

Equality & Poverty Impact Assessment 00717 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

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|--------------------------------|--|---------------------------|-----------------------------|
| Service & Division: | Social Work Adult Services Community Care | Lead Officer Name: | David Keenan |
| | | Team: | Performance |
| | | Tel: | 01324501 |
| | | Email: | David.Keenan@falkirk.gov.uk |
| Proposal: | Integration Joint Board Business Case 2024/25 This EPIA is submitted on behalf of Aaron Fraser. Review of the NHS Forth Valley Dietetic Service. | Reference No: | |

| What is the Proposal? | Budget & Other Financial Decision | Policy (New or Change) | HR Policy & Practice | Change to Service Delivery / Service Design |
|-----------------------|-----------------------------------|------------------------|----------------------|---|
| | No | No | No | Yes |

| Who does the Proposal affect? | Service Users | Members of the Public | Employees | Job Applicants |
|-------------------------------|---------------|-----------------------|-----------|----------------|
| | Yes | No | Yes | No |

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|-------------------------------|--|
| Other, please specify: | |
|-------------------------------|--|

Identify the main aims and projected outcome of this proposal (please add date of each update):

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|------------|--|
| 01/11/2024 | The primary aim of the review is to make recommendations that enable the service to efficiently and effectively respond to challenges now and the future. This will be through building on existing good practice; developing new and innovative ways of working to ensure the service is fit for purpose; and identifying approaches to ensure the service is sustainable to meet the challenges and demands. |
| 01/11/2024 | Improve the accessibility and quality of information available to the general public and services users on the NHS Forth Valley website |
| 01/11/2024 | Improve access to Nutrition and Dietetic services with universal, targeted and specialist interventions |
| 01/01/2024 | Review staff working environment and areas that service users receive input including face to face, telephone and digital means of contact to ensure it is fit for purpose, maximises efficiency in the service and is equitable |
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SECTION TWO: FINANCIAL INFORMATION

| For budget changes ONLY please include information below: | | | Benchmark, e.g. Scottish Average |
|---|-------------------------------|---|----------------------------------|
| Current spend on this service (£'0000s) | Total: | There are no budget changes within this project however there will be optimisation of current resources to improve capacity and quality of services | |
| Reduction to this service budget (£'0000s) | Per Annum: | | |
| Increase to this service budget (£'000s) | Per Annum: | | |
| If this is a change to a charge or concession please complete. | Current Annual Income Total: | | |
| | Expected Annual Income Total: | | |
| If this is a budget decision, when will the saving be achieved? | Start Date: | | |
| | End Date (if any): | | |

SECTION THREE: EVIDENCE

Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

A - Quantitative Evidence

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

The Nutrition and Dietetic service serves all three localities within NHS Forth Valley. During the period 01/04/22 – 31/03/23 8890 individuals received input from the department (Total number of contacts with this group = 35507). A range of interventions were offered within primary and secondary care and spanned all age groups. The department has specialist areas for delivering care to protected characteristic groups including Disability (learning disability team) and Pregnancy / Maternity (within the Diabetes and Healthier Futures team) but it is recognised that these protected characteristic groups can be seen within other areas of the service. There is input to our prison services but we recognise that this could be improved with a review of the therapeutic dietary and Dietetic needs for this population. We do not currently have quantitative data regarding the following protected characteristic groups: Ethnicity, religion, sexual orientation, transgender. The Nutrition and Dietetic service is likely to have contact with all protected characteristic groups and the review is mindful of this when making recommendations and service changes.

There are approximately 60 staff working across Nutrition and Dietetic Teams who will contribute and be impacted by the review.

B - Qualitative Evidence

This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

Social - case studies; personal / group feedback / other

The department has attempted to engage with service users to increase coproduction opportunities, assess experience and patient perceived outcomes in some areas (e.g. Hospital at Home, Type 2 diabetes early intervention team, Denny Community Support Group, Gestational Diabetes service and the Public Health Nutrition Team frequently engage with Forth Valley residents within their communities). This engagement has provided a positive experience for staff and service users and helped support and evidence Dietetic interventions in our communities. However, it is acknowledged that the Dietetic service is vast and further engagement would be beneficial in other areas of the service. The department has reacted and collected service user feedback on Care Opinion and welcomes any additional feedback provided to the service. There has not been full service user consultation for the Dietetic Review but the review is keen to explore service user 'patient stories' and have coproduction within service improvements. To mitigate against the impact of internal changes, staff engagement events have been held and feedback from staff influenced the review and the creation of the themed workstreams. Staff feedback indicated that accommodation needed upgraded and some processes could be improved to ensure a consistent approach across the service. The creation of the workstreams will ensure staff continue to have a voice to help shape the service. There is a further engagement event scheduled 31/01/23.

