

NHS Greater Glasgow and Clyde
 Equality Impact Assessment Tool for Frontline Patient Services

Equality Impact Assessment is a legal requirement and may be used as evidence for referred cases regarding legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact EQIA@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Co location of Inverclyde Council Social Work Assessment & Care Management Team and NHS GG&C Inverclyde Learning Disability Team at Cathcart Centre.

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

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

What does the service do?
 This is a local service, which aims to co locate the services currently provided by the Inverclyde Community Learning Disability Team (health) and the Inverclyde Council Social Work team for assessment and care management for adults with learning disabilities in the same setting. This will facilitate inter agency working by both teams and aid communication between teams in line with Joint Futures and the integration agenda.

Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)
 This is a service re-design involving a client group with a single shared legally protected characteristic (disability) and intersections with several other protected characteristics. It therefore presents significant risks to the parent organisations in terms of continuity of care.

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Stewart McCorkindale Inverclyde CLDT, Elizabeth Martin Clinic, 1 Burns Square, Greenock (now Cathcart centre)
 Neil McCallum, Inverclyde Social Services, Strone area office, Aberfoyle Road, Greenock (now Cathcart centre)

Please list the staff involved in carrying out this EQIA

(where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Learning Disability psychiatry, psychology, social work, speech & language therapy, nursing, occupational therapy, dietetics, physiotherapy, administration.

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	<i>Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.</i>	Service collects data on sex, age, religion and belief, disability and use post code data as a proxy for socio-economic status.	Need to review the collection of data relating to remaining legally protected characteristics.
2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>	Psychiatry staff have carried out an equalities audit using this information. This has been fed back to team and included in team development plan for future actions.	
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	Yes, there is evidence that people with disabilities are less likely to access health services than people who do not. We have therefore involved people with disabilities in the design, layout and signage systems within the building.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	Feedback received from local LD user group and LD carers group on facilities in building and re	<u>Arrange follow up feedback session with user group now that</u>

	needs?		accessibility, This has been taken into account in the service provision.	<u>service is in place.</u>
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<i>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.</i>	All NHS GG&C health improvement materials used have been made accessible for use buy the team on an as required basis. The team also consult with the LD Health Advocacy group in Inverclyde re any adapted materials regards suitability.	<u>Continue to adapt materials as required.</u>
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i>	Building is fully compliant with DDA.	Front door does not open automatically. This has been highlighted to Estates dept.
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<i>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.</i>	Both organisations are supported by robust communication support procedures to ensure service users with communication support needs have those needs met. All correspondence is in an accessible format using increased font sizes, pictorial cues and photographs where needed. Recent poster for group also included information in Polish to aid access.	

8.	Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:			
(a)	Sex	<i>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.</i>	The two services are available to all gender groups. Staff within the team have training in anti discriminatory practice and policies in place within both employers to support this approach. Male and female staff available within both teams to offer choice and flexibility around who can offer services. Well established links with Primary Care Liaison Team with regard to follow up on unmet health needs for men and women at risk of not accessing/receiving services for gender specific reasons/conditions. Links established with Children & Families services and adult	There is an approximate 50:50 balance between male and female service users.

			<p>protection arrangements in place regards the needs of vulnerable female clients who may also be/ potentially be mothers.</p> <p>Support for clients regarding the national screening programmes related to male and female health issues.</p> <p>Staff trained in domestic abuse and plans for training in gender based violence. NHS GG&C LD services are currently developing training materials for all LD staff on Gender Based Violence. This training will be rolled out 2012. Inverclyde CLDT staff will be involved in delivery and receipt of this training as per NHS GG&C policy.</p> <p>The shared building will have facilities which accommodate the needs of all users irrespective of sex. There will be play/toy facilities for young children in the waiting area.</p>	
(b)	Gender Reassignment	<i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate</i>	NHSGGC has a policy for health staff on Gender reassignment available to all NHS staff via Staffnet.	Clarify Inverclyde Council policies re gender reassignment.

		<i>approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>		
I	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	Staff within the team have training in anti discriminatory practice and policies in place within both employers to support this approach. All staff trained in child and adult protection to levels appropriate to role. Facilities for play for younger children accessing building with parents. The service is an adult service for people 16 years old and over. Robust transitional arrangements are in place to facilitate young people moving from child services into adult service.	
(d)	Race	<i>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 clinic also realised that it was dependant on friends and family</i>	Staff within the team have training in anti discriminatory practice and policies in place within both employers to support this approach. Staff within the team have training in equality and diversity which explores issues of ethnicity. Corporate Communication & Language plan.	

