

## 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.'

<b>General Information</b>			
Name of activity	Time to Talk – Right Care, Right Place Engagement		
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	29/06/22 updated 06/07/23
Names and roles of those involved	<p>Gary Sheehan-Divisional Manager Community Beds and Supported Living</p> <p>Asha Chauhan –Project support SAM (Sustainability and Modernisation)</p> <p>Ryan Stewart –Project Officer SAM</p> <p>David Rowland, Director of Strategic Planning and Transformation</p> <p>Viv Gration, Deputy Head of Strategic Planning</p> <p>Kelly Armstrong, Business Manager</p> <p>Liz Forsyth, Strategy Support Manager</p> <p>Kerry Riddell, Equality and Diversity Facilitator</p> <p>Lynsey Fitzpatrick, Equality and Diversity Lead</p>		
Describe the activity in no more than 200 words	<p>Right Care, Right Place is part of a comprehensive programme of Community Transformation that aims to support delivery of the Model of Care described within the Integration Joint Board Strategic Commissioning Plan.</p> <p>From January to July 2023 Dumfries and Galloway Health and Social Care Partnership are undertaking widespread community engagement and consultation. This will help to design Intermediate Care and Supported Living and ensure it is fit for the next ten to fifteen years and ensure people have access to the care and support they need in their local communities.</p> <p>This impact assessment will focus on the engagement and consultation activity for the review. It aims to identify and record any potential impact on protected characteristic groups. Where negative impacts are identified action will be taken to minimise or mitigate these.</p>		
How will <b>people</b> be affected by this activity?	<p>People and communities across Dumfries and Galloway (including people accessing and delivering intermediate care and support) will be affected by the outcome of the review as it will impact on how and where this is delivered over the next 10 to 15 years.</p>		

	<p>The findings will influence</p> <ul style="list-style-type: none"> <li>• the types of Intermediate Care and Supported Living that may be offered and locations where this could happen</li> <li>• how people’s current and future needs will be met</li> <li>• what the vision for services is for the future</li> </ul>
<p>Who has been <b>involved</b> in the development of this activity and in what capacity?</p>	<p>People and communities across Dumfries and Galloway (including people accessing and delivering care and support and unpaid Carers) have been involved through the Time to Talk engagement activities.</p> <p>The feedback from those activities provided valuable insight into what is important to people and gauged people’s understanding of the challenges currently faced across Health and Social Care.</p> <p>The experience and knowledge stakeholders have shared throughout the process has and will continue to influence the engagement and consultation and highlight areas of particular interest/concern.</p>
<p>Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment</p>	<p>During the equality monitoring process, the project team has contributed to the aims of the Equality Act 2010 including Fairer Scotland Duty and Human Rights Act 1998 by ensuring information is accessible to all, including protected characteristic groups.</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 involved in Time to Talk are included as part of the pre-engagement for Right Care Right Place. These stakeholders have been invited to continue to be involved throughout the various phases of the project.</p> <p>The learning from Time to Talk and previous engagement for the Strategic Commissioning Plan influenced the look and content of engagement documents.</p> <p>Data gathered during the engagement has been used to identify gaps and ensure the consultation process includes any people or groups that have previously been missed or not engaged with despite invitations to do so.</p> <p>Targeted engagement has taken place through local support groups, action groups, staff groups and protected characteristic group networks (including Women’s Network, Black and Minority Ethnic Staff Network, Disability Network and LGBT (Lesbian, Gay, Bisexual or Transgender) + Staff Network) and organisations. This has sought to ensure under-represented groups and communities of interest have their voices heard.</p>



### Impact Assessment Screening Questions

Please complete the table below and outline within the comments 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.

