## Impact Assessment - Purpose of the Impact Assessment:

**Equality -** The Equality Act 2010 introduced a <u>Public Sector Equality Duty (PSED)</u> requiring public bodies to give due regard to the need to:
- Eliminate unlawful discrimination
- Advance equality of opportunity
- Foster good relations

The purpose of an Equality Impact Assessment (EQIA) is to ensure that policies, functions, plans or decisions (hereafter referred to as 'policy') do not create unnecessary barriers for people protected under the Act.

**Socio-economic -** From April 2018, the Scottish Government introduced the Fairer Scotland Duty which requires named public bodies to have due regard to narrowing the causes of inequality of outcome caused by socio-economic disadvantage when making strategic decisions.

**Island and Rural -** The Islands (Scotland) Act 2018 requires public bodies to assess whether a policy strategy or service is likely to have a significantly different effect on an island community than effects other areas. Highland Council has committed to considering whether a policy or strategy change impacts differently upon rural communities.

<u>Where negative impacts are identified these should be eliminated or minimised, and opportunities for positive impact should be maximised.</u>

## Impact Assessment

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|---|---|
| Title/description of the policy | Highland Health and Social Care Partnership Strategic Plan for Adult Services 2024-2027 |
| Name of the person(s) carrying out the assessment? | Gavin Sell NHSH<br>Fiona Malcolm HC<br>Rhiannon Boydell NHSH<br>Cathy Steer NHSH<br>David Goldie HC<br>Alison Clark HC |
| Date of assessment | 9 June 2023 |

| What are the aims and objectives of the policy/function/strategy? |
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| The Strategic Plan is to set out the arrangements for the delivery of adult social care functions. This includes Health and Social Care Services which support:<br>▪ Older Adults who need care and support including those in a care home setting<br>▪ Adults with a Learning Disability who require support to be as independent as possible<br>▪ Adults with a disability or illness who need to support to live in their home<br>▪ Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible<br>▪ Adults living with health conditions<br>▪ Adults requiring support from Drug and Alcohol Recovery Services |

This includes support from services such as digital technology, telecare, equipment services, online support and local community supports.  It reflects ongoing work with partners in Housing.  Housing has a key role to play both to support a sustainable workforce and to keep people in their home communities as long as possible.

The plan explains what the Partnership's aims are and how it intends to make a difference by working closely with communities and partners across Highland.
The key aims are to improve the wellbeing and outcomes of people living in Highland, to focus on consistency and quality, to build resilience with a more preventative and anticipatory approach and to work in partnership with local people, third and independent sector organisations to plan and deliver change.

The Plan provides the strategic direction for how health and social care services will require to be shaped in Highland communities in the coming years and describes the necessary transformation that will be required to achieve our vision and financial balance. It is recognised that "one size does not fit all".   There are core social care services that people in every community should have access to as shown in the diagram below.  As a consequence of Highland geography and population distribution this does not mean everyone within every community will be equally close to these services.

The Plan articulates how partnership working improves outcomes and how it will make a difference by working closely with third sector partners and communities across Highland. It recognises that the Plan itself must link in with other work. It is a pan-Highland plan and it recognises that Locality Improvement Plans will subsequently be developed to develop more nuanced response locally which will be consistent with the overall Strategic Plan.


**Adult health and wellbeing summary**

Adult health and wellbeing profiles are available for the nine community partnerships in the area covered by Highland Health and Social Care Partnership (HSCP). The profile reports present an overview of indicators relevant to the health of adults and older people in each partnership. The information presented covers a range of topics relating to health status (morbidity and mortality) and health harms across the life course.

**Key points**

People are living longer lives than in previous generations. Life expectancy in Highland has increased over time for both males and females and is higher than in Scotland. However, following the pattern in Scotland, average life expectancy has stopped improving. It is a significant concern that a sentinel measure of population health and social progress is not improving.

Gaps in life expectancy between the most and least deprived areas of Highland highlight significant health inequalities. People in our poorest neighbourhoods are dying younger than their peers. Gaps in life expectancy have increased over time for both sexes and highlight widening inequalities in society.

Social and economic inequalities in health and wellbeing are evident within the partnership area. Small areas with a higher proportion of people experiencing income deprivation generally rank more poorly according to the Scottish Index of Multiple Deprivation (SIMD) health domain.

By presenting data for small areas, the community partnership profiles highlight that systematic differences in population health are associated with income deprivation across a range of measures, providing further evidence of current health inequalities within the Highland HSCP.

In Highland, leading causes of death include ischaemic heart disease, dementia and Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases and certain cancers. There have been decreases in early deaths from cancer and coronary heart disease, but improvements have stalled in recent years.

Common long-term conditions in Highland include cardiovascular diseases, cancers, neurological disorders, mental health disorders and musculoskeletal disorders. The prevalence of many conditions, including type 2 diabetes, are likely to increase as the number of older people increases.

Rates of cancer registrations have remained relatively constant, indicating earlier diagnosis and treatment may have driven previous improvements in premature deaths from cancer.