		<i>interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	Interpreting services are available via the NHS and local authority. Case manager will access interpreting services via their agency.	
(e)	Sexual Orientation	<i>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 on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i>	Staff within the team have training in anti discriminatory practice and policies in place within both employers to support this approach. Staff within the team have training in equality and diversity which explores issues of sexuality. One member of staff has completed Sexual Health training course at University of West of Scotland to support clients regarding sexuality and sexual orientation more effectively.	Need to consider collection of sexual orientation data routinely.
(f)	Disability	<i>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.</i>	Staff within the team have training in anti discriminatory practice and policies in place within both employers to support this approach. Staff within the team have training in equality and diversity which explores issues of disability. Clinical/Practice team members experienced in the delivery of services to people with a wide range of disabilities. This includes the	

			<p>adaptation of standardised approaches to care across the team services. The premises the team will co locate to (Cathcart St) will be DDA compliant in all client access areas. Aids to communication including leaflets and email system to maximise opportunity for effective communication. Entrance to building has temporary on street parking to aid access for adapted vehicle/wheelchair users. Distinct disabled parking spaces available for clients under building. The layout and decoration (including soft furnishings) within the building have taken account of the needs of particular groups of clients and are conducive to low arousal and supportive of sensory needs. Inverclyde health Advocacy Group (service users with learning disability) have had opportunity to visit Cathcart Centre and make recommendations re communication, layout which have been implemented. Appropriate pictorial signage is now in place. Concerns that people with LD would be sharing the same building as addiction clients addressed. Team</p>	
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			Leader visited Kirkintilloch Health & Care Centre where LD and addictions share building. No major concerns and any practice from Kirkintilloch which supports adult protection will be implemented in Cathcart centre including distinct clinical/practice areas separated from administration areas. Observed and CCTV waiting areas. Duty response system for crises.	
(g)	Religion and Belief	<i>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.</i>	Staff within the team have training in anti discriminatory practice and policies in place within both employers to support this approach. Staff within the team have training in equality and diversity which explores issues of religion. Client religious beliefs are recorded and account taken of these when planning appropriate care. Male and female staff available within both teams to offer choice and flexibility around who can offer services.	
(h)	Socio – Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up</i>	Staff within the team have training in anti discriminatory practice and policies in place within both employers to support this approach.	

		<i>too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i>	Cathcart Centre is in a central location and easily accessed via public transport. This was not the case for Strone Office or Elizabeth Martin clinic which were less central and could require the use of taxis for some clients to access. This is no longer the case.	
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i>	Consideration of the needs of carers has also been included in the relocation of both teams. The LD carers group was consulted on the appropriateness of Cathcart Centre for people with LD and their carers. The overwhelming view was that Cathcart centre was more suitable than either Strone or Elizabeth Martin Clinic due to ease of access, same building for health & social work input therefore reducing confusion and streamlining appointments. Original bases were older buildings not appropriately adapted for clients and Cathcart centre adapted to meet needs.	
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded</i>	The move in itself was not planned to deliver any cost savings.	

	disproportionately on equalities groups?	<i>and kept on file and potential risk areas raised with senior managers for action.</i>		
10.	What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?	<i>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	The team has a mix of male and female staff in various roles and positions. Clients have the availability of male and female staff in most cases but where this is not possible male/female staff can be available.	
11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	All staff are required to access NHS GGC and local authority training on anti discriminatory practice, equality & diversity, child protection and adult protection as mandatory. These courses are included in PDPs and reviews for all staff. More specific training and skills development is available dependant on the staff members role.	

If you believe your service is doing something that 'stands out' as an example of good practice – for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

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Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <p>Review with service manager need to collect appropriate equalities information on health/local authority systems.</p>	Dec 2012	Team Leaders
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Review accessibility of building re front entrance.</p>	Dec 2012	Team Leaders

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

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Lead Reviewer: Name Stewart Mccorkindale/ Neil McCallum
EQIA Sign Off: Job Title Team leaders
Signature
Date 20.04.12

Quality Assurance Sign Off: Name Alastair Low
Job Title Planning Manager
Signature
Date 03/05/2012

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