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	What will the positive impacts be?	What will the negative impacts be?	What evidence gathering, research or involvement has been carried out?
Age	<p>People of all ages are included in the engagement to ensure their voices are heard and their experience helps shape the future of intermediate care in Dumfries and Galloway.</p> <p>The project takes into account that there are increasing numbers of older people who are in receipt of care and support but also many who provide unpaid care. This and the input from Young Carers are reflected in the supporting resources including the animation to ensure people of all ages feel represented.</p> <p>Although this project relates to adult health and social care, Young Carers and Dumfries and Galloway Carer's Centre and Youth Forum have been invited to engage, to ensure they</p>		<p>The project team and associated documents state that people of all ages could be affected by the outcome of this review, whether as Carers, staff or people accessing intermediate care now or in the future.</p>

	<p>have been given the opportunity to participate in its development.</p> <p>Engagement activities will be available face to face across Dumfries and Galloway as well as online This aims to provide opportunities for people of all ages to get involved if they do not have access to a computer or smart phone.</p>		
Disability	<p>Invitations to engage include groups that represent people with disabilities including the Partnership Staff Disability Network. Engagement with this group of people is important as they can be more likely to be affected by any changes to any aspect of health and social care.</p> <p>All the venues for engagement events will be accessible for people with physical disabilities. All project documents have been made accessible and available in Easy Read Format</p> <p>Communication materials 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>Research with Inclusive Development and Knowledge Exchange Enabler the Usual Place, Dumfries identified</p> <ul style="list-style-type: none"> <li>• issues around access to web-based resources. Following this feedback, the resource was amended and was more accessible.</li> <li>• Resources for visually impaired (and people who do not read English but understand spoken words) were requested. This was not done within the consultation period but will be used as a learning point for future engagement and consultation</li> </ul>

	<p>Accessibility checked prior to booking – loop systems advertised where applicable, BSL (British Sign Language) translation services advertised on posters.</p> <p>Options for engaging on a 1-2-1 basis or with the assistance of a support worker will be made available to ensure people can get involved.</p>		
Sex	<p>All resources will use gender neutral terms to encourage engagement and reduce exclusion.</p> <p>The model of care is inclusive, so people recognise it as being relevant to them regardless of gender.</p> <p>Any resources ensure they acknowledge unpaid Carers of all genders and ages to make it clear that they do not exclude people.</p>		<p>Discussions with DGLGBT+ support organisation identified that gender identity could be seen as a potential issue in relation to people accessing care and support, so all resources use gender neutral terms.</p> <p>A range of options available for providing input means that those who may not feel safe at a public consultation event are still able to participate</p>
Gender reassignment and Transgender	<p>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.</p> <p>Resources have been shared and offers of bespoke presentations to</p>	<p>Gender neutral toilets were not available at all in-person events. This may have impacted on participation by trans and non-binary people</p>	<p>No concerns were raised. However, on exploring this issue it was identified that most venues had an accessible toilet which was gender neutral.</p>

	both the LGBT+ Staff Network and D & G LGBT+ were made.		
Marriage and Civil Partnership	<p>The focus of the engagement activities using inclusive, person centred approach discourages assumptions about relationship status.</p> <p>Engagement activity promoted respect for individual people and relationships and sought to ensure that care and support is delivered with no favour or discrimination based on marital status.</p>		
Pregnancy and Maternity	<p>All resources ensure the rights of pregnant people are acknowledged and respected.</p> <p>People who are pregnant or who have young children can be fully involved in the engagement in whatever format suits them best. Times of events were split between afternoon and early evening to try and accommodate a wide range of people including parents of young children.</p>		<p>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 hospitals and other locations where someone could be accessing health or social care and support.</p>
Race	<p>Opportunities to engage have been shared widely, including but not exclusively with people from black, Asian and minority ethnic</p>		

