



## Areas for Consideration of Impact

### Protected Characteristics

<b>Age:</b> older people; middle years; early years; children and young people.
<b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
<b>Gender Reassignment:</b> people undergoing gender reassignment
<b>Marriage &amp; Civil Partnership:</b> people who are married, unmarried or in a civil partnership.
<b>Pregnancy and Maternity:</b> women before and after childbirth; breastfeeding.
<b>Race and ethnicity:</b> minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
<b>Religion and belief:</b> people with different religions or beliefs, or none.
<b>Sex:</b> men; women; experience of gender-based violence.
<b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual.

### Fairer Scotland Duty

<b>Low income</b> – those who cannot afford regular bills, food, clothing payments
<b>Low Wealth</b> – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
<b>Material Deprivation</b> – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
<b>Area of Deprivation/Communities of Place</b> - consider where people live and where they work (accessibility and cost of transport)
<b>Socio-Economic Background</b> - social class, parents' education, employment, income.

### Health Inequality (those not already covered in the Fairer Scotland Duty)

<b>Low literacy / Health Literacy</b> includes poor understanding of health and health services (health literacy) as well as poor written language skills.
<b>Discrimination/stigma</b> – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
<b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.
<b>Physical environment and local opportunities</b> - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.

<p><b>Education and learning</b> - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p>
--

**Other**

<b>Looked after (incl. accommodated) children and young people</b>
<b>Carers:</b> paid/unpaid, family members.
<b>Homelessness:</b> people on the street; staying temporarily with friends/family; in hostels, B&Bs.
<b>Involvement in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.
<b>Addictions and substance misuse</b>
<b>Refugees and asylum seekers</b>
<b>Staff: full/part time; voluntary; delivering/accessing services.</b>

**Human Rights (note only the relevant ones are included below)**

<p><b>Article 2 – The right to no discrimination</b> – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.</p>
<p><b>Article 3 - The right to life</b> (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p>
<p><b>Article 5 - The right not to be tortured or treated in an inhuman or degrading way</b> (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p>
<p><b>Article 9 - The right to liberty</b> (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p>
<p><b>Article 10 - The right to a fair trial</b> (limited right) – including the right to be heard and offered effective participation in any proceedings.</p>
<p><b>Article 12 - The right to respect for private and family life, home and correspondence</b> (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p>
<p><b>Article 18 - The right to freedom of thought, belief and religion</b> (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p>
<p><b>Article 19 - The right to freedom of expression</b> (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p>

## UNCRC

<b>Article 2</b> non-discrimination	<b>Article 15</b> freedom of association	<b>Article 30</b> children from minority or indigenous groups
<b>Article 3</b> best interests of the child	<b>Article 16</b> right to privacy	<b>Article 31</b> leisure, play and culture
<b>Article 4</b> implementation of the convention	<b>Article 17</b> access to information from the media	<b>Article 32</b> child labour
<b>Article 5</b> parental guidance and a child's evolving capacities	<b>Article 18</b> parental responsibilities and state assistance	<b>Article 33</b> drug abuse
<b>Article 6</b> life, survival and development	<b>Article 19</b> protection from violence, abuse and neglect	<b>Article 34</b> sexual exploitation
<b>Article 7</b> Birth, registration, name, nationality, care	<b>Article 20</b> children unable to live with their family	<b>Article 35</b> abduction, sale and trafficking
<b>Article 8</b> protection and preservation of identity	<b>Article 22</b> refugee children	<b>Article 36</b> other forms of exploitation
<b>Article 9</b> separation from parents	<b>Article 23</b> children with a disability	<b>Article 37</b> inhumane treatment and detention
<b>Article 10</b> family reunification	<b>Article 24</b> health and health services	<b>Article 38</b> war and armed conflicts
<b>Article 11</b> abduction and non-return of children	<b>Article 25</b> review of treatment in care	<b>Article 39</b> recovery from trauma and reintegration
<b>Article 12</b> respect for the views of the child	<b>Article 26</b> Benefit from social security	<b>Article 40</b> juvenile justice
<b>Article 13</b> freedom of expression	<b>Article 27</b> adequate standard of living	<b>Article 42</b> knowledge of rights
<b>Article 14</b> freedom of thought, belief and religion	<b>Article 28</b> right to education	

