1. Brief Description of the Case for Change

The aim of NHS Greater Glasgow and Clyde’s (NHSGGC) Clinical Services Fit for the Future programme is to ensure that high quality, cost effective services are in place to support the whole of Glasgow and Clyde’s 1.2 million population going forward from 2015 to 2020.

The purpose of the Review is to fundamentally review current Clinical Service strategies and service provision; and design NHSGGC service provision from 2015 to 2020, implementing service changes that will improve the service provision from 2013/14 onwards where appropriate.

The first stage of this process has been to produce a ‘Case for Change’ setting out future trends, pressures, opportunities and concerns, based on the recommendations of the clinical workstreams and patient engagement. A ‘case for change’ discussion paper has been circulated widely for comment and engagement.

This EQIA was carried out on the discussion paper to enable comments and changes to be taken into account in the final version of the Case for Change to be presented to the NHSGGC Board in December 2012.

2. Name of Lead Reviewer

Lorna Kelly – Head of Policy

3. Other participants

Sue Laughlin, Niall McGrogan, Norma Greenwood, Alastair Low, Ann Lees, Sharon Adamson
4. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers to Equality?

Yes, the Case for Change explicitly references these issues and considers how experience and outcomes are different for different groups.

5. Impact Assessment

This Impact Assessment has been undertaken using a tool which has been modified from both the EQIA of Policies tool and the EQIA of Frontline Services as no pre-existing tool for such a comprehensive service review is currently available. It has used the 10 Goals for an Inequalities Sensitive Health Service as the framework to test that the process of the review is sufficiently robust.

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<thead>
<tr>
<th>GOAL</th>
<th>EVIDENCE OF EFFECTIVE PROCESS</th>
<th>POTENTIAL RISK</th>
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<tbody>
<tr>
<td>1</td>
<td>Knows and understands the inequalities and discrimination faced by its patients and populations</td>
<td>Case for Change informed by both analysis of patient data and future trends / developments and by discussion with relevant groups. A risk flagged up in the EQIA of the overall process in June 2012 was the lack of disaggregated patient data on certain protected characteristics. The case for change was therefore informed by discussion with groups of people with protected characteristics through the Health Reference Group. The lack of</td>
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<tr>
<td>Step</td>
<td>Description</td>
<td>Details</td>
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<td>1</td>
<td>Disaggregated data continues to be flagged as an issue for future change.</td>
<td>The case for change explicitly highlights long standing inequalities in health and the different patterns and onset of illness, as well as the broader complexity of life circumstances, which form the basis of the need for a different model of care in future.</td>
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<td>2</td>
<td>Engages with those experiencing inequality and discrimination</td>
<td>Patient engagement process for the case for change has been constructed to enable participation by people with protected characteristics and for people experiencing poverty. The case for change has been heavily influenced by this patient engagement.</td>
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<td>3</td>
<td>Knows that people’s experience of inequality affects the health choices they make</td>
<td>Case for change considers the future impact of health behaviours as informed by the work of the population health group. The CSR would need to shape the future of primary care in order to respond to those population groups who carry the most ill health or who face barriers to health care: action to increase focus on primary care within the case for change.</td>
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<td>4</td>
<td>Removes obstacles to services and health information caused by inequality</td>
<td>The case for change reflects current experience of obstacles to services and information, which will act as a check for future models of care to ensure these are addressed. The case for change describes the problems rather than the solutions: service models will need to be reviewed to ensure that they address the issues raised in the case for change.</td>
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<td><em>5</em></td>
<td>Uses an understanding of inequality and discrimination when devising and delivering treatment and care</td>
<td>Clinical leads for each group are briefed in terms of expectations of equalities outcomes and inequality sensitive planning. This EQIA has identified mental health; chronic disease and multi-morbidity and children’s services as the three critical areas where an understanding of inequalities should most influence the future service models</td>
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<td><em>6</em></td>
<td>Uses its core budget and staff resources differently to tackle inequality</td>
<td>The case for change considers the changes required across the whole of the NHSGGC core budget and staff. Inequalities seen as a core driver for change, rather than an ‘add on’ Ensure continued focus in the service models on addressing inequalities through mainstream service provision.</td>
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<td><em>7</em></td>
<td>Has a workforce which represents our diverse population and addresses their needs.</td>
<td>Workforce issues reflected in the case for change. Further emphasis could be given on supporting the culture and change processes required to move to a new approach.</td>
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<td><em>8</em></td>
<td>Creates a workforce which has the skills to tackle inequality and creates a non-discriminatory working environment</td>
<td>Further emphasis could be given on supporting the culture and change processes required to move to a new approach.</td>
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<td>9</td>
<td>Spends the money being invested in buildings, goods and services in a way which tackles poverty and discrimination</td>
<td>EQIA arrangements for subsequent stages of the CSR will identify any issues</td>
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<td>10</td>
<td>Works with partners to reduce inequality caused by income, social class, sex, gender re-orientation, race, disability, age, sexual orientation, religion and belief and pregnancy and maternity.</td>
<td>Case for change informed by wide stakeholder engagement including community planning partners.</td>
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<th>Actions to be taken</th>
<th>Responsibility and Timescale</th>
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<tr>
<td>Ensure that the final version of the case for change reflects the additional barriers faced by those with protected characteristics, the context of complex life circumstances, and the significant cultural and behavioural shift required to move to models which will address these.</td>
<td>Sharon Adamson/Lorna Kelly. Sue Laughlin to provide some additional paragraphs. December 2012</td>
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<td>Develop a robust process for Impact Assessment of the service models and proposals emerging from the review. This needs to be developed now to ensure we have appropriate tools and approach.</td>
<td>Project team. Summer 2013.</td>
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<td>Ensure mental health, chronic disease management and children’s service models are informed by full consideration of inequalities issues</td>
<td>Sue Laughlin / Corporate Inequalities Team to explicitly support these groups</td>
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<td>Ensure each clinical group considers inequalities issues, prompted by population health outputs and the case for change.</td>
<td>Sharon Adamson/Lorna Kelly/group chairs. Ongoing</td>
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<td>Review literature search for evidence of service models which positively impact on inequalities</td>
<td>Sue Laughlin; Ann Lees. November 2012</td>
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<td>Service models arising from the Clinical Service Review to be subject to EQIA – overall high level models and specific individual service proposals</td>
<td>In line with overall service models timetable</td>
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**Review:** Review date for policy / strategy / plan and any planned EQIA of services

EQIA of service models will address issues identified here.

**Lead Reviewer:** Name: Lorna Kelly
**Sign Off:** Job Title: Head of Policy
**Signature:**
**Date:** 30 October 2012