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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact alastair.low@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Delivering Better Outcomes for People Living with Advanced Dementia, their Families and Carers Through Strength Based Practice

Is this a: Current Service ☐ Service Development ☐ Service Redesign ☐ New Service ☒ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The aims of Glasgow's Dementia Strategy 2016-19 and emerging Older People's Mental Health Strategy underpin this service development. A key aim of the dementia strategy was to develop care pathways for people with more advanced dementia given that existing post diagnostic services only supports those at early stages.

This service will sit within the wider OPMH services and the emerging strategy will be subject to a full EQIA. This EQIA is being completed to support an NHS Charities Together bid.

Currently there are 8,000 people living with dementia in Glasgow and there around 65 new diagnosis per month. Post lockdown, there has been an increase in the number of people with advanced dementia and carer under stress are approaching services for support. This increased demand includes an increased complexity and risk

Scotland's third National Dementia Strategy which focuses on timely access to good quality support, that is appropriate, at all stages which will support them to live as well as possible with advanced dementia. The Five Pillars model of PDS is well established in Glasgow with Alzheimer's Scotland commissioned to support 600 people per annum in early stages of dementia, co-producing a person-centred plan built around hopes, choices and aspirations for the future. A recent audit of the waiting list has highlighted that around 15% of those waiting is deemed 'not suitable' for Five Pillars due to the stage of dementia means they are unable work towards supported self-management.

The strategy recognises the increasing complexity of dementia service users being cared for with high levels of needs and associated risks and the need to grow community services and develop care pathway for people with more advanced dementia through a multi-disciplinary care co-ordination these service users, their families and carers.

Without this new model more people with dementia will be admitted to hospital as they are unable to be kept at home due to a lack of service coordination and understanding of the level of resources and skills mix required to better manage complex dementia patients at home.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

This EQIA was requested to support an NHS Charities Together bid as a means of demonstrating how the funded service will show due regard to meeting the 3 aspects of the Public Sector Equality Duty.

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Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Ann Cummings	Date of Lead Reviewer Training: 2017
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Ann Cummings GCHSCP OPMH Service Manager
Maureen Taggart Alzheimer Scotland
Janis McDonald – The ALLIANCE (Associate Director (Sensory))
Margot MacLennan GCHSCP OPMH Service Manager

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted		<p>GCHSCP Older People Services capture protected characteristics within the Carefirst and EMIS systems, to allow us to monitor the uptake of health and social care services. We currently have circa 4000 cases known to social work and older peoples' mental health services within Glasgow</p> <p>This also allows us to deliver services to specific groups and /or minority groups including data on language & communication needs & preferences.</p> <p>Going forward any service delivery models designed/commissioned will capture equality information on service users to ensure analysis of</p>	Need to ensure all this data is collectable and can be reported.

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			service uptake aligned to the priority groups and wider care user groups.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>GCHSCP Older People Services capture protected characteristics within the Carefirst and EMIS systems, to allow us to monitor the uptake of health and social care services and used to develop personalised care plans</p> <p>Qualitative data in terms of feedback from service users, carers and families will be used to improve service design and delivery.</p> <p>Feedback from multi-disciplinary partners involved in delivery of the will also inform service development.</p>	<p>The planned service evaluation will analysis both qualitative and quantitative data to inform service design.</p>

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>The learning from research for this service development and design is informed by Scotland Dementia Strategies</p> <p>The 2nd dementia strategy Scotland's 2013–16 identified 17 commitments underpinned by a human rights approach.</p> <p>It also highlighted population groups with characteristics protected by the Equality Act 2010 where challenges might arise in the context of dementia:</p> <p>Age – younger onset dementia Race and ethnicity – black or minority ethnic Disability including sensory impairment Learning Disabilities Lesbian, gay, bisexual and transgender (LGBT) Language & Communication needs</p> <p>We know that many of these groups are under-represented in terms of the numbers of people diagnosed with dementia, and current services do not fit well with their needs.</p>	<p>Under representation from protected groups will be addressed within the wider dementia and OPMH strategies with a strong emphasis on public awareness raising and promoting dementia friendly communities.</p> <p>The planned service evaluation will include a focus on care pathways for these protected groups, to determine if the services are culturally competent, of culture, belief, race, nationality or colour, to determine what further actions and service modifications</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service.</i></p>	<p>This EQIA is informed with the broad engagement process undertaken by Scottish Government, Alzheimer Scotland, people with dementia, their families and carers in development of 2nd and 3rd National Dementia Strategies.</p>	<p>n/a</p>

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	<p>engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>	<p>This engagement has highlighted the range of barriers for those with protected characteristics and the need to continue to raise awareness, develop robust pathways to culturally competent and informed services for people from the protected characteristic groups with a diagnosis of dementia, their carers and their families.</p> <p>We will ensure that staff have appropriate experience, knowledge and skills.</p> <p>As previously highlighted his service will sit within the Dementia Strategy refresh and the wider OPMH services and the emerging strategy will be subject to a full EQIA.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users		The service is delivered in people's homes though language and communication need to be considered and where required whether Interpreters/BSL/Community Languages support workers, hearing aids/portable hearing loops, and easy read version of written materials	Not applicable

