Equality Impact Assessment Tool for Frontline Patient Services

Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

1. Name of Current Service/Service Development/Service Redesign:

Network Services

This is a : Current Service

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

A. What does the service do?
Developed in 2013 as an evidenced based NHS vocational rehabilitation service for Mental Health and Addiction Services, Network Services works closely with CMHT and Addiction Services through direct referral from these specialist secondary Mental Health Services. Network Services work to deliver vocational rehabilitation intervention within three main streams - towards work, to gain paid work and retain work. The team is made up of 9 WTE staff, including Occupational Therapist/Employment Support Specialist, Employment Support Advisors, Job Retention Advisors, Work Development Co-ordinator, Creative Arts Co-ordinator, Peer Support Workers and an administrator. Since its inception in 2013 the Network Team has received over 1,650 referrals with a positive impact as evidenced in an independent evaluation completed in 206 which demonstrated that supporting people to gain work decreased the demand on mental health and addiction services and improved health and life choices. The report concluded that the Network Service was cost effective and good value for money. The Service has also led on the delivery of a Peer Support Training Programme for clients in recovery from addictions which has resulted in 11 individuals completing training, with 5 going on to obtain a Professional Development Award in Peer Support at UWS with 6 month paid work placement within the NHS. The creative strand of the service leads on community projects such a the Paisley Heritage Fund, and supports other self funded community groups such as the Paisley Guitar Group, Changing Stages Drama, Phoenix Activity Arts and Crafts and the Culture Club.
B. Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)
As part of the system wide efficiency review/cost savings plan, it has been proposed to remove the services provided by Network Services with the suggestion that this loss will be offset by the provision of mainstream employment services. This EQIA has been undertake to assess possible risk that the removal of service may pose to service users with protected characteristics and to identify possible mitigating factors. Notably a further proposal has now suggested the retention of 3 staff who would support Mental Health and Addictions staff as well as link in with mainstream employment services and this will be considered when completing this EQIA.

3. 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:	**Date of Lead Reviewer Training:**
Linda Spence	29/09/2016

4. 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):

James Clocherty (Joint Services Manager)

	Lead Reviewer Questions	***Example of Evidence Required***	**Service Evidence Provided**	**Additional Requirements**

1.	**What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?**	***Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.***	All initial data is captured by the referrer - this is available for analysis through Mental Health Dashboard which is populated through EMIS; this information includes age, sex, race and disability. Network Services collate specific information with regards employability and individual needs.	Some information is not collected initially by some referring agencies but would be collated as involvement progressed in a less formal and intrusive manner; some information is considered sensitive and may be detrimental to the formation of the therapeutic relationship.
2.	**Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?**	***A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.***	Information gathered is used to consider service provision and development. Clients are treated as individuals with specific care plans to meet their needs. Service information leaflets can be ordered in different languages and format such as braille. Access to interpreting services is available to all GGC services.	Need to ensure mainstream services can afford the same level of support to meet client needs and ensure access to services; the retention of 3 staff as proposed could off-set any risk through link working between Mental Health and Addiction Services and mainstream employability services.
3.	**Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.**	***Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.***	Staff have access to management supervision where they can raise any issues. Staff are aware of the systems and processes when managing the language barriers for clients - there is access to interpreting and sign language. Network staff also work closely with Mental Health and Addictions Services and have access to specialist staff for advice and support. Community Mental Health and Addiction Services have developed information leaflets which are available in different language and format as necessary. Community NHS bases have installed loop systems and trained staff on their use. With regards complaints thematic analysis is carried out and action taken forward to improve services.	
4.	**Can you give details of how you have engaged with equality groups to get a better understanding of needs?**	***Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.***	Network Services have used a range of methods to obtain client, referrer and employer feedback, including focus groups, surveys and client stories. Information gathered indicated that there were issues with accessibility of service and appointment times and as a result clinics were arranged across both centres and communities to increase accessibility.	

