

Equality and Children's Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,
- the UNCRC (Incorporation) (Scotland) Act 2024,

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Assessment & Rehabilitation Centres (ARCs) Restructure & Redesign

Question 2a: Lead Assessor's details

Name	Leesa Radcliffe	Tel. No	01383 623623
Job Title:	Clinical Service Manager - Integrated Community Teams	Ext:	x30247
Department	Integrated Community Teams - Community Care Services	Email	leesa.radcliffe@nhs.scot

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

ARC Redesign Oversight Group

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	<p>The development of a Fife wide community-based frailty/rehabilitation service. The overall aim of this proposal is to implement an enhanced locality-based model of care within the community that is more integrated, equitable, sustainable, and responsive across Fife.</p> <p>There are three ARCs in Fife, and these are based within the following geographic</p>
------------	--

locations, and only provide service provision within those areas -

- Whitefield ARC (WARC) based in Queen Margaret Hospital covering the Dunfermline & South West Fife localities
- Glenrothes Hospital ARC (GARC) covering the Glenrothes locality
- Randolph Wemyss Memorial Hospital (RWARC) covering the Leven locality

The current ARC model of care isn't equitable across Fife as there are only three covering four localities with the remaining three localities having no provision at all. In addition, there are differences between each of the ARCs staffing establishment, resources, and the way that service provision is being delivered. This was due to the adaptation of the services that were already in place when the ARCS were established.

Phase 1 of the ARC model of care was in Whitefield, Queen Margaret Hospital during 2018 with the establishment of WARC. This was an evolution of the traditional day hospital (already located within this location) to an appointment-based clinic session model. There were no changes to the staffing establishment that was already in place and as such, WARC have a fully dedicated staffing resource.

Phase 2 of the ARC model was the transformation of GARC and RWARC during 2018/2019. The staffing establishment aligned to these ARCs are staff who also work within the Intermediate Care Teams, and the staffing resource for them is significantly less than WARC.

The objective of the redesign is to undertake a restructure of existing service provision and to redesign the way that services are delivered.

The desired outcomes are:

Implement a sustainable and fit for the future model of care:

- Undertake a restructure and redesign that is in alignment with strategic developments of delivering care within the community/home setting.
- Provide a Fife wide equitable and sustainable model of care based in the community.

A more integrated, equitable and person-centred service provision across Fife:

- Implementing a Fife wide model of care that supports the right care at the right time and in the right setting.
- A model of care that focuses on preventative community/home-based care.
- Integrated and co-ordinated service provision and delivery – that maximises resources.
- Creating a service that minimises the impact of social and economic inequalities.

Increase capacity within the Service and utilise resources more effectively:

- Restructure and enhance resources that can provide a more equitable, integrated, flexible, and responsive community/home-based service.
- Streamlined referral/pathway processes.
- Reduce duplication of referrals to multiple teams.

To deliver outcome focused patient care:

- Service provision that is focused on what matters to people and the individual outcomes that matter to them.

	<ul style="list-style-type: none"> ➤ Improved access to the right care and the right time by the right person. ➤ Optimise the health and independence of people by providing advanced practice/medical and/or rehabilitation provision in the community/home. ➤ Supporting people to experience greater independence and participation in their valued activities to support their health and wellbeing. <p>Currently the Service predominately focuses on frailty, and this will remain the same within the new restructure and redesign. There are no adult age restrictions (18+) although it is predominately frail older age demographic that receives service provision – and this isn't expected to change, as referrals are accepted on frailty and rehabilitation need.</p>
--	---

Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>Positive:</p> <ul style="list-style-type: none"> - the new model will support older age groups and service users who are frail, as new model will mean reduced requirements to leave home and will have care in their own home. - Fife wide service that is accessible for all age groups over 18 with frailty/rehabilitation needs
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>Positive:</p> <ul style="list-style-type: none"> - A high % of patient group could be considered disabled, with multiple conditions, and so improvements to this service will impact them positively, again by making services more accessible. - Currently, on average there are twelve new referrals received per week across the four localities that the three ARCs cover. As part of the new model of care, it is anticipated that when the service is being delivered Fife wide, there will be an average increase from twelve to twenty-one new referrals per week. This will therefore impact this group more positively as these service changes will impact them more than other groups.

