

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for 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 or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Turning the Tide Through Prevention – Impact Assessment of NHSGGC Public Health Strategy

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

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

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The Public Health Strategy sets the strategic direction for public health in Greater Glasgow and Clyde, including accountability of Health and Social Care Partnerships for their delegated public health functions and contextualises the challenge to wider partners to improve public health outcomes through collaboration and effective action. The strategy outlines a series of high level Public Health Programmes and recognises that further detailed plans setting out responsibilities, outputs, impacts and timescales are required to support the strategy.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

This is the first 'whole systems' Public Health Strategy for NHSGGC. As such it's important we understand its relevance to our diverse communities and identify any areas that might represent risk to specific groups or missed opportunities for maximising health potential. The strategy is a high level document and it's expected that additional assessments will be undertaken within specific programmes concerned with more targeted interventions.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Alastair Low – Planning and Development Manager Public Health	Date of Lead Reviewer Training: 02/08/2010
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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):

	Lead Reviewer Question	Example	Service Evidence Provided	Additional Requirements
1.	<p>What equalities information is routinely collected from people using the service or affected by the policy? Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics.</i></p>	<p>The strategy will be implemented against several data sources used to describe the population of Greater Glasgow and Clyde. The Scotland Census Data gives us a reasonably accurate picture of demographic makeup and this is supplemented/compared against data captured within NHSGGC and HSCP services that allow us to better understand patterning of service uptake by captured protected characteristic.</p>	<p>Ways of improving data collection by PC and using this to evaluate public health programmes should be kept under review.</p>
	Lead Reviewer Question	Example	Service Evidence Provided	Additional Requirements
2.	<p>Please provide details of changes to the service or Policy or how they have been informed as a result of collecting routine data.</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low attendance by BME (Black and Minority Ethnic) people. Engagement activity with BME people found promotional material for the interventions was not inclusive, using mainly stock images of white people in gyms. As a result an adapted range of materials were used</i></p>	<p>Information returned from services provides a degree of understanding/correlation between illness prevalence and protected characteristics. Analysis of the data has historically required a degree of ‘fusing’ of multiple protected characteristics. For instance, understanding the relationship between age, disability, sex and poverty has allowed more targeted approaches within specific areas and this is reflected in the strategic commitment to actively address socio-economic inequality in public health programmes and address the inverse care law by delivering person-centred care where it’s most required. This helps meet our duty to promote equality of opportunity by taking an equitable approach to resource allocation and programme design on the grounds of experienced deficit and need.</p>	<p>Programme design should include consideration of disaggregated data and intersectionality.</p>

	<p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics.</p>	<p><i>with ongoing monitoring of uptake.</i></p>		
	Lead Reviewer Question	Example	Service Evidence Provided	Additional Requirements
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.</i></p>	<p>The Strategy is built on years of research describing the public health needs of the population of Greater Glasgow and Clyde. Research from around the world has been used in tandem with locally derived evidence from sources including the World Health Organisation and the Glasgow Centre for Population Health.</p> <p>In terms of understanding the experiences of inequality for protected characteristic groups, the strategy is supported by the work of NHSGGC's Equality and Human Rights Team, which has worked to create an informing evidence base through more than 12 years of aggregated work. Evidence relating to specific group experiences of health and social care will be used to support the more localised action plans that will be deployed to meet the high level aspirations of the strategy. This is evidenced in the Strategy's 'Programmes for Action which include investment in staff training, provision of high quality and accessible information, commitments to deliver on pre-agreed equality outcomes and developing a human rights approach that will empower people to know and claim their rights.</p> <p>Wider work will include renewed efforts to tackle hate crime, female genital mutilation and routine sensitive enquiry to support individuals experiencing gender based violence.</p>	

	Lead Reviewer Question	Example	Service Evidence Provided	Additional Requirements
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>The strategy is a high level document that has been based on evidence returned from a range of research sources. Aspects relating to working with protected characteristic groups are informed by engagement undertaken over a number of years in order to identify proportionate and relevant equality outcomes. For instance, the strategy specifically mentions the requirement to communicate in a way that understands the specific barriers to communication experienced by various groups. Delivery of this will tie into NHSGGC's equality outcomes and ongoing mainstreaming commitments to deliver on the Clear to All Accessible Information Policy and the Interpreting and Communication Support Policy. These outcomes were derived from lengthy consultations with Deaf service users, interpreting services and other service users who do not have English as a first language.</p> <p>The product of engagement across various protected characteristic groups will inform the strategy implementation, shape subsequent local action plans and help meet all aspects of the General Duty.</p> <p>There is a communication and engagement plan in relation to the strategy and the DPH has stated that the plan will be adapted to reflect this engagement.</p>	<p>Engagement with protected characteristic groups should form part of the ongoing consultation.</p>
	Lead Reviewer Question	Example	Service Evidence Provided	Additional Requirements
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A</i></p>	<p>The strategy has made an explicit commitment to ensuring services provided will be fully patient centred, accessible and inequality sensitive. A number of access audits have already been completed across NHSGGC services and HSCP community health centres. This programme of work will continue across the 10 year duration of the strategy and beyond as part of NHSGGC's compliance with the Equality Act and our</p>	