## ACHSCP Impact Assessment – Proportionality and Relevance

<b>Name of Policy or Practice being developed</b>	<b>End of Life Beds Test of Change</b>
<b>Name of Officer completing Proportionality and Relevance Questionnaire</b>	<b>James Maitland (Transformation Programme Manager)</b>
<b>Date of Completion</b>	<b>19/02/2024</b>
<b>What is the aim to be achieved by the policy or practice and is it legitimate?</b>	As part of a whole system pathway of care and ACHSCP planning for winter surge, approval was given for five interim beds within Rubislaw Park Nursing Home in December 2021 for End-of-Life Care. The current contract for these beds expires on the 31st of May 2024. Due to budgetary/financial constraints it has been decided to end the test of change on the 31st of March 2024.
<b>What are the means to be used to achieve the aim and are they appropriate and necessary?</b>	Approval has been given through the Senior Leadership Team to end the Test of Change and contract with Rubislaw Park Nursing Home early on the 31st of March 2024. This will happen on a phased approach with the number of available beds in the pathway reducing from 5 to 3 with immediate effect and then to zero by the 31st of March 2024
<b>If the policy or practice has a neutral or positive impact please describe it here.</b>	<b>Positive Impacts</b>  <b>Age &amp; Disability / Health and Social Care Provision</b> The end of the test of change will assist in supporting the sector with additional long term bed capacity by releasing contracted beds which are not being used to the full capacity. The learning that has been gained from the test of change will also help to shape how end of life care can be delivered going forward.
<b>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</b>	<b>Yes</b>
<b>Rationale for Decision</b> <b>NB: consider: -</b> <ul style="list-style-type: none"> <li>• How many people is the proposal likely to affect?</li> <li>• Have any obvious negative impacts been identified?</li> <li>• How significant are these impacts?</li> <li>• Do they relate to an area where there are known inequalities?</li> <li>• Why are a person's rights being restricted?</li> </ul>	<p>The beds were operating as part of a test of change and would have had to go out to the market to re-tender the service to ensure we are adhering to procurement regulations. We have to ensure we are spending the public pound appropriately and getting value for money. The average occupancy level was around 60% for the last few months of the contract. Following the evaluation in 2022 where occupancy was at around 43%.</p> <p>The weekly cost per End-of-Life Bed within Rubislaw Park Nursing home is currently £2400 per week, and these are block funded. This totals £624,000 per year for all 5 beds.</p>

<ul style="list-style-type: none"> <li>• <b>What is the problem being addressed and will the restriction lead to a reduction in the problem?</b></li> <li>• <b>Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</b></li> <li>• <b>Are there existing safeguards that mitigate the restriction?</b></li> </ul>	<p><b>Negative impacts</b></p> <p><b>Health and Social Care Service Provision</b></p> <p>The closing of the end-of-life beds will mean there is a gap in provision of this type of support, effectively removing 5 beds from the system to be used for professional End of Life care, however by ceasing the use of the beds increases general capacity within the sector as there are now an additional 5 long term care places in circulate.</p> <p>Mitigations are in place with alternative provision available for End-of-Life Care within traditional Care Home settings in Aberdeen City, Roxburgh House through McMillan Nursing and community nursing. A number of separate projects are being explored and co-designed by the Lead Nurse who sits within the Collaborative care home support team.</p> <p>Traditionally, all care homes are experts in the provision and support of end-of-life care and are supported locally by the Collaborative Care Home Support team and the Social Care Contracts Team to ensure they have the appropriate level of training and support to enable them to deliver high quality end of life care.</p>
<p><b>Decision of Reviewer</b></p>	
<p><b>Name of Reviewer</b></p>	
<p><b>Date</b></p>	

### **Scottish Specific Public Sector Duties (SSPSED)**

#### Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children’s rights and the Fairer Scotland duties be addressed?

