### NHS Greater Glasgow and Clyde

#### Equality Impact Assessment Tool For Frontline Patient Services

It is essential to follow the EQIA Guidance in completing this form

**Name of Current Service/Service Development/Service Redesign:**
North East Public Partnership Executive Forum

**Please tick box to indicate if this is a:**
- Current Service  √
- Service Development  
- Service Redesign  

**Brief description of the service and rationale for selection for EQIA:** (Please include if this is part of a Board-wide service or is locally determined).

#### What does the service do?

The North East Public Partnership Forum (PPF) is a network of local groups and individuals living in north east Glasgow. The PPF has 4 main roles:

- Informs local people about the range of health services that are provided locally which the CHP is responsible for.
- Engages with local service users, carers and the general public in discussion about how to improve services.
- Supports wider involvement in planning and decision making about public services.
- The PPF Executive Forum is made up of between 12 and 20 representatives from these local community groups who meet every six weeks.

The aim is to have a mix of membership both geographical communities and communities of interest from across the Sector who are sufficiently well involved in their community to be able to represent the views of different groups on the PPF.

The PPF Executive Group organise at least 9 committee meetings and a minimum of 3 public events in different localities in the sector each year.

#### Why was this service selected for EQIA?

The PPF was selected as part of the North East Sector submission and also it was agreed that all PPF’s operating in the G.G. & C Board area would complete an EQIA to comply with the Community Participation Standard.

### Who is the lead reviewer and where based?

Tony Devine Community Engagement Officer Templeton Business Centre 62 Templeton Street G 40 1DA

### Please list the staff groupings of all those involved in carrying out this EQIA (when non-NHS staff are involved please record their organisation or reason for inclusion):

- North East PPF EQIA Sub Group
- Jamie McCarron PPF Executive Group Disability Alliance
- Ann Souter PPF Executive Group Kinship Care
- Marjorie Maxwell PPF Executive Group
## Impact Assessment – Equality Categories

<table>
<thead>
<tr>
<th>Lead Reviewers Questions</th>
<th>Example of Evidence Required</th>
<th>Service Evidence Provided</th>
<th>Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What equalities information is routinely collected from people using the service? Are there any barrier to collecting this data?</td>
<td>Age, sex race, sexual orientation, disability, Gender reassignment Faith, Socio-economic status date collected on services user. Can be used to analyse DNA’s access issue etc</td>
<td>Equality information had not been collected for the PPF Executive group members or the wider PPF membership. Barriers: Some people do not wish to disclose personal information and are reluctant to complete equality monitoring forms. The equality monitoring form will be accompanied by an explanation as to why this information is collected and how it will be used.</td>
<td>All new and existing PPF members will be asked to complete equalities monitoring form. Equalities information will be kept physically and electronically secure and confidential</td>
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<tr>
<td>2. Can you provide evidence of how the equalities information you collect is used and give details of any</td>
<td>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was</td>
<td>Recently the PPF support needs assessment identified a number of members experiencing visual impairment difficulties Members who have visual impairment will now receive all written material in large print on yellow paper</td>
<td>Individual training needs assessments to be carried out to existing and newly joined PPF members. Training will be offered to any PPF</td>
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</tbody>
</table>
3. Have you applied any learning from research about the experience of equalities groups with regard to removing potential barriers? This may be work previously carried out in the service

| Changes that have taken place as a result? | Routine transport is provided for members with disabilities if requested, interpreter service booked if requested and Deafblind guide service booked if required. Pre–agenda meetings organised for members to explain the detail of reports or issues that may be discussed. Informal monitoring of support needs. |
| Categorised promotion designed for members to fill any identified skills gaps |

**Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barrier form the patient pathway.**

**Use the National Standards for Community Engagement to ensure good practice.**

**Carry out training needs assessment annually**

**PPF members and staff encouraged to attend any relevant training seminars**

**PPF members have asked for specific training on using the equality duties to make fair financial decisions (PPF Minute June 28th 2012)**