	<p>communities across Dumfries and Galloway through means such as the Ethnic Minority Staff Network and D &amp; G Multi Cultural Association</p> <p>Engagement resources have a link to translation services to enable translation on request.</p>		
Religion or belief	<p>The engagement activities consider cultural beliefs, language barriers and requirements of faith that may impact on a person or their Carer's access to health and social care.</p>	<p>Thought was given to avoiding clashes with prayer timings and religious festivals.</p>	<p>No issues were highlighted. However, had events been found to clash, alternatives would have been arranged with the affected group</p>
Sexual orientation	<p>It is recognised that a person's intermediate care and support needs should be person centred, regardless of a person's sexual orientation. Language and images around communities of interest and communities of experience are considered and included in engagement resources. Efforts to engage were made through the LGBT+ Staff Network and D&amp;G (Dumfries &amp; Galloway) LGBT+ organisation.</p>		<p>Engagement with DGLGBT+ support organisation assured that resources and dates of engagement activities had been circulated multiple times to ensure people had opportunities to get involved, in person or online.</p>
Human Rights	<p>Ensuring a Rights Based approach is embedded in the Model of Care supports the PANEL principles of Participation, Accountability, Non-</p>		<p>Resources sought to ensure that people were aware that anyone living in Dumfries and Galloway had the right to</p>



	discrimination, Empowerment and Legality.		share their experience and opinions about intermediate care and support, in whatever format is most appropriate for them. This includes people in prison and those detained under the Mental Health Act
Health & Wellbeing & Health Inequalities	<p>To avoid disadvantage for people that do not or cannot use digital technology for whatever reason, alternatives to virtual meetings will always be made available.</p> <p>Improving communication and providing information in accessible formats will support choice and control, regardless of a person's health status, financial circumstances, or location in our region.</p> <p>Sessions included engagement with the Poverty Action Group to ensure the voice of people on low income was heard.</p> <p>Prepaid envelopes were circulated widely so people did not have the barrier of the cost of having to buy a stamp or envelope.</p>		<p>The impact of poverty on people's ability to access services has been considered.</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> <p>Feedback from events about the quality, availability and accessibility of resources was overwhelmingly positive.</p>
Economic & Social Sustainability	Providing opportunities across the region (during the day and early evening) sought to reduce the cost associated with attending events far from home and sought to improve the level of engagement.	Virtual events require broad band subscription and relevant technology to engage some people may not have this.	Telephone or postal opportunities as well as some 1-2-1 meetings aimed to mitigate this risk. Home Team staff delivered surveys in their communities

			to ensure people had access to them.
Staff	Staff are being directly engaged with in community hospitals and other H & SC settings across the region such as GP (General Practice) practices. Further opportunities outwith these sessions are available online or in person to ensure staff have their voices heard.		Opportunities for staff to engage have been made available to ensure those who do not want to voice their concerns publicly or who want to do so outwith a work environment can do so.

Where any potentially negative impacts are identified on page 2 of this document, **the mitigating/follow up actions must be fully documented in the following section.** <sup>[OBJ]</sup>

<p>How will you mitigate any negative impacts?</p>	<p>Assured accessibility and checked facilities at the venues before booking and offered alternative ways of engaging where no suitable alternative is available.</p> <p>Endeavoured to engage with faith leaders to try to avoid prayer timings and religious festivals where possible.</p> <p>Provided telephone and postal opportunities as well as some 1-2-1 meetings to mitigate any negative outcomes in relation to lack of digital access or transport.</p> <p>Best practice guidelines are adhered to in respect of all communication and engagement. This is supported and overseen by the communication team, Consultation and Engagement Working Group and Equality Team</p>
<p>Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?</p>	<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 are included on all surveys and records of engagement will seek to provide details of engagement with protected characteristic groups.</p> <p>Data gathered will be used as evidence to identify gaps in stakeholders and may lead to further targeted engagement if required.</p>
<p>Does this activity require consideration of the <a href="#">Fairer Scotland Duty</a>? If yes, please outline the steps taken to meet the needs of the duty.</p>	<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:	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>The process has been an iterative one and we will continue learn from it and use that learning to ensure the next stage is even better.</p> <p>Where gaps in accessibility or issues with communication have been identified we have responded accordingly and will use this knowledge to improve future practice.</p>	

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

**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

- 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.
  - 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): [OBJ]

### Points to consider

- 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: [OBJ]**

### **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: [OBJ] 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: [OBJ]**

### **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: [OBJ]**

### **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:** [OBJ] **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?
- Are 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):** [OBJ] **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: OEJ**

#### **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)?