	<p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity</p> <p>3) Foster good relations between protected characteristics.</p>	<p><i>request was placed to have the doors retained by magnets that could deactivate in the event of a fire.</i></p>	<p>Equality Outcome that 'Disabled people and people experiencing poverty can access NHSGGC services without barriers and in ways that meet their needs'</p>	
	Lead Reviewer Questions	Example	Service Evidence Provided	Additional Requirements
6.	<p>How will the service review or policy development ensure it does not discriminate in the way communicates with service users and staff?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p>	<p>Delivering clear and accessible communication is a core responsibility of NHSGGC and is specifically included as a measurable outcome within 'A Fairer NHSGGC (2016-2020). The strategy explicitly includes meeting the requirements of this document and explains its importance in ensuring fully accessible and appropriate services. NHSGGC is committed to meeting the requirements of the British Sign Language (BSL) Act 2015 and has written an extensive plan setting out measures to facilitate promotion and understanding of BSL that is consistent with the National Plan.</p> <p>Given the extensive work to develop barrier-free communication for our patient and service user groups, any service-related outcomes of the high level strategy will be delivered in a way that will meet all 3 parts of the General Duty.</p>	

	<p>victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	Protected Characteristic	Service Evidence Provided		Additional Requirements
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design.</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and</p>	<p>The strategy promotes healthy life across all age groups and understands this will be achieved by taking a person-centred and inequality sensitive approach to service design and delivery.</p> <p>While this is true and is explicitly referenced in objectives such as ‘promoting positive mental wellbeing across all ages’ there are strategic objectives that target specific life stages. For instance a significant part of the strategy aims to ensure the best possible start for children (with a focus on early years), while programme activity includes provision of public health support to reduce inequalities at key life stages including dementia support.</p> <p>By explicitly capturing the successful delivery of ‘A Fairer NHS Greater Glasgow & Clyde’ as an integral outcome of the strategy, delivery will include evidence-based age related outcomes including:</p>		

	<p>victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>Disabled young people will receive the support and information to enable them to transition to acute adult services and that older people will receive services based on their needs.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? What opportunities have been explored to make appropriate reasonable adjustments?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>There is no specific risk the strategy will result in any differential deficit experienced by disabled people. Delivery will be supported by an extensive range of mainstreaming activity and specific equality outcomes relating to the protected characteristic of disability.</p> <p>In addition to the above, the strategy describes the role of NHSGGC as an advocate for communities, including a role as a partner to mitigate the adverse impact of welfare reform on disabled people.</p>	<p>Design of interventions should ensure physical accessibility is considered.</p>
	Protected Characteristic	Service Evidence Provided	Additional Requirements
(c)	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been</p>	<p>The strategy does not present a risk of differential deficit experienced by people because of their gender identity. As previously mentioned the strategy includes actions on the successful delivery of the 'A Fairer NHS Greater Glasgow and Clyde' which captures mainstreaming and specific outcomes in relation to the protected characteristic of Gender Reassignment ('people who have reassigned their gender are not discriminated against in our services').</p>	

	<p>included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p>		
	Protected Characteristic	Service Evidence Provided	Additional Requirements
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p>	<p>There is no scope for the strategy to create differential deficit for people due to the protected characteristics of marriage and civil partnership. Existing HR policies supporting staff working to deliver the strategy take cognisance of the legal requirements to meet the General Duty.</p>	

	Protected Characteristic	Service Evidence Provided	Additional Requirements
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics.</p>	<p>There is no scope for the strategy to create a disproportionate differential impact on people due to the protected characteristics of pregnancy and maternity.</p> <p>The strategy's commitment to support the delivery of services that understand barriers created by experience of poverty will have a positive impact on people with the characteristics of pregnancy and maternity</p>	
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ✓</p>	<p>There is no scope for the strategy to have a disproportionate differential impact on the grounds of Race. The Public Health Strategy seeks to inform practice that is fully accessible and as such promotes the use of appropriate communication support including use of interpreting and translation services.</p> <p>The 2016 NHSGGC BME Health and Wellbeing Survey conducted more than 1800 face to face in-home interviews in Glasgow with the five largest ethnic minority groups to better understand attitudes to health and access to services. This report supports cross group comparisons and allows further targeting of resources to meet shortfalls in delivery or uptake of services.</p>	<p>Using the BME Health and Wellbeing Study as a baseline it would enhance the strategy to revisit this research in 2019 and either rerun the survey or carry out qualitative research to inform public health interventions.</p>

	Protected Characteristic	Service Evidence Provided	Additional Requirements
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>There is no scope for the strategy to have a disproportionate differential impact on the grounds of Religion and Belief</p>	
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>There is no scope for the strategy to have a disproportionate differential impact on the grounds of Sex.</p> <p>The Strategy outlines a number of outcomes that will act in a way that alleviates the burden of care that can be disproportionately experienced by women. For instance, a commitment to meeting the requirements of the Child poverty Act 2017 will support a reduction in poverty and socio-economic inequality and partnership work to mitigate the adverse impact of welfare reform will help create a fair and dignified social security system that supports lone parents.</p> <p>Further attention is paid to the requirement to commit to patient-centred care that includes actively tackling experience of gender based violence and female genital mutilation.</p>	

