

## 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:

Glasgow City Quit Your Way Community Service

Is this a: Current Service  Service Development  X 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.*

Quit Your Way (QYW) Community Services run across Greater Glasgow and Clyde and offer free intensive support to stop smoking from specialist advisors. Within Glasgow City, there are three locality QYW community teams operating (North East, North West and South). These teams provide a universal service with targeted delivery in SIMD 1 and 2 areas, as per the current Local Delivery Plan (LDP) Standards. The LDP Standards are priorities set and agreed between the Scottish Government and NHS Boards to provide assurance on NHS Scotland performance. For the QYW Services operating in Greater Glasgow and Clyde, the LDP Standard is to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas.

Smoking is one of the main causes of ill-health and mortality in the UK, and a major influence in the life expectancy gap between those living in the most and least deprived areas. Smoking prevalence tends to be significantly higher in areas of deprivation, hence the focus of the national target. In the Scottish Health Survey 2018, 32% of adults in the most deprived areas smoked compared to 9% in the least deprived areas.

Prior to the COVID-19 pandemic, the QYW Community Service provided stop smoking support sessions in various local venues across Glasgow City each week, providing a client friendly local service. At the start of the COVID-19 pandemic, the service responded quickly by redesigning the whole service from a face to face service to a remote telephone support service. Clients continued to be provided with stop smoking support and recommendations about pharmaceutical products such as NRT or Varenicline to support a smoking cessation quit. Clients were also provided with onward referral or signposting to other local support services as appropriate, such as stress management, money advice and alcohol services.

*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 EQIA for the QYW Community Service in Glasgow City. As part of service development, particularly in response to COVID-19, it was agreed that it would be beneficial for the service to reflect on its reach, performance and consider areas for improvement to aim to reduce inequalities and smoking prevalence.

The service reflects some of the key priorities for Glasgow City highlighted below:  
Glasgow City HSCP Strategic Plan for Health and Social Care 2019-22  
Glasgow City Health Improvement Strategic Direction 2012

The service reflects national priorities as highlighted below:  
Raising Scotland's tobacco-free generation: our tobacco control action plan 2018  
Public Health Scotland's A guide to smoking cessation in Scotland guidance  
NHS Scotland Local Delivery Plan Standards  
Public Health Priorities for Scotland 2018

**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:** Suzanne Glennie

**Date of Lead Reviewer Training:** 14 November 2019

**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):**

Nicola Scott, Health Improvement Lead  
Suzanne Glennie, Health Improvement Manager  
Irene Stewart, Health Improvement Senior  
Heather Bath, Health Improvement Senior

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	<p>Prior to COVID-19, equalities information was collected using the NHSGGC 'Equalities in Health monitoring form', which was issued to every new client as part of them signing up to the service. This was not a mandatory form but staff did encourage clients to complete it. The form collected data about sex, gender identity, age, religion and belief, ethnicity, sexual orientation, disability, postcode and requirements for communication support/interpreter. Marriage and civil partnership, and pregnancy and maternity data was not routinely collected as part of this equalities form. A specialist QYW Pregnancy Service operates to support pregnant clients.</p> <p>Due to issues with extracting data from the previous city-wide equalities database, the equalities data was unable to be analysed.</p> <p>Due to the COVID-19 pandemic and the service moving to a remote telephone support service, no equalities monitoring has been carried out due to complexities with issuing equalities forms and retrieving them while maintaining anonymity. There is a new Training and Equalities Database (TED) system for health improvement in Glasgow City that launched in April 2022 and it is envisioned that equalities information will be routinely collected again as part of this.</p>	<p>Ensure there is a method of collecting equalities information anonymously.</p> <p>Briefing for all QYW practitioners and sessional staff on equalities monitoring using the new TED system.</p> <p>Explore the feasibility of collecting marriage/civil partnership data as part of equalities information.</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content or service design.	<i>A physical activity programme for people with long term conditions reviewed service user data and found very low</i>	Data will be reviewed on an ongoing basis to establish if usage is representative of the population of Glasgow City. We will analyse reach/uptake of the service to assess demographic patterns and compare this to research smoking prevalence. This will enable us to target our service to those most in need,	No negative impact from review.

