

Health Inequalities Impact Assessment (HIIA) – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, to; identify relevant stakeholders, undertake robust consultation to deliver a collaborative approach to co-producing the HIIA.

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

The Analogue to Digital transition for the Regional Communication Centre (RCC) and Telecare service

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (indicate all that apply)

Age	Disability	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non belief)	Sexual Orientation
x	x					x		

Human Rights (enhancing or infringing)

Life	Degrading or inhumane treatment	Free from slavery or forced labour	Liberty	Fair Trial	No punishment without law	Respect for private and family Life	Freedom of thought, conscience and religion	Freedom of expression	Freedom of assembly and association	Marry and found a family	Protection from discrimination
Enhancing	Enhancing					Enhancing					Enhancing

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
<p>Life – The service has a life saving impact. Safety and security for the individual and their family.</p> <p>Degrading or inhumane treatment – Domestic abuse service provided (The RCC receives domestic abuse calls).</p> <p>Respect for private and family life – The opportunity to remain living in your own home. In some circumstances providing the opportunity for partners to remain living together at home when they may experience separation for reasons of safety / care needs.</p> <p>Protection from discrimination – Increased safety and feelings of security in some circumstances, e.g. a way of reporting anti-social behaviour and gaining assistance.</p>	<p>Positive impacts identified</p> <p>Enhance quality of life, speed of service response and opportunities for transformational service change in the future.</p>	<p>Significant</p>
<p>Is the proposal considered strategic under the Fairer Scotland Duty?</p>	<p>Yes – Major strategy decision re: Shared Alarm Receiving Centre (ARC) or single approach digital ARC. Strategic decisions around the shape of the service being provided. Major procurement and significant financial implications. Potential links in to other strategic plans, including: Local housing strategy, Local delivery plans for Bon Accord Care and the Aberdeen City Health and Social Care Partnership Strategic Plan.</p>	

HIIA to be undertaken and submitted with the report – Yes

If no – please attach this form to the report being presented for sign off

Yes

Proportionality & Relevance Assessment undertaken by:

Michael O'Holloran, Management Information Systems Manager, Bon Accord Care

Allan MacCreadie, Operational Lead – Emergency Response, RCC

Peter McAndrew, Project Manager, ACHSCP

Dorothy Askew, Housing Strategy Officer, ACC

Health Inequalities Impact Assessment (HIIA)

Stage 2 Empowering People - Capturing their Views




Title of Report

(What will change because of this report/proposal?)

HIIA Team

Role	Name	Job title	Date of HIIA Training
DiversCity Officer	Gordon Edgar	Project Manager	
Service Lead	Alison MacLeod	Lead Strategy Performance Manager	
Report Author	Peter McAndrew	Project Manager	17/03/22
Main Stakeholder (Bon Accord Care)	Susan McIntosh	Assistant Manager Telecare	
Main Stakeholder (Aberdeen City Health and Social Care Partnership)	Nadir Freigoun	Transformation Programme Manager (A2DT)	
Main Stakeholder (Aberdeen City Council)	Allan MacCreadie	Operational Lead 24-Hour Emergency Response	

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
<p>Data on populations in need</p>	<p>City Population Needs Assessment</p> <p>PNA-2021-Final.pdf (communityplanningaberdeen.org.uk)</p> <p>Data broken down to locality level where possible. Combined with insight from local people and staff to provide overview of needs and opportunities in area.</p> <ul style="list-style-type: none"> - LOIP https://communityplanningaberdeen.org.uk/wp-content/uploads/2021/07/Final-Draft-LOIP-Refresh-21.pdf 	<p><u>City Population Needs Assessment</u></p>  <p>Poverty and Deprivation</p> <p>In 2020 the proportion of Aberdeen datazones in the 40% most deprived areas of Scotland has increased from 28% to 33.2%. Conversely, 36.7% of datazones are in the 20% least deprived areas of Scotland. The pandemic has pushed many people into poverty and financial insecurity, but most often impacting those who were already lowest paid.</p> <ul style="list-style-type: none"> • Poverty has increased in Aberdeen City as a result of the pandemic • In addition to young people, the two groups most likely to be impacted are women and people from Black and Minority Ethnic (BAME) communities • Aberdeen City has a diverse population • Aberdeen City has a relatively young population and a lower proportion of pensionable age population compared to Scottish average

		<ul style="list-style-type: none"> • The largest increases in population are projected to be in the 75+ age group, although this will remain the smallest age group • The rate of 65+ with multiple hospital admissions is similar to the Scottish average, however there is wide variation between areas in the city (Lowest in Kingswells and highest in Northfield) <p><u>Local Outcomes Improvement Plan (LOIP)</u></p> <ul style="list-style-type: none"> • 11.1 Supporting vulnerable and disadvantaged people, families and groups. <ul style="list-style-type: none"> ○ Increase the number of unpaid carers feeling supported by 10% by 2023.
Data on relevant protected characteristic		
Data on service uptake/access	<p>Bon Accord Care – hold incomplete data on ethnicity and religion. Data on ethnicity recorded for 35% of service users.</p>	<p>BAC has very incomplete data on race and ethnicity</p>

Bon Accord Care data

Charging was introduced in April 2008 (£1.30). There was a drop of 507 users from 2539 to 2032 by the end of the financial year (31st March 2009)

Over the next 2 years following a 5p increase (£1.35) the number of users dropped by 232 to 1800 by 31st March 2011.