Yes – The strategic approach to decision making is fully considered under the fairer Scotland duty, aligning with other strategic plans, including: LOIP, the Aberdeen City Health and Social Care Partnership Strategic Plan, ethical commissioning principles and GIRFE principles.

## ACHSCP Impact Assessment – The Integrated Impact Assessment

<b>Description of Policy or Practice being developed including intended aim.</b>	As part of a whole system pathway of care and ACHSCP planning for winter surge, approval was given for five interim beds within Rubislaw Park Nursing Home in December 2021 for End-of-Life Care. The current contract for these beds expires on the 31st of May 2024. A decision was made by the Senior Leadership Team due to budgetary/financial constraints to end the test of change on the 31st of March 2024.
<b>Is this a new or existing policy or practice?</b>	Existing policy
<b>Name of Officer Completing Impact Assessment</b>	James Maitland Transformation Programme Manager
<b>Date Impact Assessment Started</b>	19/02/2024
<b>Name of Lead Officer</b>	Shona Omand-Smith
<b>Date Impact Assessment approved</b>	

### Summary of Key Information

<b>Groups or rights impacted.</b>	Patients/community carers/family Staff
<b>Feedback from consultation and engagement and how this informed development of the policy or practice</b>	<p>The test of change looked at a small number of beds within a nursing home in Aberdeen. Given the occupancy rate over the term of the test of change and cost of the beds it has been deemed that the test of change is no longer sustainable. The majority of Care Homes within Aberdeen City manage and support End of Life care which is similar to that provided by Rubislaw Park Nursing Home.</p> <p>All patients referred into the test of change were residents of Aberdeen. The geographic spread of patients and the referring GP practices outlined in the evaluation in 2022 showed that patients were referred from an equal balance of deprived and non-deprived addresses in Aberdeen city.</p> <p>Feedback from the users was gathered throughout the test of change and this forms the information regarding stakeholder groups.</p>
<b>Performance Measures identified, where these will be reported and how impact will be monitored.</b>	<b>Referral trends:</b>

	<ul style="list-style-type: none"> <li>· There were 128 total referrals over the 2-year period of TOC</li> <li>· The number of monthly referrals range from 1 – 12, with an average of about 5 referrals per month.</li> <li>· There is some fluctuation month-to-month, but the overall trend seems to be increasing referrals over time.</li> <li>· The larger percentage of referrals across the pathway has come Primary Care (Community)</li> </ul> <p><b>Length of stay:</b></p> <ul style="list-style-type: none"> <li>· The average length of stay is 17.42 days.</li> </ul> <p><b>Capacity and Utilization:</b></p> <p>With 5 beds available and average stays of 17.42 days,</p> <ul style="list-style-type: none"> <li>· There were 2,230 occupied bed days from a possible 3,650 bed days.</li> <li>· The average occupancy level was around 60% for the last few months of the contract. Following the evaluation in 2022 where occupancy was at around 43%.</li> </ul>
--	--

**Review**

<b>Date the Impact will be reviewed</b>	
<b>Rationale for Date</b>	

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics	Yes	Age, Disability	
Fairer Scotland Duty	Yes	Low Income, Low Wealth	The end-of-life beds within the test of change have been available to all patients at no cost. A traditional Care Home would be dependent on financial assessment whether there would be any cost involved, however accessing of MacMillan / Community Nursing is free of charge at point of access.
Health Inequality	Yes	Health and Social Care Provision	The closing of the end-of-life beds will mean there is a gap in provision of this type of support, effectively removing 5 beds from the system to be used for professional End of Life care, however by ceasing the use of the beds increases general capacity within the sector as there are now an additional 5 long term care places in circulate.
Other Groups	No		
Human Rights	No		
UNCRC	No		

Will there be any cumulative impacts between this policy or decision and others	Yes	x	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below	This decision has been taken as part of wider decision making on managing the partnership's budget within the MTFF.		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.



Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions
Staff – Rubislaw Park Nursing Home	<p>The Rubislaw Park team reported that they had enjoyed the experience of taking part in the test of change and felt that it had made a difference to the patients and their next of kin/carer's lives and experience of death and dying. They felt that they were able to provide a service which was "tailored to the needs of their patients" while also helping the family or carer to fulfil their supportive role to the patient without having to worry about administering nursing or personal care, unless they wanted to.</p> <p>The respondents felt that the service was professionally fulfilling for the team as they are already specialists in End-of-Life care. The impact of the service was also discussed in relation to Community Nursing, and it was hoped that it would result in a decrease in unscheduled call outs for Community Nursing to administer break through medication and positively impact on acute admission avoidance. For the patient this would result in the removal of unnecessary delays in receiving medication.</p>	<p>While the service had received positive feedback within the evaluation, following the end of the Test of Change, mitigations are in place with alternative provision available for End-of-Life Care within traditional Care Home settings in Aberdeen City, Roxburgh House through McMillan Nursing and community nursing. A number of separate projects are being explored and co-designed by the Lead Nurse who sits within the Collaborative care home support team.</p>
Staff – Hospital @ Home team	<p>The H@H team were also asked what they believe the benefits are of having the End-of-Life Care beds at Rubislaw Park. The following shows some of the responses received:</p> <p>"Beneficial to those who are alone, or have no support, or have family/friends unable to provide support for final days of life. Allows family and friends to leave the carer role and have the family/friend relationship. It's a good service!"</p> <p>"Patients are cared for in a safe environment which can reduce the mental and physical distress and discomfort of the patient and family - allowing them</p>	<p>Mitigations are in place with alternative provision available for End-of-Life Care within traditional Care Home settings in Aberdeen City, Roxburgh House through McMillan Nursing and community nursing. A number of separate projects are being explored and co-designed by the Lead Nurse who sits within the Collaborative care home support team.</p>

	<p>to spend time together in their final period of life. Rubislaw provides a higher level of care than they can receive at home but still maintains a comfortable homely environment.” When asked about areas about the service that could be improved, the comments largely centred around the referral process. One respondent suggested that the H@H team be removed from the management of patients, suggesting that this may sit better with Community Nursing. While another respondent commented upon that some of the unnecessary delays around the referral process could be due to ambulances/patient transport not being booked and Covid testing swabs not being undertaken in a timely manner. When asked to rate their experience working with the Rubislaw Park team, respondent averaged 9 out of 10 (where 10 was the best). And one respondent commented that “The team at Rubislaw are excellent, motivated, caring and professional at all times”</p>	
Carer/Next of Kin	<ul style="list-style-type: none"> <li>• 88% of the Next of Kin surveyed felt that the patients' needs were fully met during their stay</li> <li>• 100% of the Next of Kin surveyed felt that they were involved with the patient's care as much as they would have liked to be.</li> <li>• 88% would recommend the service to others in a similar position</li> </ul>	The feedback provided will assist and feed into the additional projects that are being explored and co-designed by the Lead Nurse who sits within the Collaborative care home support team
Referrers/other staff groups	<p>“A really useful resource and they have provided excellent care for several of our palliative patients with the help of the H@H team also. Feedback from relatives has been universally positive. A useful additional resource to Roxburgh and essential for our increasingly frail elderly population</p>	As above

	<p>where access to social care can be very difficult.”          And that “I think this has been a fantastic initiative and should be continued if not expanded!” “An excellent facility, much needed in the community. Found to be best place of care for end of life for those patients known to our Macmillan team who have been admitted.”</p>	

**Scottish Specific Public Sector Duties (SSPSED)**

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children’s rights and the Fairer Scotland duties be addressed?

Yes – The strategic approach to decision making is fully considered under the fairer Scotland duty, aligning with other strategic plans, including: LOIP, the Aberdeen City Health and Social Care Partnership Strategic Plan, ethical commissioning principles and GIRFE principles.

This page is intentionally left blank