Best Judgement:

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|---|---|
| Has best judgement been used in place of data/research/evidence? | No |
| Who provided the best judgement and what was this based on? | |
| What gaps in data / information were identified? | Further service user feedback and coproduction would be beneficial within the review. |
| Is further research necessary? | Yes |
| If NO, please state why. | |

SECTION FOUR: ENGAGEMENT

Engagement with individuals or organisations affected by the policy or proposal must take place

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| Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status? | Yes | |
| If YES, please state who was engagement with. | There is ongoing engagement with the Dietetic staff group. There has also been engagement with a stakeholder group involving staff groups and referrers into the department who the service review will affect. There has been some service user engagement within Hospital at Home, Type 2 diabetes early intervention team, Denny Community Support Group, Gestational Diabetes service and the Public Health Nutrition Team frequently engage with Forth Valley residents within their communities but further scoping of this would be beneficial particularly within protected characteristic groups. | |
| If NO engagement has been conducted, please state why. | | |
| How was the engagement carried out? | What were the results from the engagement? Please list... | |
| Focus Group | No | |
| Survey | Yes | Positive feedback on blended approach to contact mode (telephone, face to face and digital depending on patient preference / need). Surveys on patient perceived outcomes and feedback which has helped influence service design. |
| Display / Exhibitions | No | |
| User Panels | No | |
| Public Event | No | |
| Other: please specify | | |
| Has the proposal / policy/ project been reviewed / changed as a result of the engagement? | No | |
| Have the results of the engagement been fed back to the consultees? | No | |
| Is further engagement recommended? | Yes | |

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics: What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

| Protected Characteristic | Neutral Impact | Positive Impact | Negative Impact | Please provide evidence of the impact on this protected characteristic. |
|--------------------------|----------------|-----------------|-----------------|--|
| Age | ✓ | | | <p>The review will aim to improve access for all age ranges including clear referral routes and in some areas the option for online self referral. The review also aims to improve the available public facing information on the NHS Forth Valley website. There will be more offers for telehealth but traditional telephone and face to face contacts still available.</p> <p>It is acknowledged that there is an increased risk for difficulty in accessing online self referral routes, online information and digital communications means for the youngest and oldest in our population. To mitigate the risk of inequalities, all services will still have referral access via other health professionals including GP, individuals or representatives and self referral accepted via telephone, email or in writing in addition to online. All our information on our website can also be accessed in printed copies when requested by telephone or in writing or by any individual, representative or professional on behalf of an individual.</p> |
| Disability | ✓ | | | <p>During the development of resources and services, the review is mindful of accessibility for those living with disabilities. The review has input from Learning Disability Specialist Dietitians. We are improving the number of resources available in 'easy read' format and how individuals or representatives access these. There is increased risk that self referral may be a barrier for this group, particularly online. To mitigate the risk of inequalities, all services will still have referral access via other health professionals including GP, individuals or representatives and self referral accepted via telephone, email or in writing in addition to online.</p> |
| Sex | ✓ | | | <p>We are not aware of any factors that would result in inequalities in this protected characteristic group from the review but we will aim to collect data and be responsive to any feedback from service users or general public.</p> |

Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:

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| | | | | We will aim to be responsive to any emerging data or feedback on arising issues. We have began opening conversations with and a charity supporting mainly refugees from Eastern Europe and plan to become involved with the Keep Well Health Assessments for all new Ukrainian immigrants in 24/25. |
| Religion / Belief / non-Belief | ✓ | | | We are not aware of any factors that would result in inequalities in this protected characteristic group from the review but we will aim to collect data and be responsive to any feedback from service users or general public. We have began opening conversations with Rainbow Muslim Women's group |
| Sexual Orientation | ✓ | | | We are not aware of any factors that would result in inequalities in this protected characteristic group from the review but we will aim to collect data and be responsive to any feedback from service users or general public. |
| Transgender | ✓ | | | We are not aware of any factors that would result in inequalities in this protected characteristic group from the review but we will aim to collect data and be responsive to any feedback from service users or general public. |
| Pregnancy / Maternity | ✓ | | | We are not aware of any factors that would result in inequalities in this protected characteristic group from the review but we will aim to collect data and be responsive to any feedback from service users or general public. |
| Marriage / Civil Partnership | ✓ | | | We are not aware of any factors that would result in inequalities in this protected characteristic group from the review but we will aim to collect data and be responsive to any feedback from service users or general public. |
| Poverty | ✓ | | | The review aims to improve access to dietary advice and support for all including those in our most deprived areas. People living in higher deprivation areas are known to have increased risk of health inequalities. We also acknowledge that there may be an issue of digital poverty and are mindful of this on our service design and how services can be accessed. The public Health Nutrition team has workstreams to mitigate against this and during our service designs and improvements we need to focus on improving access and equitability for these areas. |
| Care Experienced | ✓ | | | We are not aware of any factors that would result in inequalities in this protected characteristic group from the review but we will aim to collect data and be responsive to any feedback from service users or general public |

