

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 for further details or call 0141 2014560.

1. Name of Current Service/Service Development/Service Redesign:

Review of Older People's Day Centres

This is a : **Service Redesign**

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

A. What does the service do?

There are 5 local authority day centres for Older People in Renfrewshire offering care to frail older people and people with Dementia aged over 60 and the service is registered with the Care Inspectorate. Service users attending have been assessed by a social work or health professional as requiring day care. This is part of a package of care which meets their assessed needs and enables them to live in their own home for as long as possible. The centres can offer care to 200 older people each day Monday to Friday.

B. Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

The Renfrewshire 10 year Joint Commissioning Plan (JCP) for older people was approved by the Social Work Health and Wellbeing Policy Board on 6 May 2014. It outlines a clear vision whereby all services and stakeholders work in partnership with older people, their carers, families and communities to support them to stay at home or in a homely setting for as long as possible. The Plan was the culmination of a 2 year programme of work which was led by social work and health services in partnership with other Council services such as housing, the third and independent sectors, community groups and service users and carers. It is one of the key supporting strategic plans for the integrated health and social care service. The Plan detailed the priority areas of service development which will require partnership action in order to meet the current and forecasted future needs of the local population of older people. More recently the Integrated Joint Board have been tasked with developing a Strategic Plan for 2016-2019 and a draft plan has been developed which builds on the successes and experience of previous work and includes work across partnerships to improve outcomes for older people living in Renfrewshire. A key partnership priority identified within the draft Strategic Plan is the requirement to Improve Health and Wellbeing and consider options for the future provision of services for older people in Renfrewshire – in terms of both local authority provision and services provided by the third and independent sector. Over the last two years, the Social Work service has experienced increasing levels of demand for care at home services, specialist dementia care home and nursing care home placements. In recent years attendance at day care has been steadily falling. In 2013/14, 551 people used the service. In 2015/16 the number of service users had decreased to 510. Reasons for decline in attendance are most likely to be that: People are choosing to spend their personal budget generated by Self Directed support, on alternative services, such as overnight care. Health and social care services have also specifically focused on the development of reablement and rehabilitation services, including the use of telecare which support older people to live in their homes or a homely setting for as long as possible as well as investment in housing support services and lower level services which prevent isolation and promote health and wellbeing such as the ROAR health and wellbeing clubs and the Food Train food delivery service. In order to meet the changing needs of the local population as well as address the ongoing financial sustainability of the Health and Social Care Partnership there is a need to consider alternative ways to target resources more effectively. It is recognised that resources within older people day care services allocated are not being fully utilised and for this reason it is therefore intended to reduce the capacity of 4 of the 5 centres by 8 places each day, a total of 32 places. The total number of places available will reduce from 200 daily to 168 and existing service users will continue to receive the same service and there should be little, if any effect on potential service users.

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)

Name:	Date of Lead Reviewer Training:
Beattie, Ian	23/06/2016

4. 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):

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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?	<i>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.</i>	All protected characteristics are covered by data collection in the needs assessment process for service users and is recorded on the database management system, adult information system (AIS). Equalities information is recorded which includes Age, Sex, Race, Sexual Orientation, Disability, Faith, and reviewed in relation to service users attending the day centre as part of a package of care. The information recorded considered protected characteristics and upon review there was no requirement to undertake more intensive analysis. In addition local and national data is collected and analysed and from this information resources and alternative services are put in place to support service users and staff service as required to ensure that equality and human rights issues for each individual are considered. No barriers have been identified however service users can choose not to disclose information. In the event that they lack capacity (for example dementia) to complete the data we would obtain permission from Power of Attorney or Legal Guardian.	
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?	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>	Recent projections suggest that if current trends continue the number of people aged 65 plus living in Scotland will increase by over 50% by 2033. In addition, increasing numbers of people are developing dementia as they live longer. The services will increasingly have to develop models of service provision which provide the care and support that people with dementia and their families require post diagnosis. The prevalence of dementia is estimated at 29.2% in males	

			<p>and 44.4% in females over 90 years and is one of the key development areas for services. As such staff within the day centres have been provided with dementia training to ensure appropriate skills are in place to build capacity and knowledge and support service users going forward. In addition District Nurses, Podiatry Staff, GP's and Sensory Impairment Services are linked to all Day Centres to provide tailored services as and when required. An example that data collected has been used to inform the way the service operates is the monitoring of attendance figures which over the past two years indicate a gradual reduction in attendance. As a result it is intended to reduce the capacity of 4 of the 5 day centres and reconfigure to reflect the number of people attending day services and diverting resources released to more urgent priorities, especially gaps in the care at home service.</p>	
3.	<p>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.</p>	<p><i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i></p>	<p>A needs assessment exercise has been conducted. This took into consideration evidence from consultation, service provision information as well as key local and national demographic trends gathered through the development of the 10 year Joint Strategic Commissioning Plan. Evidence suggested that BME communities are less likely to access Day care services. Work has been undertaken with officers from the HSCP, West of Scotland Regional Equality Council and the Equality Lead officer in the Council to look at ways of promoting and raising awareness of day centre opportunities for people from minority communities. More recently the HSCP provided funding support to the local PACHEDU community group in Renfrewshire to advance equality of opportunity for minority communities. Client groups attending day centres may be affected by physical disabilities and mental health issues (eg dementia). Day services address these difficulties by providing care that helps to overcome</p>	