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	<p>through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality or opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable X</p>			
	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p>	<p>This service will ensure that written information about the the service is available in different forms, languages and formats taking sensory impairments into account and that these are reviewed regularly.</p> <p>Staff will in recognition of, for example deafness in older people then BSL and other formats will be available, and interpreters used to ensure that the service does not discriminate.</p> <p>Where English is not a first language then Interpreters will be used.</p> <p>Service users will also have access to independent advocacy services.</p>	<p>The planned service evaluation will focus on report on data for various communication methods and gather qualitative data from service users, families and carers to inform service design.</p> <p>Impact of language and communication issues will be considered and needs of Carers identified and adequately addressed.</p>

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	<p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>Data on this protected characteristic is captured by the service. This will be reviewed annually to establish if it is representative of the Glasgow population</p> <p>The service will be delivered to older people with a diagnosis of advancing/advanced dementia who are over 65 year of age and there is no age limit.</p> <p>In recognition of early onset dementia in people aged under 65 years, service will also be delivered to those living with advancing/advanced early on set.</p> <p>Research has demonstrated that prevalence of dementia is more prevalent in woman than men and increases with age</p>	n/a	

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Age Under 65 years 0.01% 65–69 years: men – 0.6%; women – 0.8%; 80–84 years: men – 5.2%; women – 7.2%; 85–89 years: men – 7.6%; women – 11.9%; 90 years + prevalence: men – 10.2%; women – 17.8%.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Data on this protected characteristic is captured by the service. This will be reviewed annually to establish if it is representative of the Glasgow population</p> <p>We know that dementia is a leading cause of disability in older people and many people have physical co-morbidities, chronic conditions, such as sensory impairment that can impact further on their abilities.</p> <p>People with sensory impairment, who develop dementia face additional challenges, including an increased sense of disorientation and risk of social isolation.</p> <p>The onset of dementia may be more difficult to detect by family and carers. Equally it may be difficult for the person with sensory impairment to communicate what is going on for them.</p> <p>Often hearing or sight problems may go unrecognised if behaviours, associated with sensory loss, are thought to be symptoms of other complex needs such as dementia.</p> <p>People with complex needs may not be aware that they have a sensory problem and may not be able to tell others.</p>	<p>Ensure that sensory impairments are part of assessment of need and ensure access to audiology and opticians are embedded within person's care plan. Language and communication issues will be identified and addressed.</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Estimates of prevalence suggest that women are at increased risk of dementia. Of the estimated 800,000 people with dementia in the UK, two thirds are women, three quarters of family carers for people with dementia are women, and it is mostly women who deliver paid care.</p> <p>There is a disproportionate impact on women from dementia as women tend to live longer than men and dementia risk rises with age, and there maybe specific issues for trans people who may be more likely to be isolated as a result of disclosure at an early age.</p> <p>The development the service will seek to provide equal access for woman and men and seek to improve access provision for those who identify as transgender who are likely to be an under represented group.</p>	<p><u>Evaluation to consider experiences of transgender women accessing the service.</u></p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No risk to this protected characteristic.</p>	

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	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable X <input type="checkbox"/>		
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable X <input type="checkbox"/>	No risk to this protected characteristic.	<u>n/a</u>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	It is not anticipated the proposed service changes will have an impact on people with this protected characteristic. as communication support (Interpreting/translation) will be available for people who do not have English as a first language.	It is known that BME communities are under- represented in dementia diagnosis, treatment and support. This requires to be addressed within the wider HSCP Dementia and OPMH Strategies with a strong emphasis on public targeted awareness raising and

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	<p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>promoting dementia friendly communities.</p> <p>The planned service evaluation will include a focus on care pathways for these protected groups, to determine if the services are culturally competent, of culture, belief, race, nationality or colour, to determine what further actions and service modifications</p>
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable X <input type="checkbox"/></p>	<p>There is no direct link between religion and belief with this service and we will ensure that people's individual beliefs are respected by the service.</p>	<p align="center">n/a</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p>	<p>It is not anticipated the proposed service changes will have an impact on people with this protected characteristic.</p> <p>Consideration should be given to any historic gender based violence.</p> <p>There is a disproportionate impact on women from dementia as women tend to live longer than men and dementia risk rises with age.</p>	<p><u>Risk assessments and review of historic and current presentation</u></p>

