

## 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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Impact Assessment of Renfrewshire Health and Social Care Partnership Strategic Plan 2019-2022

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 Strategic Plan 2019-2022 sets the vision and future strategic direction of community health and adult social work services in Renfrewshire. Our Vision: 'Renfrewshire is a caring place where people are treated as individuals and supported to live well'. The strategy highlights how we will continue to work with partners to deliver real improvements to the people of Renfrewshire's health within local and national policy direction. Our Annual Performance Reports note the progress we have made against our performance indicators.

*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 second three year Strategic Plan. The last three years have seen the development of a number of key national and local policies and strategies which will shape our services in the years ahead. These include the National Clinical Strategy, the Health and Social Care Delivery Plan and the Audit Scotland Report. There has been a significant shift towards prevention and early intervention, recognising that 'more of the same' is unsustainable. The NHSGGC Public Health Strategy, 'Turning the tide through prevention' will directly shape our health improvement activity and partnership work over the next three years. As such it's important we understand the relevance to Renfrewshire's diverse communities and identify any areas that might represent risk to specific groups or missed opportunities for maximising health potential. The Strategic Plan is a high-level document and it's expected that additional service reviews and 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:

Fiona MacKay – Head of Strategic Planning & Health Improvement,  
Renfrewshire Health and Social Care Partnership

Date of Lead Reviewer Training:

02/08/2010

**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):

Bernadette Reilly – Senior Community Link Officer, Renfrewshire Health and Social Care Partnership

Ann Drennan –Health, Homelessness and Housing Lead, Planning and Performance, Renfrewshire Health and Social Care Partnership

Clare Walker – Planning & Performance Manager, Renfrewshire Health and Social Care Partnership

	Lead Reviewer Question		Service Evidence Provided	Additional Requirements
1.	<p><b>What equalities information is routinely collected from people using the service or affected by the policy?</b></p> <p><b>Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</b></p>		<p>The Strategic Plan will be implemented against several data sources used to describe the population of Renfrewshire. For example, National Records of Scotland (NRS) and the Scottish Index of Multiple Deprivation (SIMD). The Scotland Census Data gives us a reasonably accurate picture of demographic makeup and this is supplemented with / compared against data captured within HSCP services that allow us to better understand the pattern of service uptake by captured Protected Characteristics.</p>	<p>Ways of improving data collection by Protected Characteristics, and using this to evaluate our HSCP services, should be kept under review.</p>
2.	<p><b>Please provide details of changes to the service or Policy or how they have been informed as a result of collecting routine data.</b></p> <p><b>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).</b></p> <p><b>1) Remove discrimination, harassment and</b></p>		<p>Information returned from services provides a degree of understanding/correlation between the services we deliver. For instance, social isolation and loneliness can affect anyone at all ages and stages of life. There is increasing recognition of social isolation and loneliness as a major public health issue that can have a significant impact on a person's physical and mental health. Results from the recently carried out Renfrewshire Adult Health and Wellbeing Survey showed that one in fourteen (7%) said that they felt isolated from family and friends. Those living in the most deprived areas were more likely to feel isolated (15% most deprived areas; 5% other areas). Respondents were also asked how often they had felt lonely in the past two weeks. Two percent said that had felt lonely all the time, 4% said often, 11% said some of the time, 31% said rarely and 52% said never.</p>	

	<p>victimisation</p> <p><b>2) Promote equality of opportunity ✓</b></p> <p><b>3) Foster good relations between protected characteristics.</b></p>	<p>Between October 2017 and March 2018 ACUMEN and RAMH also carried out research on social connectedness within Renfrewshire. The research identified a need within Renfrewshire for supportive and welcoming environments where people can come and meet others, socialise and make friends, without feeling self-conscious or stigmatised. The plan is now to address the above to ensure that Renfrewshire embraces the needs of those who feel lonely or socially isolated.</p> <p>The above detailed research guides us in meeting our duty to promote equality of opportunity by taking an equitable approach to resource allocation, and in our design of programmes going forward.</p>	
Lead Reviewer Question		Service Evidence Provided	Additional Requirements
3. <b>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</b>  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><b>1) Remove discrimination, harassment and victimisation ✓</b></p> <p><b>2) Promote equality of opportunity ✓</b></p> <p><b>3) Foster good relations between protected</b></p>	<p>The Strategic Plan takes cognisance of research describing the public health needs of the population of Renfrewshire. 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 respectively.</p> <p>In terms of understanding the experiences of inequality for protected characteristic groups, 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 Strategic Plan. The HSCP is a committed member of the local Renfrewshire Gender Based Violence (GBV) Strategy Group and has adopted the Scottish Government's definition of GBV. Gender Based Violence has an immediate and long lasting impact on the women and children in Renfrewshire who experience it. In 2015/16 there were 2,151 reported incidents of domestic abuse in Renfrewshire and 253 sexual crimes. The rate of domestic abuse incidents reported to the Police in Renfrewshire is higher than the national average (123 per 10,000 of the population compared to 108 per 10,000, 2015/16) and between October 2015 and May 2018 our local Multi-agency Risk Assessment Conference (MARAC) heard 264</p>	

