care home management. The individual circumstances of residents are personal and specific, therefore personalised care and support plans are developed to ensure the individual's care and support needs can be met and requires the confidence of the registered care home manager in their staff team being able to achieve this.</p> |
| <p>Wider engagement has taken place through existing structures including through Care Planning Groups, Renfrewshire Council CMT, the HSCP's Provider Forum and the IJB's Strategic Planning Group. Staff engagement has been further reinforced through discussions with the HSCP's Extended SMT group of service managers.</p> <p>This engagement approach has sought to engage with residents, families, representatives and staff who may fall into one or more of the protected characteristic groups.</p> <p>Themes identified through the engagement that impact on equality groups, include:</p> <ul style="list-style-type: none"> • Concerns reiterated that the current care homes are residents' homes, and noted individuals' rights connected to that. • Possible socio-economic impacts in that a move to an independent (non-HSCP) may have negative financial implications, or that a move to a different home may incur increased costs for visiting residents (e.g. transport/fuel). • The potential increased risk for residents who have to move and have specific medical conditions (such as dementia), which can be associated with older age. | | | | |

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| | | | <ul style="list-style-type: none"> There was a feeling that a reduction in residential care beds would 'rush' people to nursing care and potentially cause more upheaval than that caused by the move required by of a closure. | |
| | | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 5. | <p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p> | <p>All 3 residential care homes are physically accessible. All buildings have lifts and ramps and other adaptations on request. There is appropriate equipment in place i.e. hoists, and assessment for any additional equipment that may be required for individual service users. Level of care across all homes follows standard guidelines and procedures and local HSCP policies are standard across 3 homes. Whilst each home has a different footprint, the layout and format of individual rooms is consistent.</p> <p>In line with Care Inspectorate requirements, any other care home (nursing or residential) which a resident may be transferred to would also be physically accessible, however individual planning for each resident would also confirm any specific requirements and ensure any new adaptations or equipment were in place prior to their relocation.</p> | <p>The reduction from 3 to 2 care homes may have an impact on the distance to travel/travel arrangements for visiting relatives or other contacts to the residents in the homes. This may result in longer travel times for some, depending on the home the residents may be relocated to.</p> <p>The appraisal of closure options to be considered by the IJB will include consideration of impact on the provision on internal residential care homes in both localities.</p> |

| | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
|---|--|---|--|
| <p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific</p> | <p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p> | <p>Established communication channels are and will continue to be used to communicate any service-related messaging, including service changes, to all service users, their families/carers and staff in a variety of ways.</p> <p>The overarching Sustainable Futures Communications Plan seeks to ensure consistent messaging and local, project specific communications so that specific and targeted messaging reaches Residential Care Home stakeholders.</p> <p>As part of the implementation planning and delivery, there will be person-centred planning with each individual and families to support them with a potential move. The detail of implementation approach is currently being developed, however the closure timetable will be determined by the needs of the residents within the home and their care requirements. There will be no immediate closure of a care home. Further EQIAs maybe be required as part of implementation planning and subject to same review standard review process.</p> <p>Working with our HSCP Communications Team the HSCP are ensuring that messages and events are accessible and appropriate to be clearly understood by a wide range of audiences.</p> <p>If necessary, interpreters will/can be arranged either via the Council or NHS GGC interpreting services arrangements. All staff are aware of the interpreting protocols and how to arrange services.</p> | <p>Some negative feedback from early Sustainable Futures communications indicated that some emails were not received – action was taken to change the sending email address to one more familiar to families and also to conduct a cleansing exercise on held emails. Monitoring of delivery of digital communications will continue throughout programme.</p> |