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>particularly focusing on areas of deprivation as per the LDP standard. Data analysis will provide us with evidence of any vulnerable groups, for example LGBT people, that we can use to target our service. We will use captured data to inform marketing approaches and promotion of the service, for example social media and information sessions with organisations working with targeted groups.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<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 which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></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</i></p>	<p>Evidence highlights that higher smoking prevalence is associated with multiple indicators of deprivation or marginalisation. This includes among LGBT people, lone parents, people with a mental health condition, and people without qualifications. The link between smoking and ethnicity is complex, with varying levels of smoking prevalence. Rates within ethnic groups are often higher among men compared to women.</p> <p>The NHS Greater Glasgow and Clyde 2017/18 Adult Health and Wellbeing Survey reported that smoking prevalence varied from 32% in the most deprived areas to 19% in other areas. Men were more likely than women to be smokers. The age group with the highest prevalence of smoking was 45-54. This resonates with the Scottish Health Survey 2020 which reported that the highest prevalence of current smoking was among those aged</p>	

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>45-64, and higher levels were clear for men compared to women.</p> <p>In relation to deprivation, evidence recognises the additional health needs and barriers to engagement with services among those living in areas of high deprivation. Prior to COVID-19, many of our service venues were situated in areas of high deprivation, increasing the accessibility of the service to a larger number of clients from these areas. All staff have undertaken equality and diversity training, and are aware/utilise the interpreting service to support clients as appropriate.</p> <p>During the pandemic, staff have been home-based and therefore not visible in these community venues. As part of this service development, we will consider barriers to accessing the service from equalities groups. In late 2021, the service signed up to undertake the LGBT Charter Bronze Award, which aims to increase knowledge and awareness for staff of LGBT and enhance the accessibility of the service. Staff will be undertaking training during June 2022 and an action plan will be developed. This will incorporate learning from the training, with consideration for equality groups and access/experience of the QYW service.</p> <p>Staff have also participated in Mental Health: Supporting Clients training, and also Ask: Tell training.</p>	
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
4.	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	<i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback</i>	Case studies are frequently written based on client feedback and their experience of the service. Some have been used as part of marketing for the service, and one featured in the recent Spring 2022 newsletter for GPs, Community Pharmacies, LAAC, Pantries and Food Banks.	It is important that we capture and understand the experiences of equalities groups who access the service. It is also important that staff's views and experiences are captured and used to shape service