Hospitalisations due to asthma, chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD) are significant causes of poor health and preventable hospital admission. Higher rates of hospitalisation across the HSCP are related to deprivation.

Psychiatric patient hospitalisations have markedly decreased over time, reflecting a long-term strategic shift in the care of people with mental health problems from inpatient treatment towards supporting people in the community. There is a profound socio-economic gradient with psychiatric admission rates known to increase with area deprivation.

Reducing the use of and harm from alcohol, drugs and other substances is a national public health priority. There is no safe level of drinking alcohol and no completely safe level of drug use. People's use of alcohol and drugs may incur harm from many issues.

There is a clear socio-economic gradient with alcohol and drug-related admission rates known to increase with area deprivation. For many people, multiple disadvantage contributes to substance use, which in turn contributes to further disadvantage.

Dementia and frailty are a major cause of disability and dependency among older people. Being able to identify and assess dementia and frailty allows early intervention to increase independence, slow progression and reduce the risk of adverse outcomes.

As the number of older people in the population increases, the number of people requiring support at the end of life is likely to increase.

Trends have shown increases in deaths occurring in a homely setting. If this pattern is sustained, increased primary, community and palliative care resources will be needed to support families and individuals at home.

**Further information**
Public Health Intelligence. Adult Health and Wellbeing Partnership Profiles. 2023.
https://www.nhshighland.scot.nhs.uk/about/publications-and-public-records/public-health-profiles/#Adulthealthandwellbeing

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| Who may be affected by the policy<br><br>Will affect all people who live in the Highlands | • Older Adults who need care and support including those in a care home setting<br>• Adults with a Learning Disability who require support to be as independent as possible<br>• Adults with a disability or illness who need to support to live in their home<br>• Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible<br>• Adults living with health conditions<br>• Adults requiring support from Drug and Alcohol Recovery Services<br>• Young People transitioning into adult care services<br>• Carers – including unpaid and those operating on self directed support basis<br>• Health and Social Care Workforce<br>• Local communities |

**Population groups considered for health inequalities**

| Protected characteristics | Socio-economic deprivation | Geography and Place | High-risk individuals |
|---|---|---|---|
| e.g. age, sex, disability, gender reassignment, race, pregnancy & maternity, religion or belief, sexual orientation | e.g. poverty, unemployment, low income, multiple deprivation | e.g. urban, rural and island communities and neighbourhoods | e.g. homeless people, people living in prison, people with problem substance use, people with mental health problems |

| | |
|---|---|
| How have stakeholders been involved in the development of the policy? | • Strategic Planning Group – which includes third sector and community representatives,<br>   o Carr Gorm<br>   o Highland Home Carers<br>   o Highland Senior Citizen's Network<br>   o Care Home representative<br>   o HTSI<br>   o Scottish Care<br>   o Carer Expertise<br>   o NHS Highalnd and Highland Council representatives.<br><br>• Joint Monitoring Committee<br>• NHS Board<br>• Elected members<br><br>Methods of engagement<br>• Meetings<br>• Workshops<br>• Online survey and other online input |

*Which parts of the public sector duty is the policy relevant to?*

| | | |
|---|---|---|
| 1. Eliminate unlawful discrimination | X | |
| 2. Advance equality | X | |

| | | |
|---|---|---|
| 3. Promote good relations | X | |

## Part One – Identifying the groups potentially impacted

### Equality

***Which of the protected characteristics is the policy relevant to?*** *Tick and briefly describe any likely equalities impact (positive/negative/neutral).*

| Characteristic | Positive | Negative | Neutral | comments |
|---|---|---|---|---|
| Gender | | | X | Greater move to care at home therefore potential impact in terms of gender of carers and availability of carers of the requested gender |
| Age | X | | | Strategy should have a positive impact on adults of all ages as highlights the need to plan around needs Potential impact relates to service delivery challenges and implementation of strategy rather than the strategy itself |
| Disability | X | | | Strategy should have positive impact on needs Potential impact relates to service delivery challenges and implementation of strategy rather than the strategy itself |
| Religion or Belief | | | | Unclear whether any issue regarding carers in relation to different religions – further consideration required through public consultation |
| Race | | | | Unclear whether any issue in relation to strategy and different races. Potential anticipated impact related to access and Gypsy/Travellers on access to services Potential access issue for different cultures – strategy does pick up on access.  To be explored through public |

| | | | | consultation |
|---|---|---|---|---|
| Sexual Orientation | | | X | No anticipated impact |
| Gender reassignment | | | X | No anticipated impact |
| Pregnancy/maternity | | | X | No anticipated impact |
| Marriage and Civil Partnership* | | | X | No anticipated impact |

*applies only to Employment and the duty to give regard to the elimination of discrimination

**Poverty Impact**

**How is the service/policy change likely to impact on the following areas?**
Think about the review area you are responsible for; what might be the impact of any policy or proposed change on the following areas of interest. Please tick and briefly describe any impact.