	<b>characteristics</b>	high risk cases of domestic abuse and ensured appropriate safety plans were instigated. We are committed to improving the knowledge, skills and behaviour of our staff in relation to GBV and ensuring that they are appropriately trained to identify GBV and respond appropriately to disclosures. We will continue to work with our local partners to achieve the vision that Renfrewshire is a place where GBV is not tolerated and where victims, perpetrators and communities are supported to address its causes and consequences.	
Lead Reviewer Question		<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
4.	<p><b>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?</b></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> <ul style="list-style-type: none"> <li>1) Remove discrimination, harassment and victimisation✓</li> <li>2) Promote equality of opportunity ✓</li> <li>3) Foster good relations between protected characteristics✓</li> </ul>	<p>The Strategic Plan priorities have been based on evidence returned from a range of research sources, and we have held a number of engagement events and workshops across all care groups, involving staff, providers, partners, services users and carers. The Strategic Planning process has also run alongside the early engagement for the service reviews of older people, learning disabilities, addictions and charging to ensure, where possible, that emerging issues are incorporated into the plan to shape subsequent local action plans and help meet all aspects of the General Duty.</p> <p>The national Learning Disability Strategy, Keys to Life, identified four strategic outcomes. In Renfrewshire we work with people to ensure our services and activities promote outcomes and principles embedded within the Keys to Life. A specific consultation event was held for Learning Disability service users and a video was produced to support the engagement process. (see link below).</p> <p><a href="#">Strategy Film .mov</a></p> <p>The Participation, Communication and Engagement (PEC) Group will also update their Plan to take cognisance of the Strategic Plan and actions to support PEC going forward.</p> <p>We will support local collective action to meet the requirements</p>	Engagement with protected characteristic groups should form part of the ongoing consultation.

		<p>of the Child Poverty Act 2017. We will continue to promote referral pathways for health and social work staff to direct patients and clients into financial and employability services. We will support the Renfrewshire Tackling Poverty Programme through a range of specific programmes focused on the mental and physical health of children in low income families. As a Community Planning partner we will support Paisley: Our Journey Continues Cultural Plan; particularly the vision to 'lift communities out of poverty'.</p>	
Lead Reviewer Question		Service Evidence Provided	Additional Requirements
<p><b>5. 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?</b></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 Strategic Plan highlights that services provided will be person centred, accessible and inequality sensitive.</p> <p>The most recent census data notes that there are 12,593 people in Renfrewshire with a physical disability – 7.2% of the population compared to 6.7% across Scotland. Older people are more likely to have a physical disability.</p> <p>Discussions with service users, and with staff who support them, highlighted areas which are important to them as follows:</p> <p>A range of Housing and Supports; Accessing Community Resources; Transport; Access to Health Services.</p> <p><u>As an HSCP our priorities for 2019-22 will include the following:</u></p> <ol style="list-style-type: none"> <li><b>1. Information and Technology</b> <ul style="list-style-type: none"> <li>• Share up-to-date information about services which are available across Renfrewshire.</li> <li>• Explore the potential to exploit technology and Apps. to support people with a sensory impairment or physical disability.</li> </ul> </li>   <li><b>2. Access Health and Care Services</b> <ul style="list-style-type: none"> <li>• Support people with a physical disability or sensory</li> </ul> </li> </ol>	

		<ul style="list-style-type: none"> <li>impairment to avoid hospital admission.</li> <li>Support people with a physical disability or sensory impairment to enjoy better physical health and to access screening opportunities.</li> </ul> <p><b>3. Infrastructure and Environment</b></p> <ul style="list-style-type: none"> <li>Support people to access appropriate financial advice.</li> <li>Lobby for more accessible transport to support people to be able to access community resources.</li> </ul>	
Lead Reviewer Questions		Service Evidence Provided	Additional Requirements
6. How will the service review or policy development ensure it does not discriminate in the way it communicates with service users and staff?  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).  1) Remove discrimination, harassment and victimisation ✓  2) Promote equality of opportunity ✓  3) Foster good relations between protected characteristics✓  The British Sign Language (Scotland) Act 2017 aims to		<p>We have produced a set of equality outcomes to meet the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2012. Delivering clear and accessible communication is a core responsibility of the HSCP and is specifically included as a measurable outcome within our Equality Outcomes and Mainstreaming Progress Report (2018).</p> <p>The local Sensory Impairment Services offer specialist information, advice and support to deaf or hearing impaired people, blind or visually impaired people, carers and professionals.</p> <p>The HSCP works in partnership with NHSGGC and Renfrewshire Council to support the requirements of the British Sign Language (BSL) Act 2015 and contributes to the local BSL plan which sets out measures to facilitate promotion and understanding of BSL that is consistent with the National Plan.</p>	