<p>about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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>(Due regard to promoting equality of opportunity)</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>In December 2021, QYW Community Service staff from Glasgow City were invited to participate in a survey to gather feedback about their experience of service delivery during the pandemic and also to seek ideas for service improvement/development moving forwards. This anonymous survey was completed by 24 staff from various bands, giving a 75% completion rate, therefore is a representative sample.</p> <p>In terms of experiences of working during the COVID-19 pandemic, staff reported both positive aspects and challenges. Some examples include:</p> <ul style="list-style-type: none"> <li>• Better work/life balance</li> <li>• Increased productivity</li> <li>• Strong engagement from clients</li> <li>• Increased workload</li> <li>• Emotionally challenging conversations</li> <li>• Isolation and less connectedness.</li> </ul> <p>Some staff described feedback from clients suggesting that accessing the service is easier, particularly for fitting in with work/childcare. 79% of staff requested a hybrid workplace model for the future and 13% of staff requested to remain working from home, which was rated as very important. The majority of staff were keen to adapt their work to meet the needs of communities. Many staff suggested a blended holistic service delivery to offer greater appointment choice, flexibility and be tailored to client's needs.</p> <p>In March 2022, a client survey commenced to gather feedback from clients regarding their experience of the service. This was completed by 90 clients. Some quotes from this survey include:  <i>"Having a call every week to report back my progress and to receive motivation and encouragement for the week ahead was a game changer."</i>  <i>"Polite, friendly, supportive service"</i></p> <p>The QYW Community Service in Glasgow City is currently</p>	<p>delivery.</p> <p>It is important that the service also understands why equalities groups may not access the service – either by specifically targeting groups to provide insight or using other evidence sources.</p>
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			undertaking the LGBT Charter and hope to utilise staffs' increased knowledge base and expertise to enhance accessibility and inclusivity of the service for all.	
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
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>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></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 request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Prior to COVID-19, services operated from community venues, mainly health centres. This enhanced the physical accessibility of the service. Delivery was from the ground floor or first floor, which could be accessed by a lift as well as stairs. There was electronic door access, accessible toilets, ramps, blue badge parking, and signage. Public transport was available nearby including bus routes.</p> <p>During the pandemic, staff have been supporting clients by telephone support and all staff are trained in telephone skills. As the service remobilises, telephone support is envisioned to continue as one option for accessing the service, offering a suite of options for clients.</p>	<p>Any new venues will require to be assessed to ensure they are fully accessible and welcoming.</p> <p>Not everyone will have access to a telephone (or sufficient credit) to be able to engage with the service.</p> <p>Offering choice in terms of engagement is essential. Consideration of financial costs impacting on engagement is important (e.g. travel costs to attend venues or credit for phones)</p>
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></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</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><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>The service currently uses a variety of communication methods including newsletters, leaflets, postcards and social media posts. These materials aim to ensure a wide reach. Quarterly newsletters are produced and shared electronically with GPs, Pharmacies and LAAC staff. Leaflets and postcards are mainly distributed as part of 'Quit Kits' or starter packs that are posted to clients among being referred to the service. Social media posts are shared regularly in each locality and city-wide, and tend to be related to health events, for example stress awareness month.</p> <p>Staff have been advised previously that any leaflet etc produced by us can be translated but this is more challenging for externally produced materials. Staff have a suite of translated resources saved on the shared drive, which can be printed as and when. Staff will review resources and consider alternatives that can be made available in other formats.</p> <p>The interpreter service is available, including BSL signers. An SBAR and risk assessment has been produced recently for the service to enable support to be provided for a BSL client during the pandemic. A protocol is required to be developed and staff informed so the service can quickly respond to a referral from a BSL client.</p> <p>All staff are aware of the Interpreting Service. Some staff have previously received training.</p> <p>Staff training includes: Equality and diversity training</p>	<p>Staff will become more familiar with Clear to All guidance, and accessible information.</p> <p>All future publications will follow Clear to All guidance and adhere to NHS GG&amp;C Accessible Information Policy.</p> <p>All future publications will consider the ability to be translated and made available in other formats.</p> <p>Review of resources used with consideration to availability in other formats.</p> <p>Protocol to be developed and staff informed of the process to follow upon receipt of a referral from a BSL client.</p> <p>Explore staff training opportunities regarding deaf awareness and the interpreting service.</p>
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	note of this.		
7	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(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 which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Data is collected with regard to this protected characteristic. This is gathered as part of referral to the service where date of birth and age are recorded.</p> <p>The community QYW service is predominantly an adult service for adults aged 18 and above in Glasgow City. Some staff are trained to support young people under the age of 18 and would provide behavioural support, similar to an adult. Pharmacotherapy can be provided to those aged 12 and over who are dependent on tobacco. It should be offered with behavioural support and consent is required by a parent or legal guardian for those less than 13 years of age. As young people's tobacco use can be sporadic, the advisor would ascertain whether NRT would support a quit or not, with short term NRT use preferred. Some pharmacotherapy requires a prescription from a healthcare professional. Staff are aware of the Glasgow City Youth Health Service (YHS) and would signpost/refer a young person under the age of 18 for additional support, if this was appropriate.</p>	<p>Service data should be analysed to understand age profiles of those engaging (and not engaging with the service). This would inform whether specific targeting may be required for particular age cohorts.</p>
(b)	<p><b>Disability</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p>	<p>No. The Community QYW Service is a universal service. Prior to COVID-19, the service operated mainly in Health Centres, which are DDA compliant buildings. Service delivery was from the ground floor or first floor, which could be accessed by a lift as well as stairs. Automatic doors were in operation and loop</p>	<p>Explore staff training opportunities regarding deaf awareness and the interpreting service.</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>systems were available.</p> <p>Staff training includes: Equality and diversity. Some staff have been trained in Working with interpreters and Deaf awareness.</p> <p>Staff are aware of the interpreting service and how to access interpreters.</p> <p>The service works with a broad spectrum of disabilities. From the recent client survey, approximately 60% of clients reported having a long term condition.</p> <p>As part of person centred care, staff may signpost/refer clients to other services, as appropriate, to support and address individual needs.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p><b>Gender Identity</b></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 which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>Prior to COVID-19, data was collected with regards to this protected characteristic on 'Equalities in Health monitoring forms'. There is no criteria which would exclude individuals on the basis of gender identity for accessing the QYW service as it is a universal service for all adults in Glasgow City.</p> <p>The City Community QYW Service is currently undertaking the LGBT Charter Bronze Award. As part of this, staff will participate in LGBT training to enhance their knowledge, understanding and confidence regarding LGBT. An impact assessment will be conducted following the training, producing an action plan for the service to increase accessibility and inclusiveness.</p> <p>Staff training: Equality and Diversity.</p>	