| Area of Impact | Positive | Negative | Neutral | Comments |
|---|---|---|---|---|
| **Pockets** – potential impact on household resources (income, benefits, outgoings), ability to access a service due to reduction or withdrawal | | | | Ability to access a service:<br>+ve – ability to be supported at home, tech enabled/community support<br>-ve – residential support…families needing to travel to visit as no Care Home beds in every community – cost of being out of your community |

| | | | | +ve – supporting carers<br>+ve – focusing on filling gaps by the approach |
|---|---|---|---|---|
| **Prospects** – potential impact on people's life chances e.g. access to, or ability to access education, employment, training  (e.g. transport, childcare, support), | | | | Not on individual but on wider family and community – access<br><br>People with more resources have more choice – mitigation is that the strategy is trying to ensure people can remain within their community and not be required to use more intensive resources |
| **Places** – potential to impact on specific vulnerable areas or communities (SIMD, fragile rural) e.g. housing, transport) | | | | Potential negative impact on remote and rural due to access to residential care<br><br>+ve - Improve sustainability and access to services |

**Considering the areas outlined above, are specific groups likely to be affected differently?**
Think about the review area you are responsible for; are any of the following groups likely to be affected differently by any proposed change?

Tick and briefly describe any likely impact (positive/negative/neutral) on the following groups.

| Vulnerable Groups | Positive | Negative | Neutral | Comments |
|---|---|---|---|---|
| Lone Parent Families | | | X | |
| Unemployed | | | X | |
| Young children* | | | NA | |
| Older people* | | | As above | |
| Homeless | | | X | |
| Looked after children | | | X | |
| Low income households (in-work poverty) | | | As above | |
| Disabled people* | | | As above | |

*may also be identified through equality impact screening


**Rural and Island**

**Could people in rural or island communities be affected differently?**
Think about the review area, could rural or island communities be affected differently by any proposed change? *Areas to consider:*
- *Do the intended impact/outcomes differ*
- *Do Access or Financial impacts differ - Travel time, higher costs, energy costs, access to the internet, sustainability of service, individuals – seasonal/part-time/self-employed*

| Area for assessment | Positive | Negative | Neutral | Comments |
|---|---|---|---|---|
| Rural communities | | | | Potential -ve related to provision of care and support – not care homes in all communities and difficulty of service delivery aspects of challenge of Workforce.<br>Potential +ve – focus and use of technology, reduces reliance on workforce and reduces travel needs |
| Island communities | | | | Nothing different from rural communities overall |

# Part 2 – Considering the Impact

**Evidence and consultation – How do you know the groups that might be impacted?**

What existing sources of information have you gathered to help identify how people covered by the protected characteristics may be affected by this policy or service? Eg Consultations, national or local data and/or research, complaints or customer feedback. Are there gaps in available data?

**Conclusions**

Engagement with key representative groups have informed the development of the strategy and supported the identification of potential impacts as identified in the assessment. The Strategy aims to mitigate the potential impacts identified. It is expected that more local engagement in implementation of the of the plan will be an opportunity to take into account the nuances of such potential impacts.

**Next steps**

- The public consultation will target key representative groups eg. Senior Citizens, Disability Groups, Remote and Rural communities etc.

- The consultation will consider any specific impacts on gypsy traveller populations and race/religion which are currently unknown

- Predicted/projected need amongst older adults will be considered and incorporated into this assessment

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| **Impact – for the groups identified in section 1** | |
| a) Describe any evidence of, or potential for, negative impact, and/or | |
| b) Does the policy contribute positively to the promotion of equality on any particular group | |

a) **The main negative impact identified prior to broader public consultation is in relation to the potential need for families to travel to visit loved ones whose needs result in them being placed in a care home and with limited care home places available, this may not be in their local area. There is a socio-economic impact on families but also a risk of isolation for the individual concerned.**

b) **The Strategy intends to minimise the impact on individuals, families, and communities by enabling greater care at home, utilising technology to support individuals to stay within their own homes and communities across Highland for as long as possible. The strategy should have a positive impact on adults of all ages as it highlights the need to plan around needs**

**Justification**

| If negative impact is identified, can this be justified? | The Strategy focuses on enabling people to remain within their own homes and communities. It may not be possible in all cases but the Strategy aims to ensure improved planning based on needs and will be accompanied by local action plans for implementation within local communities which will focus on mitigating any negative impacts on individuals. The strategy also focuses on supporting carers and on filling gaps in provision within local areas which in itself will assist in mitigating any negative impacts or unintended consequences. |
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**Mitigation**

| Can the potential for negative impact on particular groups be removed or minimised? | As above |
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**Actions**

Are there actions identified to advance or promote equality, or to mitigate potentially negative impact? Please detail or attach an action plan.

Please see 'next steps' above.

Develop local implementation plans that will consider mitigating actions for any identified negative impacts at a local level.

Please provide details of arrangements to monitor and review the policy and any associated actions.

Joint Monitoring Committee is the body who will ensure through the Strategic Planning Group that a review is carried out in terms of the Strategy.

Full impact assessments require to be published, please state where the EQIA will be published:

Highland Council website

NHS Highland website