	<p>raise awareness of British Sign Language and improve access to services for those using the language.</p> <p>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><b>Age</b></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 victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics. ✓</p>	<p>The Plan 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 within the Plan.</p> <p>There are a number of demographic and activity changes that will affect our current and future understanding of needs across Renfrewshire. For instance contact with Adult Social Work Services has increased by 31% in the last five years. As more people manage their own individual Self-Directed Support (SDS) budgets it can make forward planning difficult. We will respond to any changes in demand. We expect to see a 47% increase in dementia prevalence by 2035. Current prevalence is 2994 people at 2017, with a projected prevalence of 4400 by 2035. These demographic changes will direct RHSCP planning and activity, eg, The Renfrewshire Dementia Strategy Group is currently undertaking a consultation to engage with staff, public and service users to inform the development of a local Renfrewshire Dementia Strategy.</p> <p>The HSCP will support young people transitioning from children's to adult services, particularly within mental health services, and disabled young people will receive the support and information to enable them to transition to acute adult services.</p> <p>The Plan aims to ensure the best possible start for children (with a focus on early years), while programme activity includes</p>	

		provision of public health support to reduce inequalities at key life stages including dementia support as highlighted above.	
(b)	<p><b>Disability</b></p> <p><b>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?</b></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>We have just completed a review of Learning Disability Day and Respite Services and the output from this review is built into our priorities for 2019 -22.</p> <p>Another priority is to support people with a physical disability or sensory impairment to access health and care services. Delivery will be supported by an extensive range of mainstreaming activity in addition to the above.</p> <p>The Plan describes the role of the HSCP as an advocate for communities, including a role as a partner to mitigate the adverse impact of welfare reform on disabled people.</p>	
Protected Characteristic	Service Evidence Provided	Additional Requirements	
(c)	<p><b>Gender Identity</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</b></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>The Plan does not present a risk of differential deficit experienced by people because of their gender identity. The Plan highlights that as an HSCP we will undertake the LGBT Youth Scotland Charter of Rights Award to increase LGBT inclusion in our services and continue to provide information and training for our staff in order to best support our clients. It is hoped that this process will improve our organisation's knowledge, and build confidence to challenge discrimination and prejudice, while we proactively create an inclusive environment where LGBT people are valued.</p>	

	<b>3) Foster good relations between protected characteristics</b> ✓		
Protected Characteristic	Service Evidence Provided	Additional Requirements	
(d) <b>Marriage and Civil Partnership</b>  Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?  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).  1) Remove discrimination, harassment and victimisation ✓  2) Promote equality of opportunity ✓  3) Foster good relations between protected characteristics	There is no scope for the Plan to create a differential deficit for people due to the protected characteristics of marriage and civil partnership. Existing HR policies supporting staff working to deliver the Plan take cognisance of the legal requirements to meet the General Duty.		
Protected Characteristic	Service Evidence Provided	Additional Requirements	
(e) <b>Pregnancy and Maternity</b>  Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?  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).  1) Remove discrimination, harassment and victimisation	There is no scope for the Plan to create a disproportionate differential impact on people due to the protected characteristics of pregnancy and maternity. The Plan'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.  The Family Nurse Partnership (FNP) is an NHS Board-wide service. The first Family Nurse Partnership team in NHSGGC commenced in September 2012 and since then a further 4 teams have been established with a further two to follow (1 of which will be advertised very soon and the other in summer 2019). There are currently 5 Supervisors in NHSGGC and all teams will have 6 Family Nurses. NHSGGC also has an FNP		