			these particular difficulties. Staff receive specialised training to support service users and are provided with appropriate training to undertake the level of support required and ensure continuous professional development is ongoing. (e.g. specialised dementia training).	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i>	Engagement with service users and carers happens on a regular basis through daily care, regular reviews, and through consultation with service users and carers. Annual service users and carers surveys are undertaken and the information gathered is collated into an action plan. This has addressed any issues raised and make relative changes to service provision. ie Cater for people who have special dietary requirements. Individual needs assessment are carried out and regular meetings and briefings held with Managers and staff to inform best practice going forward. In addition, individual and group meetings with service users and carers are carried out as and when appropriate.	
5.	Question 5 has been removed from the Frontline Service Form.			
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<i>An outpatient clinic 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.</i>	All day centres are fully adapted to ensure barrier free environments for people with varying forms of disability including wheelchairs and sensory impairments. This includes loop systems, clear signage, dedicated disabled parking and transport designed to cope with different forms of disability e.g. tail lift access and bus escorts are also provided to support people attending the day centres. Specialised equipment is also available to support accessibility needs and mitigate potential barriers, ie specialised equipment for dementia service users and stair climbers. In addition moving and assistance training is available to all staff.	
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The</i>	Apart from customer consultation and client reviews where service users have the opportunity to express their views care inspectorate reports	

		<i>service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.</i>	specifically address this area and indicate day services are operating within National Care Standards. The service also works closely with other support services ie occupational therapy and sensory impaired services to put in place information and supports to remove potential barriers. Strategies are also in place to promote positive behaviour and prevent incidences of challenging behaviour. The Talking Mats communication symbols tool are used which makes it easier both for people with dementia to keep to topic and for the listener to follow the track of the conversation. It also supports people with communication difficulties to express negative as well as positive views and reduce the tendency for people to acquiesce, i.e., agree with everything.	
8.	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	<i>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.</i>	The 2014 National Records of Scotland population estimates that women make up 51.9% of Renfrewshire's population, and men make up the remaining 48.1%. The proportion of women aged under 16 is just 49.4%, this increases among over 60s to 55.3%, and to 60.3% for over 75s. Staff groups make up is monitored to ensure appropriate staff are available to support clients and all staff undertake GBV and Diversity and Equality training. Day centres are located within communities to ensure they are accessible and all day centres have a mixture of public and private rooms to ensure that communication with service users on any topic including sensitive enquiry can take place in an appropriate space. Gender information is collected for all clients and is used as a basis for staffing and activity levels.	
(b)	Gender Reassignment	<i>An inpatient receiving ward 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</i>	Staff members are aware of the sensitivities around gender reassignment and information on trans status can be recorded using the adult information system (AIS) of our database management system.	

		<i>including use of language and technical aspects of recording patient information.</i>	
(c)	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	Renfrewshire's population profile is changing. A combination of factors, including healthier lifestyles, advances in medicine and lower birth rates, means that there are more older people (aged 65 and over) in our society and proportionally fewer children and people of working age. According to population projections published by National Records for Scotland, there will be almost 48,000 people in Renfrewshire aged 65 and over by 2037. This compares with 31,751 in 2014 and represents an increase of 51%. The service is aimed at older people who are aged 60+ . The service is registered with the Care Inspectorate and provision is designed to meet the National Care Standards. However, the typical profile of service users is over 80 years which tends to reflect age-related conditions such as physical frailty and dementia. Age profile data is captured however if clients who are under 60 are assessed during the Single Shared Assessment process in need of the service they will be referred to the service under the normal process. If under 60's require services not covered by a day centre they would be referred to a specialised partner providing day services.eg Alzheimer Scotland. Age information is captured for all clients in the database management system e.g. AIS application. This along with the needs assessment helps to shape service design and delivery.
(d)	Race	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	Renfrewshire population is categorised as white Scottish. Less than 2% of the total Renfrewshire population are of an Asian background while less than 1% of the population is comprised of people from an African, Caribbean or Black, or mixed ethnic group. This information aligns with the 2011 Census, i.e. 2.8% of the Renfrewshire population had a minority ethnic background compared to 4.1% for Scotland. Information on day centres

			is available via leaflets and on the website and can be translated and made available in audio and large print through the Sensory Impairment team who work closely with the service and Interpreters would be available as necessary for clients. Race information is collected on the Adult information system and is used to inform activities and service delivery.	
(e)	Sexual Orientation	<i>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.</i>	Staff are aware of their legal responsibility to protect vulnerable adults and this is achieved through training awareness raising and management overview, including dealing with homophobic incidences. Such incidences would be recorded and reported through the existing processes. All staff undertake GVB and diversity and equality training. Information is reviewed on a regular basis to ensure that it is appropriate and this with include LGBT inclusive information.	
(f)	Disability	<i>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.</i>	The service is designed to meet the needs of people affected by a variety of disabilities. This includes the use of a variety of communication approaches and equipment. Person centred planning would allow the allocation of additional time for communication barriers. Communication needs are assessed on an ongoing basis and as part of regular reviews which include carers. A small number of service users have learning disabilities and any issues that arise are taking into account eg talking mats.	
(g)	Religion and Belief	<i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i>	Approximately one-third of the Renfrewshire population stated that they do not belong to any religious group. A similar amount of people identify with the Church of Scotland while slightly less than one-quarter identify themselves as Roman Catholic. Over 1300 people identify themselves as Muslim, equating to less than 1% of the total population; even smaller proportions identify themselves as Sikh, Hindu, Buddhist or Jewish. Religious beliefs of service	

			users are noted as part of the assessment process and are taken into account in the delivery of day services, including meals provision. Day Service staff are part of the integrated health and social care partnership and therefore have full access to NHS resources - this includes nursing and allied health professionals who regularly attend day services and use the facilities to treat patients. Day services are part of the community and input from local faith groups and churches is encouraged.	
(h)	Pregnancy and Maternity	<i>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.</i>	Given the client group makeup this is not applicable except on open days where a designated area would be provided for members of the public as an option.	
(i)	Socio - Economic Status	<i>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.</i>	Services are fully aware of social class and attempt to address the impact on individuals by for example providing input from Advice works and making available resources and financial appointeeship for people unable to manage their own finances. The charging policy is means tested and reflects an individuals' ability to pay. These services are based in local communities where there can be areas of deprivation. Postcode data is collected and used to ensure that the service is transparent and open to all members of the community.	
(j)	Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	The person-centred planning approach allows any adverse impact of marginalised groups to be taken into account.	
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?	<i>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.</i>	The Renfrewshire Council eligibility criteria is designed to ensure that needs of people with protected characteristics are addressed.	
10.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	Day services seek to be a part of their local communities and therefore to be socially inclusive, reducing the impact of discrimination. Staff receive training in relation to	

			<p>equality and diversity. All staff have a continuous personal development programme and it is mandatory to attend equality and diversity training. Staff are reviewed annually for personal development programmes and all staff must obtain SQA level 2 as a minimum and must be triple sc registered. Staff will have a 6 week one to one supervision to ensure they have appropriate levels of training and competency.</p>	
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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

Equality information is recorded and reviewed in relation to service users attending the day centre as part of a package of care to ensure that equality and human rights issues for each individual are considered. District Nurses, Podiatry staff, GP's and Sensory Impairment Services are linked to all Day centres to provide tailored services as and when required.

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

As previously indicated the service works closely with other support services to mitigate potential barriers. The Talking mats communication symbols tool are used to make it easier both for people with dementia to keep to topic and for the listener to follow the track of the conversation.

Prohibition of slavery and forced labour

Everyone has the right to liberty and security

Right to a fair trial

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

Consultation about this proposal will involve relevant stakeholders and officers from the Health and Social Care Partnership have developed a consultation and information programme which will involve a facilitated range of individual service user and family/carer meetings. The programme will also include Council stakeholders from Community Resources, Human Resources, Legal and Transport services and also local Trade Unions. Attendants at the service user and carers meetings will be asked for views and suggestions for future service improvements. A steering group involving Council stakeholders will take the current and future changes forward. In addition the Care Inspectorate, who are the registration body for the care services, have been consulted about proposed changes and have advised on organisational processes which will be required to ensure services comply with registration conditions and the National care standards. Variation requests will be submitted to the Care Inspectorate for approval of any change.

Right to respect for freedom of thought, conscience and religion

The Service is fully inclusive to all.

Non-discrimination

Older people day care services are aimed are older people who are over 60. The Service is registered with the Care Inspectorate and provision is designed to meet the National Care Standards.

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.

Day Centres have used information from surveys & also carers/service users meetings. Examples are displayed on the notice boards to show what changes they have made titled 'You said, we did': Carers said: "We don't get enough information about special events, outings, parties etc." Service Response: We now use email to send out our newsletters and email carers with important dates, carers evening invitations etc. Service users said: "We want more variety in meal choices please." Service Response: We have increased main meal choices to 3 choices per day, sandwiches available on request & fish supper days regularly too. Service users said: "23% not familiar with key worker." Service Response: Staff will come round & make sure all service users are aware of their key worker.