By 31st March 2014 the number of users had risen to 2331 and increased further by 31st March 2017 to 2566 users.

In 2019 the community alarm charge increased from £1.35 to £3.50 and there were 2765 users. Initially this number dropped by 100 however by the end of the financial year user numbers were at 2713, which is 52 less users in total.

Row Labels	Count of Account Name
Any other ethnic group	0.09%
Any other Mixed / Multiple ethnic background	0.04%
Any other White background	0.60%
Arab	0.02%
Asian / Asian British	0.02%
Asian / Asian British - Chinese	0.02%
Asian / Asian British - Indian	0.02%
Asian / Asian British - Pakistani	0.05%
Black / African / Caribbean / Black British	0.05%
Black / African / Caribbean / Black British - African	0.09%
Mixed / Multiple ethnic groups - White and Asian	0.04%
Mixed / Multiple ethnic groups - White and Black African	0.04%
White - Irish	0.05%
White - Scottish / English / Welsh / Northern Irish / British	34.68%
(blank)	64.20%
Grand Total	100.00%

Only 35% have completed the ethnicity field. This data is not gathered consistently by BAC. This could be made a mandatory field within the data recording systems.

When charging for Telecare service was introduced there was an initial significant drop in the number of service users accessing telecare. The numbers returned to pre-charging levels after a period of time. However, in some instances for service users this was following an incident that highlighted to the service user the need for the service.

Data on socio economic disadvantage

A survey is sent to all service users when they join the service after around 10 – 12 weeks. This includes a

Survey responses from 2021:

- 324 of 395 responses agree that service is value for money.

	<p>question about cost. Also recorded when service is stopped whether cost is a reason.</p> <p>Survey information to be added to evidence folder</p>	<ul style="list-style-type: none"> • Only 1 respondent thought that it was not value for money • 61 were undecided whether it was value for money (9 not completed) • No comments were made by service users in relation to cost
Existing experiences of service information incl Care Opinion	<p>See above</p> <p>Care Opinion has no information relating to Telecare</p>	
Good practice guidelines	<p>BAC policies identified and added to the evidence folder:</p> <ul style="list-style-type: none"> • Social Spiritual Care Policy v2 • Rights Safety Policy v2 	BAC have policies in place to provide guidance with regard to the staff and organization's responsibilities re: race, ethnicity and rights.

Consultation/Engagement/Community Empowerment Events

Date and Venue	Number of People in attendance by category*	Protected Characteristics Represented	Views Expressed	Officer Response
2021 survey responses	393 survey respondents		<p>Service user views gathered through BAC survey responses.</p> <p>324 of 395 responses agree that service is value for money.</p>	

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***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Health Inequalities Impact Assessment (HIIA)

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Health Inequality Impact Assessment

Stage 3



Analysis of findings and recommendations

Report Title

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

Background

In **2017** it was announced by the main telephony providers in the UK that their existing analogue telephone infrastructure would be decommissioned and replaced with a digital, Internet Protocol (IP) service by **2025**. Prior to this there will be a stop sell of analogue lines for some areas in Aberdeen from May **2023**. Although most users will be unaware of any change to their telephony service following this transition, this announcement causes significant implications for telecare service providers, and for the citizens in Scotland currently in receipt of these essential services within their homes.

Aberdeen City Council's Alarm Receiving Centre (ARC), the Regional Communications Centre (RCC) provides a wide range of alarm-response and call-handling services including Telecare (in client's own homes and grouped living situations), lone worker, out of hours, lift emergency alarms, and fire and

security alarm responses. The existing ARC software platform (PNC), provided by Tunstall for more than **25** years, can only receive analogue signals and hence must be replaced with a new digital platform to allow RCC to continue providing a reliable and secure service.

Aberdeen City Council currently provides a telecare alarm-monitoring service to around 16,000 citizens ranging from basic alarms to more complex packages designed to meet multiple, complex needs within clients' own homes. Of these, there are around **2,700** dispersed units for citizens that require a complex-package, telecare service from Bon Accord Care. There are also **54** Sheltered Housing complexes with around **3,300** connections (corridors and communal areas included). If including all other partners (e.g., Aberdeenshire and Moray), Aberdeen City Council's ARC is utilised to monitor over **7,000** dispersed units as well as around **9,000** sheltered-housing connections. In addition to the replacement of the current ARC platform, all dispersed analogue community alarm units must be replaced with digital alarm units, as well as upgrading and installing a range of additional other equipment and infrastructure. Some examples of this are analogue-to-digital conversion equipment within sheltered housing, fire and security alarm panels within Corporate and Educational buildings, as well as lift alarms, and any other equipment that trigger to the Alarm Receiving Centre.