5.	**Question 5 has been removed from the Frontline Service Form.**			
6.	**Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?**	***An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.***	Currently based within MEM alongside the Renfrewshire CMHT, offering appointments in various NHS and Local Authority venues, the Network Service is physically accessible to everyone. The team engage with in-patient services as well as utilising a range of community based venues. Accessibility is always a consideration to meet individual needs.	Research has shown that clients with mental health issues are less likely to access mainstream services without the appropriate support to meet their individual needs. Network Services have provided the specialist knowledge of employment and vocational services whilst understanding the specific needs of clients with mental health issues and possibly mainstream services will not have that knowledge and understanding; the proposed retention of some Network staff could mitigate this concern.
7.	**How does the service ensure the way it communicates with service users removes any potential barriers?**	***A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.***	Working closely with secondary Mental Health Services, Network Service staff are fully aware of all current policies within NHS GGC and local authority; they also have access to Learn Pro Modules with regards NHS Equality and Diversity training.	
8.	**Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:**			
(a)	**Sex**	***A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.***	Initial Assessment with CMHT and Addictions Services considers GBV and SRE and relevant information would be passed at referral to Network Services ensuring individual needs are met, including male/female workers. Network staff have access to shared training including equality and diversity and gender based violence and sensitive routine enquiry. Network referrals account for 57% for males and 43% females - figures taken from April 2017 - end March 2018	With ceasation of the Network Service there may be difficulties engaging with external mainstream employment services, who will not have access to the appropriate information to understand individual client needs; again retention of staff as link workers could mitigate this risk.
(b)	**Gender Reassignment**	***An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language***	All staff are aware of relevant polices and legislation such as the Transgender Policy and act accordingly ensuring transgender people using services can do so without fear of prejudice, discrimination or	Network Services staff have the specialist vocational training combined with the knowledge and understanding of mental health and addiction issues; forged through strong links to Mental

		and technical aspects of recording patient information.	harassment . Clients preferences would be considered and staff would treat them with respect and be fully aware of their needs.	Health services. Clients transitioning from Mental Health and Addiction Services to mainstream employment services would present a challenge through increased risk through stigma, discrimination and associated mental health issues. The retention of some Network staff to link with mainstream agencies and develop services and pathways for transgender people would mitigate risk and ensure more robust governance to ensure changes to clients mental health presentation were reported and acted upon.
(c)	**Age**	***A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.***	Currently Network Services work with clients referred from mainly inpatient and CMHT and Addiction Services - the client group is diverse there is no upper age limit to referrals. The majority (61%)of clients in Network services are within the 16 - 44yrs age gap, 38% are within the 45 - 64yrs and only 1% within 65 - 74yrs age gap.	Mainstream services may have age limits within their referral criteria which may inhibit their engagement with some CMHT/Addictions clients; the proposal to retain a proportion of Network staff would ensure the specialist knowledge would be retained.
(d)	**Race**	***An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.***	Staff within Network Services have built up good knowledge and good relations with various ethnic groups and are able to link in with other relevant organisations to meet individual client needs. All staff have undertaken equality and diversity training through e-modules. Staff take into account any specific requirements in relation to race and work to meet individual needs. Network Services staff have a good knowledge of local services and the ability to support clients through any race hate incidents. They have a good knowledge of the Race Hate and other related policies.	Network services work closely with local educational facilities and are able to link clients with appropriate courses to meet their needs such as language classes to improve employment opportunities; the proposed retention of Network staff would retain this holistic approach to improving employment for clients with mental health issues who may experience inequality due to language barriers.
(e)	**Sexual Orientation**	***A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language***	Clients wishes and preferences are gathered through assessment and clients are treated with dignity and respect regardless of their sexual orientation.	LGB clients can experience difficulties through isolation, stigma and discrimination and this can impact on mental health; Network staff work closely with Mental Health and

		and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.		Addictions staff and benefit from the guidance, understanding and knowledge of colleagues. The retention of 3 Network staff as proposed would ensure these strong link would continue and staff would be supported to engage with LGB clients.
(f)	**Disability**	***A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.***	Arrangements can be made to meet individual needs with regards disability:- Patient information can be requested in alternative language or format such as braille. Text messaging service is available for appointments. Most NHS and Local Authority properties are DDA compliant to ensure fair access for clients with a physical disability. Induction loop system is available in community venues for hearing impaired clients. interpreting, as well as Sign interpreter is available through GGC interpreting services.	Need to ensure all mainstream agencies are compliant with DDA requirements to meet the needs of clients; proposal to retain 3 Network staff would ensure links with mainstream services coupled with the knowledge of clients and any barriers to engagement.
(g)	**Religion and Belief**	***An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.***	Network staff have access to the NHSGGC Spiritual Care Manual for reference and guidance. Where possible appointment times can be arranged to accommodate prayers, services etc.	
(h)	**Pregnancy and Maternity**	***A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.***	CMHT and Addictions staff link in with Perinatal Mental Health Services and Special Needs in Pregnancy Service for clinical support if and when required and this would be done in conjunction with Network Services.	
(i)	**Socio - Economic Status**	***A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.***	Network Services link with other appropriate agencies such as Advice Works who provide additional benefits and financial advice. Network Services are flexible to meet the needs of the most deprived clients in our community - research has confirmed that those clients from within socially economic deprived backgrounds are at greater likelihood to experience mental health issues.	Any reduction in the flexibility of the mainstream services offered may lead to a detrimental impact on the attendance and engagement with employability services whether that be due to volition or financial ability to attend; the proposed retention of some Network staff may allow increased understanding and considered flexibility by