<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Positive:</p> <ul style="list-style-type: none"> - Race and ethnicity data isn't collected by the service, as the service is available to all patients – however as the new model will be Fife wide (and no longer only within the 3 geographic locations) this will have a positive impact in the service being able to improve access for patients and enhance equality. - Interpreting – no changes here, all practitioners will have access to digital interpreters or F2F when required
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence (GBV)</i></p>	<ul style="list-style-type: none"> - GBV, normal processes will be followed in terms of protection referrals, however if patients could not be seen at home due to safety concerns, clinic spaces will be prioritised for these patients. - No negative impacts identified, and any mitigations needed will be implemented.
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<ul style="list-style-type: none"> - No anticipated impact(s)
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<ul style="list-style-type: none"> - This protected characteristic is not anticipated to have any impact(s)
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<ul style="list-style-type: none"> - Potentially positive impact due to home model improving patient privacy.
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<ul style="list-style-type: none"> - This service would not expect to treat patients under this protected characteristics. Patients in this group requiring specialist care would be unlikely to be referred to the service, however if they were, team would re-route/onward refer to GP and or Midwifery services.

<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<ul style="list-style-type: none"> - No anticipated impact(s)
---	--

Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<ul style="list-style-type: none"> - No patients under 18 - Positive impact anticipated on children as services will be delivered from home therefore no childcare requirements. Children can remain safe in home whilst family seek care.
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<ul style="list-style-type: none"> - Articles not relevant to this as it is an adult care service only. Therefore, no impact on child life survival, development.
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<ul style="list-style-type: none"> - If a young person wanted to provide formal feedback through PET, they are welcome to do so, and can also provide informal feedback through Care Opinion. Practitioners would be happy to support young person in providing feedback on services.

<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<ul style="list-style-type: none"> - Articles not relevant to this as it is an adult care service only. Therefore, no impact on refugee &/or Care Experienced Children.
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<ul style="list-style-type: none"> - No patients under 18 - Positive impact anticipated on children as services will be delivered from home therefore no childcare requirements. Children can remain safe in home whilst family seek care.
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i> <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<ul style="list-style-type: none"> - Articles not relevant to this as it is an adult care service only. Therefore, no impact on Enjoyment of the Highest Attainable Standard of Health.
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	<ul style="list-style-type: none"> - Not applicable

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

The current ARC model of care isn't equitable across Fife. There are only three ARCs providing a service to four out of the seven localities. There are also differences between each of the ARCs staffing establishment, resources, and the way that service provision is being delivered. This is mainly due to the structures that were in place when the ARCs were established.

Extensive planning for the restructure and redesigned model of care has been to consider and determine -

- How to deliver a more enhanced community/home-based model of care.
- How to provide equitable service provision across Fife.
- How to deliver a sustainable fit for the future model of care Fife wide.
- How are other services and/or teams evolving? And ascertaining the most appropriate team/service to undertake service delivery parameters and functions in the future.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	√	No	
-----	---	----	--

If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Yes: Consultation has been undertaken at Senior Manager level with applicable stakeholders in the development of the proposal.

No: There has been no consultation with staff and/or service users in regard to the proposal as yet. This is due to the proposal being confidential until it has been tabled with Senior Leadership Team (SLT) for approval. The proposal will enhance the current service delivery by developing a model that will cover the whole of Fife.

One of the recommendations within the SBAR is seeking approval on developing a communication strategy for our workforce, referrers, and other applicable Services/teams.

Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	<p>It is not anticipated that there will be any negative impact(s) / consequences for patients / service users as a result of the restructure and redesign proposal.</p> <p>The impacts identified are for our workforce and these will be addressed and mitigated as part of the organisational change process in collaboration with HR and staff-side.</p>
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p>3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p>	

<p>4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	
---	--

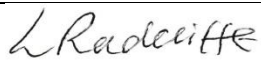
PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Leesa Radcliffe
Email	leesa.radcliffe@nhs.scot
Telephone (ext)	x30247
Signature	
Date	13/8/24

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Isla.bumba@nhs.scot
Telephone (ext)	29557
Signature	
Date	5/9/24

Return to Equality and Human Rights Team at
[**Fife.EqualityandHumanRights@nhs.scot**](mailto:Fife.EqualityandHumanRights@nhs.scot)