**PPF members have asked for specific training to improve their presentation skills and boost confidence**

**PPF workers and members to promote the aims and objectives of the PPF to traditionally hard to reach groups.**

**By visiting NHS funded project 14th August 2012 offering vocational training and support to people who are living with or are in recovery from a mental health problems.**

**They run a peer support group in the Bridgeton and Maryhill area's**

**Working with Disabled Groups 19th September 2012. seeking their views on the Elderly**

**Working with Disabled Groups: will be feeding their comments into the**
| 4. | **Can you give detail of how you have engaged with equality groups to get a better understanding of needs?** | Patient satisfaction surveys have been used to make changes to service provision. | Support needs analysis of PPF Executive Group members and regular contact with wide network of local community and voluntary sector.

Over the last two years the PPF have worked in partnership with the local Mental Health Network, to discuss how personalisation agenda is going to change service delivery and the possible impact on individual service users.

PPF members took part in the City wide review of Community Addictions service. |

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| 5. | **If your service has a specific Health Improvement role how have you made changes to ensure services take account of inequality?** | A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation. | Heads of service attend PPF meetings to discuss their performance plan and any major reviews of service. PPF nominees serve on CHP, Governance, committees and Scrutiny Panels. We provide support to the PPF Reps on these structures through offering them pre-meeting briefing sessions and background information.

The PPF have fair representation from a range of projects who represent the interests of protected characteristics groups and members do highlight and raise health improvement concerns for example Addictions, Mental Health, Inequality Poverty issues.

To ensure that members of the public from minority... | PPF members decide on a list of topics that they want to discuss at PPF executive meetings. Heads of service are asked to attend and explain any proposed service changes. |
ethnic communities had an impute into the North East Development Plan the PPF worked in partnership with Framework for Dialogue to make a formal response highlighting the specific Needs of people seeking asylum in terms of mental health including suicide prevention.

We have also held a special meeting to discuss issues around asylum at which we showed the Sanctuary DVD which was very well received.

Members agreed that they would visit local groups who don't normally engage with the CHP.

Following on from that decision North East PPF have had meetings with those deemed most removed from Employment, Addiction groups and Mental Health Networks

The North East PPF has established a working group to look at how we should respond to local needs around inequality. This group suggested holding a special meeting to study the impact of the recent benefit changes and to publicise the CHPs anti poverty strategy

Each PPF Executive member has received information on the EQIA process information send

<table>
<thead>
<tr>
<th>Step by Step Guide to Successful EQIA</th>
<th>EQIA Policies Strategies and Plans</th>
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<tr>
<td>Guidance Notes Equality Impact Assessment Tool</td>
<td>Using the equality duties to make fair financial decisions</td>
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| 6. Is your service physically accessible to everyone? Are there An outpatient clinic has installed loop systems and trained staff on their use. In | The venue for PPF meetings moved to venues with loop facilities and individual table top microphones. |
### Potential Barriers

What needs to be addressed?

- Signage has been reviewed and updated with clearer directional information now provided.

### Meetings

Meetings are held in friendly accessible venues both during the day and also in the evening. Transport is also provided.

- Everything is being done to ensure maximum community involvement.

- Transport provided on a regular basis for all PPF meetings including attendance of PPF members to outside bodies.

- Interpreter service booked if requested and written material would be translated into community languages if requested.

- Deafblind guide service booked if required and written material is transcribed into Braille, audio or large print if requested.

### Monitoring and Review of Support Needs

Meetings will continue to be held in friendly accessible venues.

### How does the service ensure the way it communicated with service users removes potential barriers?

A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC’s Interpreting Protocol.

- There are 20 members on the PPF Executive Group.
- The ratio of Male: Female on the Executive Group is 6 male: 14 female.
- All Agenda Papers and Reports provided in large print if requested.
- If requested a crèche or carers support is organised and accommodation used for meetings have a crèche registered room.