	Protected Characteristic	Service Evidence Provided	Additional Requirements
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>There is no scope for the strategy to have a disproportionate differential impact on the grounds of Sexual Orientation. As previously stated, the strategy includes actions on the successful delivery of the 'A Fairer NHS Greater Glasgow and Clyde' which captures mainstreaming and specific outcomes in relation to the protected characteristic of Sexual Orientation ('Lesbian, Gay and Bisexual (LGB) patients and staff are not subject to discrimination, including assumptions of heterosexuality').</p> <p>Additional focus on service areas that are disproportionately used by LGB people (mental health services) will return a more inclusive and positive health outcome.</p>	<p>Evidence from the LGBT research currently underway and due to report in Autumn 2019 can be used to inform the design of public health interventions to support the strategy</p>
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p>	<p>There is no scope for the strategy to have a disproportionate differential impact on the grounds of socio-economic status or social class. One of the main goals of the strategy is to alleviate the burden of financial inequality and this is repeated across strategic objectives and their related programmes for action. Within Programme 2 (Tackle fundamental causes of poor health and of health inequalities and mitigate effects) is a commitment to work in partnership to mitigate and prevent health inequalities caused by poverty, income insecurity and the impact of welfare reforms.</p>	

	Protected Characteristic	Service Evidence Provided	Additional Requirements
(j)	<p>Other marginalised groups</p> <p>How have you considered the impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees and travellers?</p>	<p>The strategy is a whole systems response to tackling poor health through prevention. As such application will extend to delivery of person-centred care that meets the needs of all patients groups. The strategy includes a commitment to deliver services that are transparently fair, equitable and empowering and that take action to meet the health needs of equality groups and marginalised communities. This will include supporting equality and human rights work in Integrated Joint Boards and Community Planning Partnerships. Actions relating to the needs of specific groups are included in the strategy including homelessness and addictions.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show due regard to meeting the 3 parts of the General Duty. Tick all that have been included in your evidence (at least one required).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics.</p> <p>*The Fairer Scotland Duty (2018) places a legal responsibility on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning.</p>	<p>The strategy is not a response to cost savings measures but should result in a more effective use of finite resources in delivering fair and equitable care to those who need it most.</p> <p>The strategy has considered socioeconomic disadvantage, reflecting the Fairer Scotland Duty.</p>	

9.	What investment in learning has been made for staff to help prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum this should include recorded completion rates of statutory and mandatory learning programmes covering equality, diversity and human rights.	Around 40% of the NHSGGC workforce have completed the statutory and mandatory Equality and Human Rights learning package. In addition the strategy commits to delivering learning to staff to meet the full scope of expectations of role. This will include specialised training in areas like financial inclusion and routine sensitive enquiry.	Additional Requirements
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

The strategy will not act in a way that could impact on the human rights of patients, service users or staff. Rather, the strategy embraces a rights-based approach to improving the quality of service provision in NHSGGC. To this end an inclusion in Programme 5 states a requirement to 'develop a human rights approach to delivering services which means empowering people in our care to know their rights and ensuring that we are respecting, protecting and fulfilling their rights.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

Through the delivery of the strategy, there is an expectation that person-centred interventions will be shaped by applying the PANEL principles and putting the rights of the service user at the heart of delivery.

- ***Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

11. 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.

The strategy is the first of its kind in NHSGGC and as such is an example of good practice.

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>Ways of improving data collection by PC and using this to evaluate public health programmes should be kept under review.</p> <p>Programme design should include consideration of disaggregated data and intersectionality and latest evidence on the impact of discrimination on health and mental health.</p> <p>Engagement with protected characteristic groups should form part of the ongoing consultation</p> <p>Design of interventions should ensure physical accessibility is considered.</p> <p>Using the BME Health and Wellbeing Study as a baseline it would enhance the strategy to revisit this research in 2019 and either rerun the survey or carry out qualitative research to inform public health interventions.</p> <p>Evidence from the LGBT research currently underway and due to report in Autumn 2019 can be used to inform the design of public health interventions to support the strategy</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Oct 2019</p> <p>Oct 2019</p>	<p>LDeC</p> <p>LDeC</p> <p>JE</p> <p>JE</p> <p>JE</p> <p>JE</p>

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

16/07/19

Lead Reviewer: Name Alastair Low
EQIA Sign Off: Job Title Planning and Development Manager
 Signature
 Date 16/01/2019

Quality Assurance Sign Off: Name Kath Gallagher
 Job Title Planning and Development Manager
 Signature
 Date 23/01/2109

Please email a copy of the completed EQIA form to CITAdminTeam@ggc.scot.nhs.uk, or send a copy to 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.

Please note – your EQIA will be returned to you in 6 months to complete the attached review sheet (below). If your actions can be completed before this date, please complete the attached sheet and return at your earliest convenience to: CITAdminTeam@ggc.scot.nhs.uk

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to eqia1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.