| | attention should be paid in your evidence to show how the service review or policy has taken note of this. | | | | | | | | | | |
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| 7 | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required | | | | | | | | |
| (a) | <p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p><u>Residents</u></p> <p>Age Group Distribution</p> <ul style="list-style-type: none"> 65-74: 11 (8.59%) 75-84: 48 (37.50%) 85-94: 56 (43.75%) 95-104: 13 (10.16%) 105 or older: 0 (0.00%) <table border="1" data-bbox="898 1225 1650 1302"> <thead> <tr> <th></th> <th>Hunterhill</th> <th>Montrose</th> <th>Renfrew</th> </tr> </thead> <tbody> <tr> <td>Median Age (yrs)</td> <td>85.5</td> <td>85</td> <td>82</td> </tr> </tbody> </table> <p>This shows us that the majority of Renfrewshire HSCP Care Home residents are aged between 74-94 (81.25%) with only</p> | | Hunterhill | Montrose | Renfrew | Median Age (yrs) | 85.5 | 85 | 82 | <p>Managers have previous experience of managing closures.</p> <p>Sector best practice and research will be brought into implementation plans and will include individual assessments for each resident.</p> <p>A phased closure would allow transitions to be planned and managed closely, fully informing residents and relatives.</p> <p>An implementation timeline will be made available to all those impacted.</p> <p>If residents have to move home, provision in other HSCP care homes is to the same high quality, and physical layouts of rooms are extremely similar providing consistency of service.</p> |
| | Hunterhill | Montrose | Renfrew | | | | | | | | |
| Median Age (yrs) | 85.5 | 85 | 82 | | | | | | | | |

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| | | <p>8.6% falling within the younger 65-74 age group. Given that the care home service is specifically targeted at vulnerable older people, any change is likely to have an impact on this group.</p> <p>We know that there are conditions associated with older age, for example Dementia and Parkinson’s disease. Older people may also experience a range of different conditions such as chronic disease, cancer and disability and experience these simultaneously.</p> <p>Within the options appraisal and decision-making processes, it is vital that considerations incorporate interventions and impacts on residents, including in the cohort of residents who may need to move care home if they are impacted by closure.</p> <p>During engagement events, representatives/carers have consistently raised concerns around the potential detrimental health impacts of a potential move to a new care home on residents. Many felt that high levels of frailty in residents would be exacerbated by a move and that health would decline.</p> <p>Age of residents is a particular concern of this proposal and priority will be given to age-related needs, requirements and impacts throughout the development of this work and any potential future implementation plans.</p> <p><u>Staff</u></p> <p>Age Group Distribution</p> <ul style="list-style-type: none"> • 16-24: 1 (1%) • 25-34: 18 (11%) • 35-44: 29 (18%) • 45-54: 44 (27%) | <p>Where possible, considerations will be given to move with friends, known staffing groups for consistency.</p> <p>All Renfrewshire HSCP care homes are rated highly by the Care Inspectorate and all Renfrewshire independent homes undergo the same review scrutiny to maintain standards.</p> <p>Hunterhill Care Home has 4 other care homes within approximately 2 miles of it; Montrose Care Home has 4 and Renfrew Care Home has 2.</p> |
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| | | <ul style="list-style-type: none"> • 55-64: 64 (40%) • 65+: 6 (4%) <p>Staff of any age may not want to see a change in their working environment or location. It may cause changes to their wider lives including any caring responsibilities they may have outside of work. The <u>Carers Census Scotland 2021-22</u> indicated that adults aged 65 and over accounted for a quarter or carers identified and that 79% of working age carers are female.</p> | <p>Established HR policy from Renfrewshire Council will be followed to support staff through any transition.</p> |
| (b) | <p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>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 mandatory training which also has to be evidenced to the Care Inspectorate as part of their inspection process, with additional training including topics such as; Dementia Skills Improving Practice framework, British Sign Language, Rescue Medication Training, Promoting Positive Behaviour, Managing Distressed Behaviours, Autism Spectrum Disorder Awareness, Evac Chair training, Health Emergencies, Extended Personal Care, Caring for Smiles, Introduction of Trauma.</p> <p>Carers are offered a Carer Assessment which is undertaken by the Carer’s Centre and where declined, consideration of caring responsibilities form part of the service user’s assessment for future support planning considerations. Interpreting services can be accessed by staff.</p> <p><u>Residents</u></p> <p>Residents in the care homes are older people with a range of support needs including health issues, physical and sensory impairments and learning difficulties. A significant percentage of residents have dementia both diagnosed and undiagnosed.</p> | <p>Additional pieces of equipment required may be limited due to design and space of buildings/rooms (potential barriers). This may be mitigated by the experience of staff dealing with residents with complex and increasing needs – training is provided to staff to support good practice and individual needs assessment.</p> <p>Ensure full assessments are undertaken and residents and relatives are consulted to ensure location and facilities or any new home fully meet residents’ needs.</p> <p>Review of all new placements after a period of time to ensure needs are being met.</p> <p>Other mitigations as above in previous section (age).</p> |