- The North East has very high levels and concentrations of deprivation, poor health and health inequalities and these characteristics are reflected in the current PPF membership.

- Loop system is available.

- Agenda papers are provided in large print and easy to read.

PPF members will continue to attend many community meetings out with PPF events where they will take the Information from PPF meetings and circulate it to the wider community to inform as many community groups of the PPF activities.
<table>
<thead>
<tr>
<th>8(a)</th>
<th>What specifically has happened to ensure that needs of equality groups have been taken into consideration in relation to: Sex</th>
<th>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.</th>
<th>Specific male/female health not on agenda. Currently Care Group focus is Mental Health/Elderly/Learning Disability/Primary Care/Carers/Addiction/ Poverty etc rather than gender. Wider group mailing list is not gender specific.</th>
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<td>(b)</td>
<td>Gender Reassignment</td>
<td>An inpatient receiving ward has held briefing sessions with staff using the NHS GGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient carer including use of language and technical aspects of recording patient information.</td>
<td>Information on the gender reassignment has not been collected. Monitoring forms have now been agreed and issued to members. Policies explaining Gender related health issues will be circulated to all PPF members.</td>
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<td>(c)</td>
<td>Age</td>
<td>A urology clinic analysed their sex specific data and 60% of the membership over sixty. Age related issues.</td>
<td>Policies explaining Gender related health issues will be circulated to all PPF members.</td>
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Transport provide to all members
Annual monitoring and full review of support needs

Policies explaining Gender related health issues will be circulated to all PPF members.
Update PPF Executive Group membership individual membership List and include the equalities monitoring form.
Promote PPF at all appropriate networks to encourage involvement.
<table>
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<tr>
<th>(d) Ethnicity</th>
<th>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinical so realised that it was dependant on family and friends interpreting and reviewed use of interpreting service to ensure this was provided for all appropriate appointments.</th>
<th>2 members – one male and one female (10% membership) of the 20 members on the PPF Executive Group are from minority ethnic communities.</th>
<th>Update PPF Executive Group membership, individual membership list and include the equalities monitoring form.</th>
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<td>(e) Sexual Orientation</td>
<td>A community Service reviewed its information forms and realised that it asked whether someone was single or married. This was amended to take civil partnerships into account. Staff were briefed in appropriate language and the risk of making</td>
<td>Information on the sexual orientation of members of the PPF Executive group has not been gathered</td>
<td>Update PPF Executive Group membership, individual membership list and include the equalities monitoring form.</td>
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<td>Update Community and Voluntary group’s mailing list to generate interest and involvement in local health issues, promote PPF activities and identify</td>
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<td>(f)</td>
<td>Disability</td>
<td>A receptionist reported he wasn’t confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC’s Interpreting Protocol to ensure staff understood how to book BSL interpreters. Over 40% of the members of the PPF Executive Group either are directly affected by disability or representing disability focused organisations including 1 person who requires a wheelchair, 3 people with walking difficulties, 2 are affected visual impairment, 1 person representing mental health organisation and 1 person with a learning disability. The support needs assessment is carried out with all new members to identify barrier to involvement. Barriers to involvement and engagement.</td>
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<td>(g)</td>
<td>Faith</td>
<td>An inpatient ward was briefed on NHSGGC’s Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc) and provision for bathing. A quiet room was made available for prayer. Information on the faith status of members of the PPF Executive group has not been collected. Update PPF Executive Group membership individual membership List and include the equalities monitoring form.</td>
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<td>(h)</td>
<td>Socio-Economic Status</td>
<td>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was Information on the socio-economic status of members of the PPF Executive group has not been collected. However using the postcode of members homes 90% out of the 20 members live in within the boundaries of the bottom 15% of deprived areas in Scotland.</td>
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<td>(i)</td>
<td>Other Marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers and refugees, travellers</td>
<td>A health visiting service adopted a hand-held record for travellers to allow continuation of services across various health board areas.</td>
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<td>PPF members who would be in all groups listed except asylum seekers and refugees, travellers The PPF have worked with Addiction and Disabled groups Mental Health Networks, and the long term unemployed,</td>
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<tr>
<td>9.</td>
<td>Has the service had to make any cost savings are any planned? What steps have you taken to ensure this doesn’t impact disproportionately on equalities groups?</td>
<td>Proposed budget savings were analysed using the Equality ad Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas were raised with senior managers for action.</td>
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<td>Transport support to PPF members has been maintained despite overall reduction in funding</td>
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<td>10.</td>
<td>What does your workforce look like in terms of representations from equality groups e.g. do you have a workforce that reflects the characteristic of this who will use your service</td>
<td>Analysis of recruitment shows a drop off between short listing, interview and recruitment for equality groups. Training was provided for managers in the service equality and diversity in recruitment</td>
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<td>One Community Engagement Development Worker</td>
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<td>11.</td>
<td>What investment had been made for staff to help prevent</td>
<td>A review of staff KSK’s and PDP’s showed a small take up of E Learning modules.</td>
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<td>Annual review and regular monitoring of staff Key Skills Framework (KSF) and Personal Development Plan (PDP). Group induction allows members to understand</td>
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discrimination and unfair treatment

