



**Healthcare
Improvement
Scotland**

An Equality Impact Assessment of

**Focus on Dementia
Care Co-ordination Programme
(April 2019 - March 2022)**

October 2021

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Equality Impact Assessment of the Care Co-ordination Programme

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1. Introduction

Healthcare Improvement Scotland is required to assess the impact of applying a proposed new or revised policy or work programme, against the needs of the general equality duty, namely the duty to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it and
- Foster good relations between people who share a protected characteristic and people who do not share it

The relevant protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation
- marriage and civil partnership (relates to the elimination of discrimination only)

The recommendations made in this report seek to improve equality and to help meet the specific needs of people with the relevant protected characteristics, where possible.

Our impact assessments also consider if the Care Co-ordination Programme has the potential to impact on health inequalities.

Health inequalities are disparities in health outcomes between individuals or groups. Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work and age.

Health inequalities are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise and income levels.

The potential impact of the Care Co-ordination Programme on an individual's human rights has also been considered (please see Appendix A). The Programme will follow the PANEL principles of the [Charter of Rights for People with Dementia and their Carers in Scotland \(2009\)](#).

Giving due regard to these factors is also intended to help Healthcare Improvement Scotland to meet its duties under the Fairer Scotland Duty, which requires public bodies to reduce inequalities of outcome caused by socioeconomic disadvantage.

2. Aim/purpose of the Care Co-ordination Programme

The Care Co-ordination Programme is an improvement programme commissioned by Scottish Government. The programme aims to:

- Improve care co-ordination for people with dementia and their carers from diagnosis to end of life
- Develop/evaluate model of effective care co-ordination for people with dementia and their carers from diagnosis through to end of life care
- Share learning across Scotland and wider

The programme will work with Inverclyde Health and Social Care Partnership.

3. Assessment of impact

The groups of people who may be impacted by this programme are as follows: age, disability, race and sex. Please see below for what Focus on Dementia takes into consideration in its programmes.

Protected Characteristics	Does the proposed project have the potential to negatively impact our ability to meet the general equality* duty in relation to any of the protected characteristics?
Age	<p>Older people are well represented in our programme making up the vast majority of patients with dementia.</p> <p>People with dementia may also include young onset dementia (under 65). Alzheimer Scotland are establishing a service for individuals with young onset dementia within Inverclyde and also has support for younger people nationally. Young onset dementia is currently being scoped as part of our Post-diagnostic Support (PDS) Leads Group.</p>
Disability	<p>People living with dementia in our programme are more likely to have disability due to their general age and frailty. This includes a range of co-morbidities, sensory impairment and decreased mobility.</p> <p>As part of their access to health and social care, individuals with dementia will be assessed and supported holistically so that all of their needs are met. This is a main principle of the 8 Pillar model of care co-ordination.</p> <p>We ensure events and communications are accessible for people living with dementia and their carers for example accessible venues for events and ensuring films are subtitled.</p> <p>We have a multi-agency group (rep from Scottish Government, Care Inspectorate, University of Stirling, Alzheimer Scotland, the independent care home sector, Inverclyde Health and Social Care Partnership, NHS Greater Glasgow and Clyde and Healthcare Improvement Scotland) looking at developing guidance to ensure</p>