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| | | <p>Some residents with disabilities may find it challenging to find a suitable alternative place, if their specific requirements mean they need equipment that cannot be provided.</p> <p>Engagement feedback raised that residents with physical or cognitive impairments may struggle to cope with potential changes to routine that change may cause.</p> <p>Potential positive impact that some residents may have their disability related needs better met in a new environment.</p> <p><u>Staff</u></p> <p>For any staff with disabilities who may have to transition workplace, there may be a negative impact of a new workplace being further from home or less accessible by transport. Equally, a new location may provide enhanced transport options or a shorter travel distance. Any reasonable adjustments in place may have to be reconsidered within a new work location to ensure they remain appropriate.</p> | <p><u>Staff</u></p> <p>Through individual conversations we would seek input from staff with a disability about what they would find helpful and how they wish to be supported.</p> <p>Staff have been a part of engagement process and ongoing engagement locally through managers will continue.</p> <p>Council policy will ensure any transition or change is managed in line with best practice and guidelines.</p> |
| (c) | <p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> | <p>This proposal will not result in a disproportionate impact on the basis of the characteristic of gender reassignment.</p> <p>Residential Care Homes run by Renfrewshire HSCP offer single ensuite rooms with respecting privacy and dignity for all service users.</p> | <p>Staff training on gender re-assignment issues can mitigation against the potential for any patient to experience discrimination.</p> |

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| | <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>The environment promoted in care and wider activities within the homes promote individuality and inclusive learning opportunities.</p> <p>Information about people's preferred identification (names/pronouns etc) are captured at admission.</p> | |
| (d) | <p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>This proposal will not result in a disproportionate impact on the basis of the characteristic of marriage and civil partnership.</p> <p>The HSCP's model of residential care is an inclusive service, and not discriminatory around marriage of civil partnership. The HSCP would encourage flexible visiting and engagement and communication with significant others.</p> <p>One of the three care homes (Renfrew) has an adjoining room.</p> <p>When care homes have had residents in relationships, staff have accommodated their social needs, by coordinating activities and socialising where requested, even if they are accommodated within different houses (dependent on their individual care needs).</p> | <p>It is noted that the majority of residents living within care homes do so on a single basis and where there is a request for a couple to live together this will be considered as part of the assessment process and appropriate provision identified, in line with Health and Social Care Standards.</p> <p>Possible negative impact if the journey to any new home may be more difficult and costly making it harder for partners to maintain regular contact.</p> <p>Ensure consideration is given to a need for the adjoining room at the planning stage, if relevant.</p> |

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| <p>(e) Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p> | <p>There is no disproportionate impact envisaged on residents for the protected characteristic of pregnancy and maternity.</p> <p>Any impact on staff would be covered via Council policies and procedures for pregnant workers and those on maternity leave.</p> | <p>Reasonable adjustments and good communication.</p> |
| <p>(f) Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> | <p>No disproportionate impact is envisaged, however person-centred planning will support any specific concerns or requirements identified in relation the protected characteristic of Race.</p> <p>Ethnicity Distribution</p> <ul style="list-style-type: none"> • White - Scottish: 70 (54.69%) • Not Known: 32 (25.00%) • Other White Origin: 21 (16.41%) • White - British: 4 (3.13%) • Refused: 1 (0.78%) <p>The service indicates the gaps in this recorded data does not reflect the care home population who are known to have</p> | |

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| | <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>another ethnicity. Data gathering will be updated as an exercise to improve this extract.</p> <p>As part the individual assessment of each resident, areas such as language or cultural barriers will be identified. Staff will arrange for information regarding the proposals to be provided in alternative formats where required and are familiar with the arrangements for Council and NHS GGC Interpreting Services. This is carried out as part of normal 'business as usual' processes, ensuring residents are not disproportionately affected.</p> <p>Person centred care planning is undertaken for every resident, ensuring their communication needs are met, with staff training undertaken to support the individual needs of each resident.</p> <p><u>Staff</u></p> <p>The available data at the time of developing this EQIA does not provide a breakdown of staff's ethnicity.</p> | |
| (g) | <p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> | <p>No disproportionate impact is envisaged on the basis of the protected characteristic of Religion and Belief.</p> <p>Religion</p> <ul style="list-style-type: none"> • No Religion: 23 (17.96%) • Other Religion: 11 (8.59%) • Roman Catholic: 4 (3.1%) • Christian: 3 (2.34%) • Church of Scotland: 2 (1.56%) • Not provided: 85 (66.41%) | <p>Capture through the individual assessment process what is important to each resident in terms of their religion or belief.</p> |