	4) Not applicable <input type="checkbox"/>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No.</p> <p>Prior to COVID-19, data collected on the 'Equalities in Health monitoring forms' did not include the marriage and civil partnership protected characteristic. The Community QYW Service is a universal service, open to all adults in Glasgow City, irrespective of marriage or civil partnership.</p> <p>In the Annual Population Survey 2019, those who were married or in a civil partnership had the lowest proportion of current smokers (9.2%), which is less than half the proportion among those who are cohabiting (20.3%) or single (20.4%); the proportion of current smokers in widowed, divorced or separated respondents was 16.1%. This survey has an annual sample size of approximately 320,000 respondents from across the UK, and smoking data is from respondents aged 18 years and above. Data analysis regarding marital status and smoking prevalence does not feature within the Scottish Health Survey currently.</p>	<p>Explore the feasibility of collecting marriage/civil partnership data as part of equalities information (copied from section 1).</p> <p>Explore smoking prevalence data further to establish if a causal link exists between marital status and smoking. Seek guidance from tobacco colleagues and the Equalities Team.</p>
(e)	<b>Pregnancy and Maternity</b>	There is a specialist QYW Service within NHS Greater Glasgow and Clyde for Pregnant women. All pregnant women will be	

	<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 which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>asked about their smoking status at their first midwife appointment, which is part of routine antenatal care. Prior to COVID-19, a carbon monoxide (CO) reading would have been done and if the reading was high, an individual currently smokes or have stopped in the previous two weeks, they would be referred to the Pregnancy service for specialist advice and support. CO monitoring was suspended during COVID-19 and has been now been reinstated in some areas.</p> <p>The QYW Pregnancy Service have an incentive programme for pregnant smokers who have a NHSGG&amp;C postcode and attend NHSGG&amp;C for their antenatal care. A store gift card worth up to a maximum of £220 can be received if certain criteria are met at set time points.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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 which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>No, the Community QYW Service is a universal service. Prior to COVID-19, data was collected with regards to this protected characteristic on 'Equalities in Health monitoring forms'. There is no criteria which would exclude individuals on the basis of race for accessing the QYW service as it is a universal service for all adults in Glasgow City.</p> <p>Staff training includes: Equality and diversity</p> <p>Staff have been advised previously that any leaflet etc produced by us can be translated but this is more challenging for externally produced materials. Staff have a suite of translated resources saved on the shared drive, which can be printed as and when. Staff will review resources and consider alternatives that can be made available in other formats.</p>	<p>Staff will become more familiar with Clear to All guidance, and accessible information.</p> <p>All future publications will follow Clear to All guidance and adhere to NHSGG&amp;C Accessible Information Policy.</p> <p>All future publications will consider the ability to be translated and made available in other formats.</p> <p>Review of resources used with consideration to availability in other formats.</p>