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable X <input type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>It is not anticipated the proposed service changes will have an impact on people with this protected characteristic though there may be issues for LGB people coming receiving dementia post diagnostic support.</p>	<p>Ensure staff are trained in anti discriminatory practice.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>It is not anticipated the proposed service changes will have an impact on people due to their socio-economic status.</p> <p>Service delivery will include maximisation of benefits and provide money advice.</p> <p>High levels of deprivation over time in Glasgow and the significant health inequalities will have impacted on older people who often live with a range of long terms conditions in comparison to the more affluent parts of town.</p> <p>There will be equitable access to the service across the city.</p>	<p align="center">n/a</p>
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>All Glasgow citizens with a dementia diagnosis aged 65 year + will be able to access this service.</p>	<p>It is known that many of these communities are under- represented in dementia diagnosis, treatment and support.</p> <p>This requires to be addressed within the wider HSCP Dementia and OPMH Strategies with a strong emphasis on public targeted awareness raising and promoting dementia friendly communities.</p>
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>There are no costs savings aligned to this service.</p>	

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	3) Foster good relations between protected characteristics. 4) Not applicable X		
	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	<p>Staff will be recruited who are confident and competent in supporting people with dementia and enhanced level of The Promoting Excellence education framework will be applied.</p> <p>Staff will access HSCP's statutory and mandatory learning programs covering equality, diversity and human rights.</p>	<p>Inclusive Communication built into training & development programmes.</p>

10. In addition to understanding and responding to legal responsibilities set out in Equality Act(2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

The Charter of Right for people with dementia was developed in 2010 by Alzheimer Scotland and people with dementia, their carers and families. This charter advocates that people with dementia, their families and carers have the same human rights as every other citizen. It recognises the impact of the illness, and the cultural, social and economic barriers to fulfilling these rights.

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This service will work within the aim of this charter and advocate these rights and will take a person-centred holistic approach which considers all aspects of a dementia service users' life and act to mitigate and address risks

https://www.alzscot.org/sites/default/files/images/0000/2678/Charter_of_Rights.pdf

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

In the service delivery we will seek to ensure we apply the PANEL principles.

Participation – We will seek to capture service user and carers experience during the duration of the programme and provide case studies as a part of a qualitative performance reporting and this will inform the planned evaluation. We will work in partnership with key partners in HSCP and 3rd sector to continue to inform the refresh of the Dementia Strategy.

Accountability – Glasgow City HSCP vision includes a commitment to delivering a wide range of supports of the highest quality, designed to support and achieve meaningful outcomes for people living with dementia and their families and carers. This will be delivered through Dementia Practice Coordinators who will be coordinating a model of integrated support, drawing on a range of health and social care professionals to meet needs, manage the risks of individuals and devising and reviewing care plans. Staff will work within the National Care Standards.

Equality – This EQIA outlines the steps being taken by the programme to ensure it is non-discriminatory in recognition of under representation of key protected groups in dementia diagnosis, treatment and support and this service will seek to address this.

Empowerment – The service seeks to enable active engagement and empowerment of service users, carers and families.

Legality – The service is compliant with UK and Scottish Law.

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- ☐ **Option 1: No major change (where no impact or potential for improvement is found, no action is required)**
- ☐ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- ☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- ☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

n/a

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion

Who is responsible?(initials)

Essentially this 18-month service with 3 dedicated Advanced Dementia Practitioners is a Test of Change whereby a number of actions will be taken to raise public awareness of dementia services for under representation of a number protected characteristics as described in Equality legislation.

2022 by Older People Planning Team who are leading in the Dementia strategy and Older People Mental Health Strategy.

Ongoing 6 Monthly Review **please write your 6 monthly EQIA review date:**

A review of the EQIA will be included in the planned service evaluation.

Lead Reviewer:
EQIA Sign Off:

Name
Job Title
Signature
Date

Ann Cummings
Service Manager

Once complete please e-mail a copy of the assessment to alastair.low@ggc.scot.nhs.uk for quality assurance (QA). Please note QA offers advice on content and is an optional process for HSCPs who can proceed directly to publication if required.

Quality Assurance:

Name
Job Title
Signature
Date

Alastair Low
Planning Manager

16/11/2021

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**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

Delivering Better Outcomes for People Living with Advanced Dementia, their Families and Carers Through Strength Based Practice

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

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		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

Please email a copy of this EQIA to alastair.low@ggc.scot.nhs.uk or send to Equality and Human Rights Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.

Scottish Dementia Working Group and National Dementia Carers Action Network were both fully involved in consultation and shaping the strategy.
Health and Social Care Delivery Plan

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Integration of Health and Social Care and Primary Care Transformation

Carer Act and Young Carer Act

National Clinical Strategy

Self-Directed Support Act

Based on the research that informed, conclusion was that all those deemed as having advanced dementia should have a care coordination, based on the 8 Pillars Model of Integrated Community Support.

GCHSCP Dementia Strategy and Older People Mental Health strategy aims to prevent admissions to acute services and long term care by supporting people with advanced dementia, their families and carers through a dedicated care coordination approach involving a multi-disciplinary approach to support people to remain at home.

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