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| | <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>The service indicates the gaps in this recorded data does not reflect the care home population who are known to have another religion or belief. Data gathering will be updated as an exercise to improve this extract.</p> <p>Information regarding a resident’s faith will be intimated as part of the admission information. The care home staff can make arrangements for local chaplaincy or other religious services to visit individual service users. Consideration will be given to the possible impact that impacted residents may lose contact with faith leader if a new home is not in the same vicinity, or that there is a change to the religious leader who delivers services. There may also be a loss of contact with schools or the local community who engage with the homes to celebrate religious festivals.</p> <p><u>Staff</u></p> <p>The available data at the time of developing this EQIA does not provide a breakdown of staff’s religious affiliations and beliefs.</p> | |
| (h) | <p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> | <p><u>Residents:</u></p> <p>Distribution by Sex</p> <ul style="list-style-type: none"> • Female: 93 (72.66%) • Male: 35 (27.34%) <p>This proposal would not result in a different or disproportionate impact on residents on the basis of the protected characteristic of Sex, however it is recognised that the majority of current residents are female – this is in line with national statistics which show that as at 31 March 2022</p> | |

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| | <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>the percentage split in Scotland between female/male residents in care homes (categorised as ‘older people’) was 70:30 (National Care Home Census, 2012-2022 – Public Health Scotland).</p> <p>Each care home offers single ensuite rooms environment thereby respecting privacy and dignity for all service users.</p> <p><u>Staff</u></p> <p>Sex Distribution</p> <ul style="list-style-type: none"> • Female: 142 (88%) • Male: 20 (12%) <p>Staff of any age or Sex may not want to see a change in their working environment or location. It may cause changes to their wider lives including any caring responsibilities they may have outside of work. The <u>Carers Census Scotland 2021-22</u> indicated that adults aged 65 and over accounted for a quarter or carers identified and that 79% of working age carers are female.</p> | <p>Established HR policy from Renfrewshire Council will be followed to support staff through any transition.</p> |
| (i) | <p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> | <p>This proposal would not result in a different or disproportionate impact on residents on the basis of the protected characteristic of Sexual Orientation.</p> <p>Training in social work and health professions provides knowledge around values and standards. Assessment paperwork does not assume sexual orientation.</p> <p>Data gathered through standard reporting provided limited information on statistics for this protected characteristic.</p> <p>Staff are aware of their legal responsibility to protect vulnerable adults, and this is achieved through training,</p> | |

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| | <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>awareness raising and management overview, including dealing with homophobic incidences. Such incidences would be recorded and reported through existing processes. All staff undertake GBV and diversity and equality training. Information is reviewed on a regular basis to ensure that it is appropriate and is LGBT inclusive.</p> <p>Organisational policies are also in place to support staff and ensure that the HSCP's working environment is open and inclusive.</p> | |
| (j) | <p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:</p> | <p><u>Residents</u></p> <p>Locally, we know that only a small proportion of HSCP care home residents are in self-funded places, and that the majority are in funded places</p> <p>The closure of one home might mean that a small number of residents might move to an independent care home, the result of which may be that they have to pay higher fees for their care, outwith the National Care Home Rate. This may reduce viable care home options for residents who may have to move, impacting on their preference of choice based on other factors such as location or other facilities. This is a concern that has been raised throughout the engagement period by resident's families.</p> <p>If a resident moves home, there may be a change in costs associated with visiting (through increased public transport or taxi costs, or increased reliance on carers for support in accessing new location). Travel time for carers or visitors may</p> | <p>Hunterhill Care Home has 4 other care homes within approximately 2 miles of it; Montrose Care Home has 4 and Renfrew Care Home has 2.</p> |