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| Other, health, community justice, carers etc. | | ✓ | | The review has identified a gap within our prison services where we need to improve access to dietary advice on the provision of therapeutic diets. A short life working group will be specifically looking at prisons to improve the departments input and reach to this area. |
| Risk (Identify other risks associated with this change) | | | | |
| | Evidence of Due Regard | | | |
| Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct): | -Ensure referral pathways including self referral do not present barriers to individuals accessing services. -During development of website and resources ensure access to easy read versions where possible and accessibility for English not being first language -Continue to offer a range of communication methods including digital, telephone and face to face which may be on an individual or group basis. | | | |
| Advance Equality of Opportunity: | Promote availability to protected characteristic groups for easy read / first language versions of literature, varied routes to access services and range of contact modes. | | | |
| Foster Good Relations (promoting understanding and reducing prejudice): | Aim to have more public consultation / feedback from service users and coproduction of services. | | | |

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

| Which sectors are likely to have an interest in or be affected by the proposal / policy / project? | | Describe the interest / affect. |
|--|-----|---|
| Business | Yes | Care Home providers as they refer into and receive training from the Dietetic Department. They are being offered consultation on referral routes, input and training via a specific workstream on Care Homes. |
| Councils | Yes | Due to integrated services there are parts of the council who are interested in the wider review Some areas of the council refer into the department and receive training. Our stakeholder group includes council representatives. |
| Education Sector | Yes | Schools and nurseries may be interested as they benefit from education and training from the Dietetic Department. Schools and HEI's may be interested as part of career opportunities within the Profession. |
| Fire | No | |
| NHS | Yes | Many NHS providers refer into the department and receive training. Our stakeholder group includes council representatives. |
| Integration Joint Board | Yes | Representatives are invited to our stakeholder group and the project manager reports to the transformation board meeting. |
| Police | No | |
| Third Sector | Yes | We work with a range of third sector organisations and would look to strengthen relationships to help improve universal interventions for people within Forth Valley and increase our knowledge of available signposting for service users. |
| Other(s): please list and describe the nature of the relationship / impact. | | |

SECTION SEVEN: ACTION PLANNING

Mitigating Actions: If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

| Identified Impact | To Who | Action(s) | Lead Officer | Evaluation and Review Date | Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes |
|-------------------|--------|-----------|--------------|----------------------------|---|
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No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.

During the development or redesign of referral routes and services we are ensuring there is still access via a number of avenues and individuals can self refer via telephone, email or writing if required. During development of resources we are including easy read versions and will attempt to provide equitable care for those that English is not first language by providing or adapting resources. We will aim to increase coproduction with service users. The staff group is involved with high engagement level and there is stakeholder meetings for interested parties detailed above. These actions should mean only neutral or positive impact.

Are actions being reported to Members?

No

If yes when and how ?

SECTION EIGHT: ASSESSMENT OUTCOME

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| Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons. | | |
| No major change required | Yes | Mitigation against any potential negative impacts has been built into the review. |
| The proposal has to be adjusted to reduce impact on protected characteristic groups | No | |
| Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups | No | |
| Stop the proposal as it is potentially in breach of equality legislation | No | |

SECTION NINE: LEAD OFFICER SIGN OFF

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| Lead Officer: | | | |
| Signature: | David Keenan | Date: | 08/02/2024 |

SECTION TEN: EPIA TASK GROUP ONLY

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|---|---|--------------------------|
| OVERALL ASSESSMENT OF EPIA: | Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties? | Yes / No |
| ASSESSMENT FINDINGS | | |
| If YES, use this box to highlight evidence in support of the assessment of the EPIA | | |
| If NO, use this box to highlight actions needed to improve the EPIA | | |
| Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u> ? | Yes / No | If YES, please describe: |

| LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA | | |
|--|----------|----------|
| LEVEL | | COMMENTS |
| HIGH | Yes / No | |
| MEDIUM | Yes / No | |
| LOW | Yes / No | |

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

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|------------------------------------|--------------|--------------|------------|
| Director / Head of Service: | | | |
| Signature: | Mark Fairley | Date: | 28/02/2024 |