	<p><b>2) Promote equality of opportunity ✓</b></p> <p><b>3) Foster good relations between protected characteristics.</b></p>	<p>Nurse Consultant, whose role is to provide leadership as the board progresses from small scale to large scale permanency which means that the programme will operate on an ongoing basis and will endeavour to have a place for every eligible young woman.</p> <p>The FNP Team B covers Renfrewshire and East Renfrewshire and the FNP service supports first time mums aged 19 years and under and their families. The programme begins in early pregnancy and runs until the first child's second birthday. All eligible young women in Renfrewshire can access this bespoke programme.</p>	
(f)	<p><b>Race</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></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><b>1) Remove discrimination, harassment and victimisation ✓</b></p> <p><b>2) Promote equality of opportunity✓</b></p> <p><b>3) Foster good relations between protected characteristics✓</b></p>	<p>There is no scope for the Plan to have a disproportionate differential impact on the grounds of Race. The Strategic Plan 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>	
<b>Protected Characteristic</b>		<b>Service Evidence Provided</b>	<b>Additional Requirements</b>
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p>	<p>There is no scope for the Plan to have a disproportionate differential impact on the grounds 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>		
(h)	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></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 Plan to have a disproportionate differential impact on the grounds of Sex.</p> <p>The Plan 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 person-centred care that includes actively tackling experience of gender based violence.</p>	
Protected Characteristic		Service Evidence Provided	Additional Requirements
(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p>	<p>There is no scope for the Plan to have a disproportionate differential impact on the grounds of Sexual Orientation.</p> <p>As previously stated, the Plan highlights that the HSCP will undertake the LGBT Youth Scotland Charter of Rights Foundation Award to increase LGBT inclusion in our services. Successful completion of the award will increase the capacity of</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 HSCP workforce to deliver a high level of person centred care to ensure the services we deliver are inclusive and meet the needs of local LGBT people.</p>	
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>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?</b></p>	<p>There is no scope for the Plan to have a disproportionate differential impact on the grounds of socio-economic status or social class. As a Community Planning partner there is a commitment to work in partnership to mitigate and prevent health inequalities caused by poverty, income insecurity and the impact of welfare reforms. We know over 7,500 children in Renfrewshire live in poverty and we will support local collective action to meet the requirement of the Child Poverty Act 2017. One of the goals of the Plan is to alleviate the burden of financial inequality and we will continue to promote referral pathways for health and social work staff to direct patients and clients into financial and employability services.</p>	
Protected Characteristic		Service Evidence Provided	Additional Requirements
(k)	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &amp; refugees and travellers?</b></p>	<p>The Plan 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. For instance: Through the Syrian Refugees' Group we will continue to support families that have arrived from Syria. Since 2015 the HSCP has supported 34 families (134 persons).</p> <p>We continue to review and improve referral pathways into health and social care services for those at risk of homelessness.</p> <p>We have included actions relating to the needs of people with addictions in the Plan.</p>	

8.	<p><b>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?</b></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 Plan is not a response to cost saving 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 Plan has considered socioeconomic disadvantage, reflecting the Fairer Scotland Duty.</p>	
9.	<p><b>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</b></p>	<p>The Social Work Professional Training Team offers a wide range of training courses and development opportunities for partnership staff. Many courses cover guidance and awareness training for those working with vulnerable people who may be covered by protected characteristics. Some examples of our</p>	<b>Additional Requirements</b>

<p>and mandatory learning programmes covering equality, diversity and human rights.</p>	<p>staff training courses include:</p> <ul style="list-style-type: none"> <li>• Financial Harm Awareness and the links to Adult Support and Protection;</li> <li>• Technology Enabled Care Service (TECS) Awareness Training;</li> <li>• Autism Awareness/ Learning Disability/ Dementia;</li> <li>• Person Centred Planning;</li> <li>• Anti-Stigma training (Renfrewshire): Understanding Mental Health;</li> <li>• Anti-Racist Practice in Social Work;</li> <li>• Domestic Abuse;</li> <li>• Various Welfare Rights and Benefits courses.</li> </ul> <p>Equality training courses are also available through Renfrewshire Council Corporate Services and NHSGGC.</p> <p>In addition, specialised training in areas like Financial Inclusion and Routine Sensitive Enquiry are also delivered to staff.</p>	
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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 Plan will not act in a way that could impact on the human rights of patients, service users or staff.

**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 Plan, 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.**

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 protected characteristics, and using this to evaluate programmes should be kept under review.</p> <p>Engagement with protected characteristic groups should form part of the ongoing consultation.</p>	t.b.c.	

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

<b>Lead Reviewer:</b>	<b>Name</b> <b>Fiona MacKay</b>
<b>EQIA Sign Off:</b>	<b>Job Title</b> Head of Strategic Planning & Health Improvement,
	<b>Signature</b>
	<b>Date</b> <b>19/02/2019</b>

<b>Quality Assurance Sign Off:</b>	<b>Name</b> <b>Alastair Low</b>
	<b>Job Title</b> <b>Planning and Development Manager</b>
	<b>Signature</b>
	<b>Date</b> <b>18/03/2019</b>

Please email a copy of the completed EQIA form to [CITAdminTeam@ggc.scot.nhs.uk](mailto: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](mailto: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:

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

		Completed	
Action:	Status:	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	
Action:	Reason:	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**

**Name of completing officer:**

**Date submitted:**

Please email a copy of this EQIA review sheet to [eqia1@ggc.scot.nhs.uk](mailto: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.