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| | <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)²¹ provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be | <p>be increased, impacting on working hours or patterns or other caring responsibilities.</p> <p><u>Staff</u> Staff may not want to see a change in their working environment or location. It may cause changes to their wider lives including any caring responsibilities they may have outside of work. The <u>Carers Census Scotland 2021-22</u> indicated that adults aged 65 and over accounted for a quarter or carers identified and that 79% of working age carers are female. An increase in travel expenses or time incurred traveling to and from work can have an impact on household budgets and wider responsibilities.</p> | <p>Established HR policy from Renfrewshire Council will be followed to support staff through any transition.</p> |
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| | advised subsequently on how their contributions were factored into the final decision. | | |
| (k) | <p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p> | Not applicable for this proposal | |
| 8. | <p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>This proposal is being developed under the wider initiative of Sustainable Futures. As set out earlier in the paper, depending on the preferred option being considered by the IJB, the proposal to reduce the number of Residential Care Homes run by HSCP from 3 to 2 is expected to deliver approximately £399k savings to the HSCP.</p> <p>The exact realisation of these savings has yet to be determined and is predicated on the implementation approach and timeline which has yet to be defined and agreed.</p> <p>Staff within the home identified for closure (once this is agreed by the IJB) will be subject to redeployment and VR/VER is not a consideration in this process.</p> | <p>Reopening of currently closed houses within existing homes will provide a level of continuity and familiarity for most moving residents or staff.</p> <p>By increasing staffing ratios in remaining homes a higher staffing provision will support provision of care.</p> |

| | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| <p>9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p> | <p>In order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups the HSCP will consider the following:</p> <ul style="list-style-type: none"> • Existing EQIAs for all services should be reviewed and used to inform development of a revised EQIA for any service mergers or closures. Existing good practice can be shared. • All Renfrewshire HSCP staff must complete appropriate equality and diversity training. NHS GGC staff must complete the Equality and Human Rights Learn Pro module every three years or more frequently if required. The e-learning module introduces staff to equality legislation (Equality Act 2010 & Human Rights Act 1998) and contextualises within a health and social care setting using a range of video clips and practical exercises. All Council Staff must also undertake mandatory Equality, Diversity and Inclusion training which is available on the Council's iLearn system. • As at December 2023, completion rates for NHSGGC's Equality and Human Rights training was 92%. Actual completion rates may be higher than this due to updates required to some staff accounts. Current completion rates across Council-employed staff within the HSCP is just under 13% however there is variance in completion between services. It should be noted that a significant proportion of the workforce do not have immediate access to laptops or online training and a range of additional interventions continue to support these staff as outlined below. The available data for Council staff if also caveated in that cleansing | |

work is underway to ensure that the team structures used for reporting are fully accurate. An updated learning management system for Council training is also currently being implemented which will support enhanced monitoring of training completion.

- The overall completion rate for available equality-focused training for the HSCP is 51%.

- Renfrewshire HSCP has an Equality Outcome Action Plan 2020-2024. This is part of the Equalities Mainstreaming Report which is a legal requirement of the HSCP to report on and complete. The Equalities Outcome Action Plan 2020-2024, includes details of activity in relation to the following 5 equalities outcomes:
 1. Our services are accessible and responsive to the needs of those with protected characteristics to maintain and improve their quality of life.
 2. Our workforce are better informed and have confidence to make equality and human rights central to the way we work.
 3. Our work with partners helps us to develop and deliver services to ensure that everyone whose health is affected as a result of inequality have their needs identified and addressed as part of person-centred care.
 4. People who use our services are empowered to contribute and participate fully in their community and have a positive experience of health and social care services.
 5. People experiencing transitions and life changes are supported to access information without barriers and in ways which suit their needs.

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| | | <ul style="list-style-type: none">• Renfrewshire HSCP’s Strategic Plan outlines 6 key actions to help us deliver on our 2020-2024 Equality Action Plan. Further detail on these actions can be found on p16 of the Plan here. These actions are monitored and reported on through performance management processes to Renfrewshire IJB.• In addition, the HSCP’s Health Improvement Team is currently developing and Equalities Planner to further embed our focus on equality. This planner aims to address the poor health and wellbeing outcomes experienced by individuals who are part of the following 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The Equalities Planner will enable Renfrewshire HSCP staff to easily access information on training, events (work and non- work related) and awareness dates that are related to equalities and the 9 protected characteristics. This will improve knowledge and confidence of staff to challenge prejudice and proactively create an inclusive environment, as well as ensuring that staff who identify as having protected characteristics feel safe, supported and included within the workplace. The Equalities Planner will make a clear statement that equality and diversity is at the heart of our organisation. The Planner will be available and accessible on Renfrewshire HSCP’s website, with an easily accessible layout so that it is simple and quick for HSCP staff to use. | |
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard 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 or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential 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.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