	<p>4) Not applicable <input type="checkbox"/></p>	<p>Interpreters are utilised for interactions with clients whose first language is not English.</p> <p>Previously some staff have had training opportunities to learn more about different cultures. One staff member is involved in the Staff Forum and is keen to explore staff learning sessions about different cultures. This will be valuable for the service staff to broaden their awareness of cultural sensitivities.</p>	<p>Encourage staff to participate in training opportunities to learn more about cultural sensitivities.</p>
(g)	<p><b>Religion and Belief</b></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 which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No, the Community QYW Service is a universal service. Prior to COVID-19, data was collected with regards to this protected characteristic on 'Equalities in Health monitoring forms'. There is no criteria which would exclude individuals on the basis of religion and belief for accessing the QYW service as it is a universal service for all adults in Glasgow City.</p> <p>Staff training includes: Equality and diversity</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p><b>Sex</b></p> <p>Could the service change or policy have a</p>	<p>No, the Community QYW Service is a universal service. Prior to COVID-19, data was collected with regards to this protected characteristic on 'Equalities in Health monitoring forms'. There is</p>	

	<p><b>disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>no criteria which would exclude individuals on the basis of sex for accessing the QYW service as it is a universal service for all adults in Glasgow City.</p> <p>In 2020/21, 53% of clients accessing the Glasgow City service were female and 47% were male. Interestingly, in the recent client survey, 53% of respondents were female and 47% were male. This highlights that the survey sample was representative of the clients accessing the service.</p> <p>Staff training includes: Equality and diversity.</p>	
(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 Sexual Orientation?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No, the Community QYW Service is a universal service. Prior to COVID-19, data was collected with regards to this protected characteristic on 'Equalities in Health monitoring forms'. There is no criteria which would exclude individuals on the basis of sexual orientation for accessing the QYW service as it is a universal service for all adults in Glasgow City.</p> <p>Staff training includes: Equality and diversity</p> <p>The City Community QYW Service is currently undertaking the LGBT Charter Bronze Award, which aims to ensure the staff delivers a high quality and inclusive service. As part of this, staff will participate in LGBT training to enhance their knowledge, understanding and confidence regarding LGBT. An impact assessment will be conducted following the training, producing an action plan for the service to increase accessibility and inclusiveness.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p>Could the proposed 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>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. If relevant, you should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="https://www.gov.scot/resources/consultation-papers/cpd/2018/06/fairer-scotland-duty-interim-guidance-for-public-bodies/">Fairer Scotland Duty: interim guidance for public bodies - gov.scot (www.gov.scot)</a></p>	<p>While the service is universal, there is targeted delivery in SIMD 1 and 2 areas, as per the current Local Delivery Plan (LDP) Standards as previously described. Evidence shows that smoking prevalence tends to be significantly higher in areas of deprivation, thus the targeted nature of the service delivery. Performance is monitored on a quarterly basis.</p> <p>Prior to the COVID-19 pandemic, the service was predominantly delivered in Health Centres in areas of deprivation. These were accessible venues and tended to have public transport available nearby including bus routes. This helped increase accessibility and minimise barriers to accessing support for individuals within these areas. As service remobilisation takes place and the service looks to plan to return to some face-to-face delivery, accessible community venues will be sourced, ensuring attention is paid to minimise potential barriers to access, particularly for individuals with low socio-economic status.</p> <p>Service data from the last 3 years shows that the service has consistently had approximately 70% of clients from SIMD 1 and 2 areas. This refers to clients who have engaged with the service and set a quit date.</p> <p>The service provides free support to clients and this includes pharmacotherapy products such as nicotine replacement therapy via the Pharmacy. This minimises financial barriers.</p> <p>As part of person centred care, staff may signpost/refer clients to other services, as appropriate, to support and address individual needs. This may include financial inclusion services. In 2021/22, staff made 76 referrals and 175 signposts to other services. This is reported in the Glasgow City HSCP Performance</p>	