	the appropriate placement of people with a learning disability and advanced dementia into care homes.
Gender reassignment	<p>If a patient with dementia has gender reassignment they may experience distress around:</p> <ul style="list-style-type: none"> • Recalling transition, disclosure, outing and confidentiality • Attitudes and assumptions <p>Hormones and overlap with other medication</p>
Race	<p>People should have equity of access to services however access to care may be impacted by availability of information in specific languages, understanding and cultural views of dementia, which can vary with culture.</p> <p>If someone has a first language, they may feel more fluent, comfortable or have better cognition of it and revert back to it which may cause communication issues</p> <ul style="list-style-type: none"> • Sense of isolation if in white institutional culture • Culturally appropriate knowledge of staff / links with community • May only have access to long-term memories from when they experienced overt hostility • Family may have similar issues <p>Inverclyde are conducting a data inquiry to understand their population - this will inform future work to understand their minority population.</p>
Sex	<p>Women are well represented in the client group as dementia has a higher incidence in women. Gender should not impact on care however we need to be aware of services favouring one sex over the other for example day service activities catering mainly for women.</p>
Sexual orientation	<p>It is thought that 2.6% of people in Scotland identify as lesbian, gay or bisexual (Office for National Statistics 2019)</p> <p>As dementia progresses, LGBT people may feel like they are back in an earlier time in their life and this could cause distress</p> <ul style="list-style-type: none"> • Being out, to what extent and to whom/returning to closet/disclosure • Outing and confidentiality • Reminiscence work, which can be therapeutic for many people with dementia, may distress but could also be a positive experience if tailored to the individual • Attitudes and assumptions, perception of institution and safety • Socialising and maintaining links with (LGBT) community/isolation/reference points (queer culture/music/TV)

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| | <ul style="list-style-type: none">• Relations - less likely to have children and more likely to be estranged from family. Family/loved ones may be 'chosen family'. Sensitivity required in supporting Life Story work |
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4. Recommendations for change

Please see Appendix A.

It is not believed the changes recommended will create any new adverse impacts.

5. Monitoring and review

This work will be monitored within the governance structures of Healthcare Improvement Scotland and the Community Delivery Group.

The EQIA will be monitored as part of the project management processes for the Care Co-ordination Programme.

6. Who carried out the impact assessment?

The impact assessment of the Care Co-ordination Programme was carried out by:

EQIA completed by:

Jane Millar, Senior Project Officer
Julie Miller, Improvement Advisor

EQIA reviewed by:

Lynn Flannigan, Senior Improvement Advisor

7. Contact Information

If you have any comments or questions about this report, or if you would like us to consider producing this report in an alternative format, please contact us:

Email: his.focusondementia@nhs.scot

Appendix A

<p>Participation: Everyone has the right to participate in making decisions that affect them. Participation should be meaningful and give attention to issues of accessibility, including access to information in a form and a language which can be understood.</p>	<ul style="list-style-type: none"> • Initial stakeholder scoping event • Stakeholder events and focus groups to understand current state • Representation on relevant groups • Ongoing collaboration with Scottish Dementia Working Group (SDWG) and National Dementia Carers Action Network (NDCAN) • Regular feedback from service users built into evaluation and measurement plans • Ensure opportunities for people with dementia are maximised, taking a strength based approach
<p>Accountability: Accountability requires effective monitoring of our work, ensuring that human rights standards are met. For accountability to be effective there must be suitable procedures in place to ensure feedback is considered and where appropriate acted upon.</p>	<ul style="list-style-type: none"> • Initial stakeholder scoping event • Stakeholder events and focus groups to understand current state • Representation on relevant groups • Ongoing collaboration with SDWG and NDCAN • Regular feedback from service users built into evaluation and measurement plans • Ensure opportunities for people with dementia are maximised, taking a strength based approach
<p>Non-discrimination and equality: Nobody should experience because of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other status.</p>	<ul style="list-style-type: none"> • The EQIA will be monitored and updated on a regular basis • Equality and diversity will be part of project updates • The PDS service will conduct its own EQIA as part of the programme plan • We will work with Inverclyde to ensure equality issues are part of their sustainability plan
<p>Empowerment: People should be informed of and understand their rights. People should be supported to claim their rights where necessary.</p>	<ul style="list-style-type: none"> • Ensure robust project communication plan which takes into account equality and diversity issues and includes contact details • Ensure opportunities for people with dementia are maximised, taking a strength based approach
<p>Legality: The full range of legally protected human rights must be respected, protected and fulfilled. A human rights based approach requires the recognition of rights as legally enforceable entitlements, and is linked in to national and international human rights law.</p>	<ul style="list-style-type: none"> • Ensure project is compliant with legislation and seek advice from subject matter experts; Clinical Leads, Rosie Tyler-Grieg (Healthcare Improvement Scotland) and local equality and diversity leads