				mainstream employment services with the additional support that Network could provide with engagement.
(j)	**Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers**	***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.***	Ex-service personnel are given some priority within Mental Health and Addiction Services. A homelessness policy has been developed to ensure access to those clients who do not have a fixed abode or GP.	
9.	**Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?**	***Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.***	Proposed removal of Network Services - this follows previous savings which moved their base to within the premises occupied by RCMHT and the loss of two posts. The suggestion is that CMHT clients will access mainstream employment services in the Renfrewshire area.	Further consideration has been given to retaining part of the function of Network Services with the retained staff working in partnership with Mental Health and Addictions Services and linking with mainstream employment services - this would ensure support and education for mainstream services and some consistency for current and future clients who may be disadvantaged by the proposed initial savings plan which recommended complete removal of the Network Service.
10.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.***	There has been great investment in the development of staff with access to both on-line training modules and formal training in Equality and Diversity. Staff receive updates on equality maters that may have an impact on their practice and are also guided by policies which include dignity at work and whistle blowing policies. Other appropriate training is available to Network Services staff who are very much embedded in Mental Health and Addictions service processes.	

11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty 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 (including dementia care) may be considered higher risk in terms of potential human rights breach due to 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.

Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.

Right to Life

Staff have received ASIST (Applied Suicide Intervention Skills Training)and where there is a risk of clients harming or endangering their lives they have a duty of care - they have direct access to skilled staff within CMHT's and Addictions Services and access to Duty Teams and IHTT for advice and support if necessary.

Everyone has the right to be free from torture, inhumane or degrading treatment or punishment

Core values within the delivery of service or care are that all clients are treated individually and with respect and dignity.

Prohibition of slavery and forced labour

Staff have a knowledge on Adult Support and Protection and Adults with Incapacity Act and have the ability to discuss any concerns with referring teams.

Everyone has the right to liberty and security

All Community Mental Health and Addiction services focus on the least restrictive option to meet individual needs.

Right to a fair trial

Mental Health Tribunals are held in Dykebar Hospital and clients/patients can be supported by their lawyer, named person or advocate. The Mental Health Care and Treatment Scotland (2003) Act is the framework for all decisions taken at tribunal.

Right to respect for private and family life, home and correspondence

NHSGGC staff are governed by NHS Policies in relation to confidentiality and data protection. Every Network Service client has an individual plan based on their rights, relationships and recovery and are involved fully in this.

Right to respect for freedom of thought, conscience and religion

During any plan of care, staff are aware of individual beliefs around spiritual care and these are respected.

Non-discrimination

All NHSGGC policies are fully EQIA'd before implementation. Wherever possible clients and carers are involved in the planning of their care; named person and advanced statements could be considered a good example of this.

12. 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.

Scottish Government Mental Health in Scotland - a 10 year vision highlights unemployment as one of the main inequalities that people with mental health problems can face. The strategy aspires to develop mentally and physically healthy workplaces where employment and welfare programmes are designed to take account of mental health conditions- Network Services as a vocational rehabilitation service are already working to help reduce this inequality through 3 strands of intervention:- Towards work - supporting individuals in their recovery by becoming involved in community activities, volunteering/training and creative opportunities. Gain paid work - Providing specialised interventions through individualised placement and support. Retain work - Supporting individuals to return to work/remain in employment during a mental health/addiction episode. Since its inception in January 2013, the Network Service has received over 1,650 referrals with a positive impact as shown in the independent evaluation carried out in 2016 by Dr jean McQueen - the evaluation demonstrated that competitive employment rates showed a job conversion from being unemployed and on long term sick to paid employment of almost 40% . This is benchmarked against the Department of Works and Pensions figure of only 3% of employment support claimants each month. The report also demonstrated that supporting people to gain employment decreased the demand on mental health services and improved health and life choices and the service was cost effective and good value for money with less use of specialist CMHT/Addictions services - prior to engagement with Network Services individuals had an average of 13 CMHT and Addiction team appointments per year and this reduced to 5 appointments per annum. The risk of deleting this service will impact across all Mental Health and Addictions Services by increasing the responsibility for employment issues within the CMHT's, Addiction Services and Primary Care Team while diluting the expertise and reducing the vocational opportunities for clients. This also has the potential to impact on mainstream employability services who may have little or no experience of maintaining people in work who have a severe or enduring mental health or addiction problem. It is now proposed that the HSCP will retain 3 members of Network staff to ensure there is a robust interface between the Addiction and Mental Health treatment services and mainstream employability services. The HSCP also propose some additional resource to a third sector provider to increase the capacity in community to provide employability support. This proposal would provide some mitigation by retaining some posts that could be used to maintain employability linkages between the CMHT/Addiction Services and mainstream employability services. This could be achieved by disseminating expert knowledge and ensuring the journey is more robust and meaningful for the client, whilst maintaining expertise within the Mental Health and Addiction teams.