Objectives

- 1. Implement a digital Alarm Receiving Centre**
- 2. Migrate Current alarms and peripheral stock to digital ready models**
- 3. Improve operational processes to be more effective and efficient**
- 4. Deliver improvements in our operational and regulatory reporting**

Scope / Outcome

To ensure that a reliable and robust digital telecare emergency response service is delivered before the analogue networks are turned off in **2025**. This will include replacing the current analogue ARC software platform and maintaining connectivity with all currently linked alarm units and peripherals.

Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 (remove those that do not apply)

Protected Characteristic	Equality Duty		What impact and or difference will the proposal have	How will you know - Measures to evaluate
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		N/A	
	Advancing equality of opportunity		This proposal will ensure that Aberdeen City Health and Social Care Partnership are able to continue providing a Telecare service that enables vulnerable citizens to remain living safely in their own homes for longer	The number of citizens using Telecare services is maintained or increased
	Fostering good relations by reducing prejudice and promoting understanding		N/A	
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		N/A	
	Advancing equality of opportunity		This proposal will ensure that Aberdeen City Health and Social Care Partnership are able to continue providing a Telecare service that enables vulnerable citizens to remain living safely in their own homes for longer. Having telecare sensors means that people can get help no matter where they are	The number of citizens using Telecare services is maintained or increased

			within their home, giving confidence and help in living as independently as possible.	
	Fostering good relations by reducing prejudice and promoting understanding		N/A	
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Telecare information on the transition to digital telecare is available in both video and written formats.	
	Advancing equality of opportunity		We do not have enough data on ethnicity within our systems therefore going forward Bon Accord Care will be increasing the collection of ethnicity data of Telecare Service Users. Once there is reliable ethnicity data this will be available for analysis to identify Telecare uptake across ethnic groups. Any under-representation can be addressed.	
	Fostering good relations by reducing prejudice and promoting understanding			

Human Rights – Reference those identified in Stage 1 (remove those that do not apply)

Article	Enhancing or Infringing	Impact and or difference will the proposal have	How will you know - Measures to evaluate
Right to Life	Enhancing	The proposal will ensure that ~Telecare services are still available after the transition to digital telephony.	The number of citizens using Telecare services is maintained or increased

		The service has a life saving impact. Safety and security for the individual and their family.	
Right not to be tortured or treated in an inhumane or degrading way	Enhancing	The RCC provides a service in relation to domestic abuse, increasing safety for survivors of abuse.	The service continues to be provided reliably after the transition to digital telecare. Measures will include failed call rates and uptake of service.
Right to respect for private and family life, home and correspondence	Enhancing	The opportunity for citizens to remain living in their own home for as long as possible. In some circumstances providing the opportunity for partners to remain living together at home when they may experience separation for reasons of safety or care needs.	The number of citizens using Telecare services is maintained or increased
Protection from discrimination in respect of these rights and freedom	Enhancing	Increased safety and feelings of security in some circumstances, e.g. a way of reporting anti-social behaviour and gaining assistance.	The number of citizens using Telecare services is maintained or increased Monitoring of feedback and survey responses as evidence of this impact

Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts	No changes have been identified as required to reduce negative impacts
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Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome	The potential impact of increasing charges is highlighted in any decision making with regard to charging after implementation of the digital ARC
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Health Inequality Impact Assessment Recommendations

What recommendations were identified during the HIIA process:

Recommendation	Recommendation owned by: (Name and job title)	Date recommendation will be implemented by	Review Date
<p>Increase the collection of ethnicity data of telecare service users.</p> <p>The ethnicity field on the referral form for new service users will be made mandatory and this will be aligned with Scottish Government guidance (Scottish Government collecting equality data website)</p> <p>The ethnicity list will be shared with RCC so that the same list is stored in BAC and RCC</p> <p>The ethnicity data will be updated as part of the regular annual reviews of Telecare service users.</p>	Michael O'Holloran, Information System Manager	<p>Michael to confirm the date that the referral form ethnicity field is made mandatory.</p> <p>Michael will make contact with Billy Buchan (RCC) to advise them that BAC will start to collect this data on Salesforce and discuss how the PNC database will be updated with this information.</p>	The ethnicity data to be reviewed on a monthly basis for 6 months following the implementation of the recommendation to monitor impact of recommendation. Ethnicity data will be reviewed when monthly reporting is undertaken

Discussion with Telecare Service Association regarding availability of accessible information for service users.			
The potential impact of increasing charges is highlighted in any decision making with regard to charging after implementation of the digital ARC	Nadir Freigoun, Programme Manager	Impact of increase in charges will be raised in decision making forums as these arise.	

Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposals affects different groups, including people with protected characteristics?

Ethnicity data will be reviewed when monthly Telecare reports are run.

Procured, Tendered or Commissioned Services (SSPSED)

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?

N/A

Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

Information is available in both written and video formats on the Bon Accord Care website for service users and families. Written communication has been sent to every service user regarding the transition and information has been provided during annual service reviews. Information is available on the ACC website about Telecare and this also directs citizens to the Bon Accord Care website for information on Telecare and the analogue to digital transition.

Signed Off By:

Name Strategic Lead: Fraser Bell

Date: 30th September 2022