		Management Framework.	
(k)	<p><b>Other marginalised groups</b></p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</p>	<p>Other QYW services are available within Glasgow City that can support some marginalised groups.</p> <ul style="list-style-type: none"> <li>• QYW Prison Service in HMP Barlinnie, HMP Low Moss and HMP Greenock.</li> <li>• QYW Pharmacy Service.</li> </ul> <p>The service has previously linked with other marginalised groups. Staff have had involvement with recovery events for people with addictions (in recovery) to raise awareness of the service and support available. Staff have linked with homeless service and residential accommodation units to promote the service. Staff have also previously had involvement with Integration Networks. It is hoped that as the service remobilises, and capacity allows, staff can connect with services again.</p> <p>Staff are aware and utilise the interpreting service. All staff are trained in equality and diversity.</p>	<p>Staff connect with services supporting other marginalised groups to promote the service and support available.</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 which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No, the service development does not include an element of cost savings.</p>	

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>Staff undergo various e-learning modules including all the statutory and mandatory learning. This covers equality, diversity and human rights.</p> <p>The City QYW Community Service is currently undertaking the LGBT Charter Bronze Award, which aims to ensure the staff delivers a high quality and inclusive service. Training for staff is included as part of this work which covers LGBTI terminology, gender identify, harassment and discrimination, and LGBT inclusive practice.</p>	

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 service offers confidential support for clients, empowering them to influence their own health and wellbeing, and decision making to make a quit attempt. Clients are provided with access to communication support, as required/requested. Onward referrals/signposting will be made in discussion with the client to offer additional support beyond the capability of the service.

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\* .

Participation – A client survey has recently been conducted to capture user experience of the service. Case studies are frequently developed which outline client's experiences. We will continue to do this. We hope to explore the potential to analyse service data to understand reasons for non-engagement of those who were referred to, but failed to uptake the service.

Accountability – The QYW Community Service seeks to support people to stop smoking, and provide onward referral/signposting to relevant services/supports as appropriate. Performance is measured and reported locally and nationally as part of the LDP Standard, as described previously. Local delivery and performance is also monitored as part of the Glasgow City HSCP Performance Management Framework.

Non-discriminatory and Equality – This EQIA outlines the steps being taken to ensure the service is non-discriminatory.

Empowerment – The QYW staff strive to enable and encourage active participation and empowerment of clients.

Legality – The service is compliant with UK and Scottish Law.

- **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.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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 mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
<p>Ensure there is a method of collecting equalities information anonymously.</p> <p>Briefing for all QYW practitioners and sessional staff on equalities monitoring using the new TED system.</p> <p>Explore the feasibility of collecting marriage/civil partnership data as part of equalities information.</p> <p>It is important that we capture and understand the experiences of equalities groups who access the service. It is also important that staff's views and experiences are captured and used to shape service delivery.</p> <p>Explore smoking prevalence data further to establish if a causal link exists between marital status and smoking. Seek guidance from tobacco colleagues and the Equalities Team.</p> <p>Staff will become more familiar with Clear to All guidance, and accessible information.</p> <p>All future publications will follow Clear to All guidance and adhere to NHSGG&amp;C Accessible Information Policy.</p> <p>All future publications will consider the ability to be translated and made available in other formats.</p> <p>Review of resources used with consideration to availability in other formats.</p> <p>Protocol to be developed and staff informed of the process to follow upon receipt of a referral from a</p>		

<p>BSL client.</p> <p>Explore staff training opportunities regarding deaf awareness and the interpreting service.</p> <p>Encourage staff to participate in training opportunities to learn more about cultural sensitivities.</p> <p>Staff connect with services supporting other marginalised groups to promote the service and support available.</p> <p>Explore potential to analyse service data to understand reasons for non-engagement of those who were referred to, but failed to uptake the service.</p>	
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

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Lead Reviewer:	Name	Suzanne Glennie
EQIA Sign Off:	Job Title	Health Improvement Manager
	Signature	<i>Suzanne Glennie</i>
	Date	12/12/22

Quality Assurance Sign Off:	Name	Alastair Low
	Job Title	Planning Manager
	Signature	
	Date	

**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:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)