Staff were given dedicated time to complete online learning.

expected roles and expectations with regard to conduct, including a zero tolerance approach to discriminatory or prejudiced behaviour, which is set out in the PPF Working Agreement.

If you believe your service is doing something that stands out as an example of good practice – please use the box below to describe the activity and the benefits this has brought to the service. This information will help other consider opportunities for development in their own services.

The PPF responded to a request from the local college to provide a six month training placement to one of their students who was studying for a HNC in Community Development. The student attended six PPF meetings and worked with PPF members on a couple of capacity building initiatives. The PPF members felt they benefited from the experience and the student gained a place at Glasgow university to study a full time degree course in Community Development.

Following discussions with John Wheatley College the PPF have agreed to offer future training places to a local student.

<table>
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<tr>
<th>Actions – from the additional requirement boxes completed above. Lease summarise the actions this service will be taking forward.</th>
<th>Date for completion</th>
<th>Who is responsible?(initials)</th>
</tr>
</thead>
</table>
| **Cross Cutting Actions**
  - PPF minutes to be more widely distributed
  - Equal Opportunities Monitoring to be completed by PPF Executive members.
  - PPF members to take steps to improve communication with hard to reach groups
  - Increase use of web site
  - Need to look at the best ways of communicating the work of the PPF to the local community |
| July 2012 | Tony Devine |
| August 2012 | Tony Devine |
| August 2012- July 2012 | Tony Devine |
| July 2012 | Tony Devine |
| December 2012 | Tony Devine |
| **Specific Actions**
  - PPF committee papers available in large print on request
  - Investigate the feasibility of introducing loop hearing system at PPF executive meetings
  - Training offered to PPF members explaining the NHS approach to equal opportunity |
| July 2012 | Tony Devine |
| August 2012 | Tony Devine |
| November 2012 | Tony Devine |
| November 2012 | Tony Devine |
Set up working group with a remit to develop communication strategy to promote the work of the PPF to hard to reach groups e.g. training on presentation skills
Continue to offer training and development opportunities to local students
Storage of information?
Work and feeding comments by Disabled Groups into the engagement process

Ongoing 6 Monthly Review
Please write your annual EQIA review date:

December 2012 six month review
August 2013 annual review date

Lead Reviewer:Name: Tony Devine
EQIA Sign Off:Job Title: Community Engagement and Development Officer
Quality Assurance Sign Off: Name
Job Title
Signature
Date

Please email a copy of the complete EQIA form to EQIA@ggc.scott.nhs.uk, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Hospital 1055 Great Western Road, G12 0XH. Tel: 0141 201 4560. The complete EQIA will be subjected to a Quality Assurance process and the results returned to the Lead Reviewer within 3 week of receipt.