Healthcare Improvement Scotland

An Equality Impact Assessment of

Dementia in Hospitals collaborative (June 2021 - March 2023)

May 2021

Contents

Page

Equality Impact Assessment of Dementia in Hospitals Collaborative

1. Introduction

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

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

The relevant protected characteristics are:

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

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

Our impact assessments also consider if the Dementia in Hospitals Collaborative has the potential to impact on health inequalities.

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

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

The potential impact of the Dementia in Hospitals Collaborative on an individual's human rights has also been considered. The Collaborative will follow the PANEL principles of the Charter of Rights for People with Dementia and their Carers in Scotland (2009)

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

2. Aim/Purpose of the Dementia in Hospitals Collaborative

The Dementia in Hospitals programme is an improvement collaborative commissioned by Scottish Government. The programme aims to:

- Improve outcomes for people with dementia across different hospital settings (Acute, Community and Specialist Dementia Units) with a focus on person centred care planning and prevention and management of stress and distress.
- Support people who work in hospital care services to continuously improve the support, care and treatment they provide.

The programme will work with hospital teams from across Scotland (details of teams still to be agreed)

3. Assessment of impact

The groups of people who may be impacted by this programme are as follows: age, disability, gender reassignment, race, religion or belief, sex and sexual orientation. Please see below.

Protected Characteristics	**Does the proposed programme have the potential to negatively impact our ability to meet the general equality* duty in relation to any of the protected characteristics?**
Age	Older people are well represented in our collaborative work making up the vast majority of patients with dementia. Patients with dementia may also include young onset dementia (under 65) who may be admitted to Specialist Dementia Units, community hospitals and acute hospitals. Of the current eight wards only one is designated DME (Department for Medicine for the Elderly) at Borders General Hospital which will take over 65s only.
Disability	Patients in our collaborative are more likely to have disability due to their general age and frailty. This includes a range of co-morbidities, sensory impairment and decreased mobility. As part of their general hospital care patients with dementia will have access to trained staff and aids and adaptations to support them with physical ill health and disability.
Gender reassignment	If a patient with dementia has gender reassignment they may experience distress around: • Recalling transition, disclosure, outing and confidentiality • Attitudes and assumptions • Hormones and overlap with other medication
Marriage and civil partnership (relates	See ‘sex’, ‘sexual orientation’ and ‘gender reassignment’ for related issues

to the elimination of discrimination only)	
Pregnancy/maternity	Not applicable due to patient age
Race	BAME patients should have equity of access to in-patient care however access to care may be impacted by availability of information in specific languages, understanding and cultural views of dementia, which can vary with culture. If someone has a first language, they may feel more fluent, comfortable or have better cognition of it and revert back to it which may cause communication issues • Sense of isolation if in white institutional culture • Culturally appropriate knowledge of staff / links with community • May only have access to long-term memories from when they experienced overt hostility • Family may have similar issues
Religion or belief	• Access to religious spaces may be limited (prayer room) • Access to chaplaincy and other religious supports may be limited • May influence how people with dementia and caregivers understand and/or relate to dementia https://www.tandfonline.com/doi/abs/10.1080/13674676.2013.816941 https://onlinelibrary.wiley.com/doi/abs/10.1111/jep.13412
Sex	Women are well represented in the patient group as dementia has a higher incidence in women. Gender should not impact on care.
Sexual orientation	It is thought that 2.6 percent of people in Scotland identify as lesbian, gay or bisexual (Office for National Statistics 2019) As dementia progresses, LGBT people may feel like they are back in an earlier time in their life and this could cause distress • Being out, to what extent and to whom / returning to closet / disclosure • Outing and confidentiality • Reminiscence work, which can be therapeutic for many people with dementia, may distress but could also be a positive experience if tailored to the individual • Attitudes and assumptions, perception of institution and safety • Socialising and maintaining links with (LGBT) community / isolation / reference points (queer culture / music / TV)

	• Relations - Less likely to have children and more likely to be estranged from family. Family/loved ones may be 'chosen family'

4. Recommendations for change

The following actions are recommended:

1. Collaborative teams should access training and resources and consider ward activities at local / board level to reduce the potential for negative impacts on health inequalities. This could include:
    a. Equalities training / awareness raising opportunities
    b. Accessing and work with translation services
    c. Consideration of cultural and religious appropriateness of ward activities / food/ facilities etc.
2. Collaborative contract to include information encouraging collaborative teams to ensure improvement activities are tailored to consideration around the needs and experiences of people from different protected characteristic groups.
3. Collaborative teams share learning from local impact assessments with the Healthcare Improvement Scotland team to support the ongoing development of this as a live document and project tool.

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

5. Monitoring and review

This work will be monitored within the governance structures of Healthcare Improvement Scotland and the Dementia in Hospitals Delivery group.

The EQIA will be monitored as part of the project management processes for the hospitals programme.

6. Who carried out the impact assessment?

The impact assessment of the Dementia in Hospitals Collaborative was carried out by

EQIA completed by –
Stephen Lithgow, Associate Improvement Advisor
Marie Innes, Improvement Advisor

EQIA reviewed by –
Rosie Tyler-Greig, Equality and Diversity Advisor

7. Contact Information

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

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