The following risk has been identified:

- The risk that we may be moving people to different locations which has an impact on their ability to maintain friendships and retain frequent visits from relatives (walking distance currently which may not be going forwards). The impact and likelihood of this risk will differ depending on which care home is identified.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

The approach adopted in developing these proposals and supporting Equality Impact Assessment aligns with the PANEL principles. A summary of this alignment which each element of the principles is as follows:

Participation: The HSCP has sought active participation and engagement with service users/residents, families, carers, representatives and staff through a programme of direct engagement. A comprehensive engagement exercise was undertaken over December 2023 and January 2024 with differing opportunities for people to share feedback through online and in person engagement events, the establishment of a focused programme mailbox and opportunity to provide feedback on paper and online forms. Additional engagement events were added in February 2024 to meet demands, with the approach to engagement shaped to meet the needs of

individuals (for example service users). The write up from these sessions is available and has been used to inform the responses provided to the questions above. Wider engagement was also undertaken with the IJB's Strategic Planning Group and the Renfrewshire Providers Forum.

Accountability: Dedicated Options Appraisals and Equality Impact Assessments of these proposals are currently being undertaken and will be used by the IJB to inform decision-making. We note that EQIAs are live documents and will be reviewed and updated as appropriate where additional evidence becomes available. All EQIAs will also be published on the HSCP's website.

Non-discrimination: The services considered within this proposal are available to those assessed as requiring support through their individual assessments. The proposals have been assessed to determine whether any individuals with one or more protected characteristics are impacted to a greater extent than others and, if so, what mitigating actions are required to address this.

Equality/Empowerment: Renfrewshire HSCP seeks to promote equality and equity across all services, and this commitment is set out clearly within the IJB's Strategic Plan for 2022-25. The Strategic Plan also sets out wider priorities for the HSCP in line with national policy, including empowering individuals through choice and flexibility in the support available. As noted above, engagement has been embedded in the approach to delivering Sustainable Futures following the decisions made by the IJB in November 2023, and this is used to inform both the Options Appraisal and Equality Impact Assessment.

Legality: The service is compliant with UK and Scottish Law. In developing this EQIA research has also been undertaken to review learning from other EQIA processes, including judicial reviews. This has been used to inform the approach adopted to ensure compliance with the Public Sector Equality Duty.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)**
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. 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.

| Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward. | Date for completion | Who is responsible? (initials) |
|---|---------------------|--------------------------------|
| Analysis and review of the service users in each location to understand the implications for each resident and their families, and to embed these considerations in the impact assessments and implementation planning for the delivery of the proposal, should it be approved. | May 2024 | PM |

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

The decision to approve the closure of Montrose care home was made at the Renfrewshire IJB on 22 March 2024. This EQIA will be reviewed on the completion of all implementation planning with staff, services users and families, and at a point 6 months following.

Lead Reviewer: Carron O’Byrne
EQIA Sign Off: Head of Health and Social Care
C O’Byrne
 25th March 2024

Quality Assurance Sign Off: Julian Heng
 Planning and Development Manager, Equality and Human Rights Team, NHSGGC
Julian Heng
 26th March 2024

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

| | | Completed | |
|---------|--|-----------|----------|
| | | Date | Initials |
| Action: | | | |
| Status: | | | |
| Action: | | | |
| Status: | | | |
| Action: | | | |
| Status: | | | |
| Action: | | | |
| Status: | | | |

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

| | | To be Completed by | |
|---------|--|--------------------|----------|
| | | Date | Initials |
| Action: | | | |
| Reason: | | | |
| Action: | | | |
| Reason: | | | |

Please detail any new actions required since completing the original EQIA and reasons:

| | | To be completed by | |
|---------|--|--------------------|----------|
| | | Date | Initials |
| Action: | | | |
| Reason: | | | |
| Action: | | | |
| Reason: | | | |

Please detail any discontinued actions that were originally planned and reasons:

| | |
|---------|--|
| Action: | |
| Reason: | |
| Action: | |
| Reason: | |

Please write your next 6-month review date

| |
|--|
| |
|--|

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk