

Impact Assessment Screening Tool

This screening tool has been developed to ensure that equalities, human rights, economic and social factors are being considered ahead of the implementation of any new or revised policies, plans, projects, practices or strategies. Please note for the purpose of this document these will be grouped together and simply referred to as 'activity'.

General Information			
Name of activity	Right Care, Right Place – Flexible Bed Model		
Lead person and job title	David Rowland, Director of Strategic Planning and Transformation		
Contact Information (<i>telephone and/or email</i>)	david.rowland2@nhs.scot	Date of this assessment	29/08/23 updated 30/10/23
Names and roles of those involved in the impact assessment process	David Rowland, Director of Strategic Planning and Transformation Viv Gration, Deputy Head of Strategic Planning Ananda Allan, Performance and Intelligence Manager Alexander Campbell, Communications Manager Lynsey Fitzpatrick, Equality and Diversity Lead, NHS Dumfries and Galloway Kelly Armstrong, Business Manager Liz Forsyth, Strategy Support Manager		
Describe the activity in no more than 200 words <i>Describe the activity. What are the overall aims, outcomes, outputs, measures of success? The reason that this must be recorded here is that often someone looking at the impact assessment recorded in the Tool may not be familiar with the details of the activity.</i>	Following widespread community engagement and consultation across Dumfries and Galloway from Jan – July 2023, a flexible model for delivering bed based intermediate care has been proposed. This assessment will focus on how implementing the proposed model could impact on people and communities. It aims to identify and record any potential effect(s) on protected characteristic groups. Where negative impacts are identified action will be taken to minimise or mitigate these.		
How will people be affected by this activity? <i>Who will be affected by the change? Consider access, experience, outcomes and participation. Will the impact be significant and have you engaged appropriately with those affected to try to understand any impacts?</i>	People and communities across Dumfries and Galloway (including people accessing and delivering bed based intermediate care and support) will be affected by changes to the way it is delivered. Proposed changes will impact on how people's needs will be met including <ul style="list-style-type: none"> • How and where bed-based Intermediate Care is delivered • who it is delivered by 		
Who has been involved in the development of this activity and in what capacity? <i>Describe any consultation you have carried out to ensure that those affected have had the opportunity to input in the development of the policy or service change. This will support us to understand the impacts on different groups. This</i>	People and communities across Dumfries and Galloway (including but not exclusively Health and Social Care staff, people accessing and delivering bed based intermediate care and unpaid Carers) have been involved throughout the RCRP engagement and consultation activities from January 2023 to current time. This has included people in protected characteristic groups such		

<p><i>should include any stakeholders e.g. patients, staff, carers, equality group reps, staff side reps. You may find it useful to involve representatives from the Staff Equality Networks in workforce focussed activity. To involve network members or for more information contact dg.staffnetworks@nhs.scot</i></p>	<p>as the Staff Equality Networks.</p> <p>People’s feedback has - and will continue to - directly influence how the proposed flexible model is implemented.</p>
<p>Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment</p> <p><i>What data or published research have you referred to? This could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements, consultation and engagement findings etc. Has any local or national research been conducted that you are able to draw upon which supports why the policy or service change is necessary and/or into the impact that it may have on different groups of people? Has any equality monitoring been carried out, either in terms of who is using the relevant service, or in terms of who has been engaged and consulted with from particular protected characteristic groups.</i></p>	<p>The RCRP Information Pack and RCRP Modelling Information developed for the review of bed based intermediate care provide evidence of current and projected need.</p> <p>The Right Care, Right Place: Consultation Key findings showed that</p> <ul style="list-style-type: none"> • Intermediate care provision should be provided close to home, including through cottage hospitals; • Care and support at home, rehabilitation and reablement, palliative care and care hubs were needed; • Intermediate care should be joined up, person centred and connected to family, friends and the local community. <p>The Equality Act 2010 including Fairer Scotland Duty and Human Rights Act 1998 have been considered throughout the consultation periods.</p> <p>All information is accessible to everyone including protected characteristic groups (different formats including Easy Read and translation services available).</p> <p>A wide range of stakeholders (listed in the Statement of Consultation) including those delivering and those accessing health and social care and support have been involved through the pre consultation, engagement and consultation stages of the review. These stakeholders have been invited to continue to be involved through the implementation phase of the project.</p> <p>The learning and experience that has been built during previous engagement and consultation activities (for RCRP) has provided insight and built relationships with stakeholder groups and individuals. This has helped to ensure the consultation process included any individuals or groups that have previously been missed or not engaged despite invitations to do so.</p> <p>Equality monitoring has been used throughout the process. However, only a small minority of people who engaged completed the questions – providing limited data that could be used to identify if groups and communities of interest were under-represented. In order to mitigate against the risk that people may not have their voices heard; proactive efforts were made to engage with people in all protected characteristic groups.</p>

Impact Assessment Questions

Please complete the table below and outline within the comments sections:

1. any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on **page 4** to support discussion around potential impacts.
2. Mitigating measures that will be taken to ensure that no impact is negative

When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:

- Does the proposed activity impact on the **elimination of discrimination**?
- Does the proposed activity contribute towards **advancing equality of opportunity** by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?
- Does the proposed activity **foster good relations** between different groups?

Protected Characteristics/Impact Areas	Are there any positive impacts?	Are there any negative impacts?	Rationale for decision and further comments	What measures will be put into place to mitigate any negative impacts?
Age	Yes	No	<p>It is acknowledged that increasing numbers of older people who are in receipt of care and support and it is important their voices are heard.</p> <p>It is also recognised that many people who provide unpaid care are young or older themselves and may need support as well as providing it. The knowledge and experience of Carers/Young Carers and Young Adult Carers is valued and will continue to help shape the future of intermediate care in Dumfries and Galloway. This will support the Partnership to meet their needs and the needs of the people they care for.</p>	<p>People of all ages were invited to get involved/engage, to ensure they had the opportunity to have their say in developing the way forward. This was done through generic and targeted invitations.</p> <p>The flexible model aims to provide intermediate care beds closer to home making it easier to access for people who do not drive due to age or age related health conditions.</p> <p>All information produced in respect of RCRP is inclusive of all ages. It has been well publicised that changes could affect anyone, whether as Carers, staff or people accessing intermediate care now or in the future regardless of age.</p>

Disability	Yes	No	<p>People with disabilities are more likely to be affected by any changes to health and social care provision so it was paramount to get their input.</p> <p>Resources are accessible for all stakeholders including where English is not their first language or where a person requires Easy Read and/or large print.</p> <p>Engagement on a 1-2-1 basis or with the assistance of a support worker is available on request to ensure people could get involved.</p>	<p>As part of our efforts to ensure people with disabilities were involved the Partnership Staff Disability Network and other disability groups were asked to be stakeholders.</p> <p>Access to venues checked prior to booking – loop systems advertised where applicable, translation services advertised on documents.</p> <p>Issues around access to web based resources; have been mitigated against by ensuring all online materials are in ‘alt text’ making it easier for eReaders to read. This includes description on any images used where appropriate.</p> <p>Issues in respect of resources for visually impaired (and people who do not read English but understand spoken words); have been mitigated where possible by ensuring appropriate resources are available on request. This includes audio and visual resources (video with soundtrack).</p>
Sex	Yes	No	<p>All resources use gender neutral terms to encourage engagement and reduce exclusion.</p> <p>The model of care is inclusive, so people</p>	<p>Discussions with LGBT+, a local support organisation identified that gender identity could be seen as a potential issue in relation to people accessing care and support; this was mitigated by all resources</p>

			recognise it as being relevant to them regardless of gender or other protected characteristics	using gender neutral terms and imagery where appropriate. Alternative options to engage were also offered
Gender reassignment and Transgender	Yes	No	Care has been taken to ensure that trans (including non-binary) people are not excluded by language around gender in the context of any aspect of resources such as videos and animations.	It has been highlighted that some – illnesses are gender specific such as ovarian cancer and prostate cancer. This may negatively impact on transgender women and men seeking diagnosis and/or treatment. This could be due to body dysphoria or fear of prejudice. To mitigate this, alternative sources of support and/or treatment should be advertised and available on request.
Marriage and Civil Partnership	Yes	No	Throughout the development of the RCRP programme, inclusive, person centred approaches have been used to discourage assumptions about all protected characteristics including relationship status. The Partnership promotes respect for individual people and relationships and seeks to ensure that care and support is delivered with no favour or discrimination on the basis of marital status.	No issues have been raised
Pregnancy and Maternity	Yes	No	All resources ensure the rights of pregnant people are acknowledged and respected. People who are pregnant or who have young children may find having more intermediate care beds in their community	No issues have been raised. However, the Breastfeeding etc (Scotland) Act 2005 made it an offence to prevent or stop a person feeding milk to their child (under 2) in a public place. This includes

			easier to access if they or a loved one requires that care.	hospitals and other locations where someone could be accessing health or social care and support. Images showing pregnancy are used where appropriate in resources.
Race	Yes	No	Opportunities to get involved in the development of RCRP have been shared widely, including but not exclusively with people from minority ethnic communities across Dumfries and Galloway including the Minority Ethnic Staff network.	Resources make it clear that translation services into multiple languages are available on request. Ukrainian has been added to our existing list due to the increasing numbers of people from Ukraine in our region who have been displaced due to the ongoing conflict.
Religion or belief	Yes	No	If people are supported to access intermediate care beds closer to home – this is likely to positively impact on their ability to stay connected to their faith group, culture and in some cases people who speak their language.	No issues have been highlighted. To mitigate any potential issues, faith leaders have been contacted to ensure prayer timings and religious festivals are considered and meetings changed to accommodate these on request.
Sexual orientation	Yes	No	It is recognised that a person's intermediate care and support needs should be person centred, regardless of their sexual orientation. Language and images around communities of interest and communities of experience have been considered and included in the development of RCRP.	Engagement with LGBT+ support organisation highlighted that resources and activities must be circulated multiple times to ensure people who are reluctant to engage have opportunities to get involved, in person or online.

Carers	Yes	No	Resources acknowledge unpaid Carers of all genders and ages, to make it clear that they are included and their experience is valued.	Potential constraints on a Carer's time/ability to get involved have been considered and alternative formats offered to mitigate this.
Human Rights	Yes	No	<p>Ensuring a Rights Based approach is embedded in the Model of Care supports the PANEL principles of Participation, Accountability, Non-discrimination Empowerment and Legality.</p> <p>Resources ensure that anyone living in Dumfries and Galloway has the right to share their experience and opinions about intermediate care and support, in whatever format is most appropriate for them.</p>	To ensure this does not exclude people in prison and those detained under the Mental Health Act and those in prison information has been shared with institutions involved in the care of people who are held there.
Health, Wellbeing & Health Inequalities	Yes	No	<p>Improving communication and providing information in accessible formats is supporting people to have choice and control. This is regardless of their health status, financial circumstances or location in our region.</p> <p>The impact of poverty on people's ability to access services has been considered. The Poverty Action Group has ensured that the voice of people on low income is heard.</p>	<p>To avoid disadvantage for people that do not or cannot use digital technology for whatever reason, alternatives to virtual meetings are available.</p> <p>To minimise disadvantage such as lack of access to transport to events, no Wi-Fi or technology the team are offering alternative options for engaging such as online sessions or postal survey with prepaid envelope. Phone sessions are also available on request.</p>
Economic & Social Sustainability	Yes	No	The flexible model of care and access to intermediate care beds closer to home is likely to positively impact on people's economic and social sustainability.	Providing opportunities across the region (during the day and early evening) mitigates against economic hardship for individuals by reducing the cost associated with attending and improve the level of engagement.

			Reducing travel costs and for Carers reducing the time away from employment or other caring responsibilities.	Telephone or postal opportunities as well as some 1-2-1 meetings aimed to mitigate risk relating to lack of digital access.
Staff	Yes	No	Staff in community hospitals and other H & SC settings across the region have been fully involved in RCRP. Their feedback has influenced the development of the flexible model. Their input will positively impact on how this model is delivered.	To mitigate against concerns from staff about commenting publicly - opportunities for staff to engage anonymously outwith a work environment have been available throughout.
Environmental	Yes	No	Providing care closer to home is likely to have a positive impact on reducing unnecessary journeys.	This is a complex issue; therefore a separate environmental EQIA has been completed for RCRP.
Armed Forces Personnel and Veterans	No	No	The focus of the engagement activities using inclusive, person centred approaches. Engagement activity promotes respect for individual people and seeks to ensure that care and support is delivered without favour or discrimination based on employment history or status.	No issues or concerns were raised in respect of this characteristic.

Where any potentially negative impacts are identified on page 2, the mitigating/follow up actions must be fully documented in the table.		
Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	<p>Engagement/consultation activities included efforts to include under-represented groups such as bespoke sessions including 1-2-1 and group sessions, alternative format for resources and travel to more remote areas.</p> <p>Equality monitoring questions on the survey and records of engagement will seek to provide details of engagement with protected characteristic groups.</p> <p>This will be used as evidence to identify gaps in stakeholders and may lead to further targeted engagement if required.</p>	
Does this activity require consideration of the Fairer Scotland Duty ? If yes, please outline the steps taken to meet the needs of the duty.	<p>This activity aims to fulfil IJB's legal obligations under the Duty, by reducing inequalities of outcome in strategic decision making by involving people who are impacted in the design of new models of care and support.</p> <p>A written record of the decision-making process will be maintained and available at the end of the process to evidence their compliance with the Duty.</p>	
Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats, where relevant:	Easy Read	Available on all relevant documents
	British Sign Language	Available on request
	Alternative Languages	Available on request
	Large Print	All public facing documents will be produced in Arial 12pt minimum and Easy Read will be produced in minimum Arial 14pt
	Other (please specify)	Radio adverts (audio) enabling people with visual impairment to hear about events.
How will you monitor the ongoing impact of the activity on protected characteristic groups?	<p>Feedback will be sought from people in protected characteristic groups individually and through groups that represent them. This will provide information on whether people feel they have had the opportunity to get involved.</p> <p>If completed, the equality monitoring questions in the survey will monitor level of engagement from all groups.</p> <p>This will be reviewed at each stage of the process.</p>	

Please outline next steps	<p>Engagement/consultation activities included efforts to include under-represented groups such as bespoke sessions including 1-2-1 and group sessions, alternative format for resources and travel to more remote areas.</p> <p>Equality monitoring questions on the survey and records of engagement will seek to provide details of engagement with protected characteristic groups.</p> <p>This will be used as evidence to identify gaps in stakeholders and may lead to further targeted engagement if required.</p>
---------------------------	--

When complete, the lead person should send a copy of the Impact Assessment Tool to the Equality and Diversity Lead by emailing it to – dg.odl@nhs.scot. The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk

Please take 5 minutes to share your experience of completing this Impact Assessment by completing [this short survey](#)

Please note that this is a legal document stating that you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission.

Prompts for Impact Assessment

This section is for reference only. It provides some prompts around what to consider within both the screening tool and the full impact assessment document. **This is not an exhaustive list, and is provided simply as initial pointers to stimulate thinking and discussion and should be noted within the template.**

Equality Issues: All groups	Points to consider
	<ul style="list-style-type: none">• Don't make assumptions• Make yourself aware of the data and research that shows how protected characteristics impact on health and healthcare, and in particular, your own service.• People within each protected characteristic group are not all the same – people may be disadvantaged in more than one way. There are sometimes issues within groups that may make some people more vulnerable.• Have you considered local and national statistics and evidence available on the demographic breakdown of those who use your service, and which protected characteristic groups are more likely to be affected by any changes?• Have you engaged with the people affected by any changes to services?• Consider how to collect demographic information on each of the groups for profiling of access to/outcomes of services and initiatives.• Thinking about the information, language and imagery you are using..<ul style="list-style-type: none">Is it translatable?Is it understandable in different formats?What alternative arrangements could be put in place to make it accessible?How do people know how to access those alternatives?• Alternative formats include, Easy Read, British Sign Language and languages other than English.• Consider access to services – is the way in which services are accessed changing? Has this been communicated in different formats to ensure understanding? This can be about physical access as well as how we communicate with people about our services, this can be about letters, IT used to access appointments and even the wearing of masks• Are there particular groups who do not use or under use your service, or who are less satisfied with it?• Don't just think about your piece of work in isolation - will this change make a difference at another point in the pathway? Impacts may be positive or negative• How does this piece of work impact on people's ability to share any needs they have and for the organisation to then make any timely adjustments for that person• Remember that everyone on the group has protected characteristics and experiences that they can bring to the assessment.

Age (Children & Young People):	Points to consider
	<ul style="list-style-type: none">• What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service?• Are there any discriminatory practices in terms of any age groups that may or may not be justified? E.g. is the service designed with a specific age group in mind?• Younger people may have less access to transport, older people may be more likely to have

underlying medical health conditions, age often connects with other characteristics but beware of making assumptions about the capacity of older or younger people

- Is information given in an appropriate format in relation to the age of your service users?

Disability **Points to consider**

Have you considered reasonable steps that can be taken to accommodate the needs of disabled people such as:

- Getting in and out of spaces, availability of information verbal and written, access to toilets, induction loop systems, provision of an interpreter.
- Employment opportunities for people with disabilities – does your piece of work positively support this?
- Are you sure that the output from the activity is “accessible to all”?
- Have you looked at what constitutes as a disability under the Equality Act 2010? This includes physical conditions, mental health, and sensory impairment.
- Do you routinely record the communication needs of patients with a physical or mental health condition, learning disability or sensory impairment for referring to when sending out appointments etc?
- Do you currently monitor whether or not service users have a mental health condition, physical or learning disability, or sensory impairment so that you know how well your service is being used by people with a disability? (this also applies to staff if assessing a piece of work that affects them)
- Have you considered the timing of your service/appointments/meeting to meet the different needs of people who may rely on particular modes of transport?
- Have you considered the accessibility of any technology being used?

Gender Reassignment: **Points to consider**

- Have you used non gender-specific language that is inclusive of Trans people?
- Do you consider needs of transgender people accessing clinics, admission process etc?
- Are any of your services only available to a single sex? How have the needs of Trans people been considered within these?

Marriage and Civil Partnership: **Points to consider**

- Have you considered that those in civil partnerships should be given the same rights and benefits as those who are married?

Pregnancy and Maternity: **Points to consider**

- Are you aware that the new law makes it clear that it's against the law for people to get less favourable treatment because they are breastfeeding when receiving services? (this also applies to staff if assessing a piece of work that affects them)
- Are you aware that it is illegal to refuse to employ someone because they are pregnant, on maternity leave, because of an illness related to pregnancy and or to dismiss someone when they reveal this?

Race and Ethnicity: **Points to consider**

- We are required to provide an interpreter for people whose first language is not English, how will this happen in relation to this piece of work?

- Have you ensured that core information is available in languages other than English?
- Do you routinely record the language that a person speaks so that you can send letters in the correct language or to phone them instead if they can't read?
- Have you thought about your assessment materials and methods and made sure that they are relevant to people from different cultures?
- Have you considered general data available on health needs of equality groups i.e. Type 2 diabetes is up to 6 times more common in South Asian people and up to three times more common in African and African-Caribbean people?

Religion, Faith and Cultural: Points to consider

- Do you currently record patients' religion in order to assist you in identifying users and non-users of your service from various religious backgrounds and any specific needs which they may have?
- Is there inclusive prayer/reflective spaces available for those from all religions and beliefs for staff and service users?
- How do you consider necessary dietary requirements?
- Have you considered the gender of staff when caring for females?
- Does the service allow for requests from staff to have time off for religious festivals and functions?

Sex/Gender (Male/Female): Points to consider

- Does the data you are basing this piece of work on clearly show whether or not there any differences between the needs of women and men?
- Do you gather data about how women and men use the service/s? If there is a difference in how a service is accessed how do you act on that?

Sexual Orientation: Points to consider

- Does your service recognise and respect individual's sexual orientation?
- Does your service recognise same sex relationships in respect to next of kin etc?
- Recording forms / use terminology such as partner / civil partner?
- Does your service make it easy for someone to discuss their sexual orientation if it is relevant?
- Have you considered access to services and understanding of need, this may include ensuring that you have prominent LGB and T resources in waiting rooms, surgeries, confidential spaces, staff rooms and community spaces.

Human Rights: Points to consider

- **Does the activity affect people's human rights?**

Right to Life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody

Freedom from torture and inhuman or degrading treatment - you should never be tortured or treated in an inhuman or degrading way, no matter what the situation

Freedom from slavery and forced labour - you should not be treated like a slave or subjected to forced labour

Right to liberty and security - you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime

Right to a fair trial and no punishment without law - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law

Respect for your private and family life, home and correspondence – you have the right to live your life privately and enjoy family relationships without interference from government

Freedom of thought, belief and religion - you can believe what you like and practise your religion or beliefs

Freedom of expression – your right to hold your own opinions and to express them freely

Freedom of assembly and association – your right to protest by holding meetings and demonstrations with other people

Right to marry and start a family - you have the right to marry and raise a family

Protection from discrimination in respect of these rights and freedoms - everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age

Right to peaceful enjoyment of your property – property can include things such as land, houses, objects you own, shares, licenses, leases, patents, money, pensions and certain types of welfare benefits

Right to Education – protects your right to an effective education. Parents also have a right to ensure that their religious and philosophical beliefs are respected during their children's education

Right to participate in free elections – support your right to free expression by holding free elections at reasonable intervals

Abolition of the death penalty - no one shall be condemned to such penalty or executed

Health, Wellbeing and Health Inequalities:

Points to consider

- This is about physical and mental health and wellbeing and includes e.g. feelings of safety and security, leisure activity, participation, creativity, affection and developing/achieving potential. It covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem
- Will this activity give people and families experiencing poverty the opportunity to ensure that their voice is heard?
- Will the activity support those experiencing poverty to move from dependence to independence?
- Will information and services related to the activity be easy to access?
- Will the activity provide services that meet the needs of people experiencing poverty?
- Think about how the activity will impact on increasing opportunities for:
 - Participation in physical activity
 - Accessing healthy food choices
 - Promoting positive mental health and wellbeing

Economic and Social Sustainability:

Points to consider

- This is about e.g. pay, employment opportunities, assisting businesses to develop and grow, welfare to work schemes and disadvantaged groups, local self-help schemes and valuing and supporting voluntary work. It also covers issues around aspects of poverty including

individual and community resilience.

- How will your activity impact on e.g. social status, employment (paid or unpaid), opportunities to expand on learning experiences, opportunities for volunteering, encouragement of investment in skills and training, assistance for people on low incomes or support for disadvantaged groups in any way, help people access advice on financial inclusion, availability or delivery of services for people living rurally and increase in access to facilities for arts, cultural and leisure pursuits?
- How will the activity work in rural areas where the existing infrastructure is typically less developed or where infrastructure does not exist (e.g. mains gas, fast broadband connections)?

DRAFT