

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 Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

PHD Quit Your Way Services

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.

Public Health Directorate Quit Your Way (QYW) Pregnancy, Mental Health and Hospital Services run across NHS Greater Glasgow and Clyde (NHSGGC), with the Community services operating across the non- Glasgow City localities, and offer free intensive support to stop smoking from specialist advisors. 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.

Smoking remains 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. The LDP Standard for QYW Services operating within NHSGGC is to maintain successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas where smoking prevalence tends to be higher – according to 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 & Pregnancy Services delivered weekly stop smoking support sessions in various local venues across NHSGG&C, providing a client friendly local service with QYW Mental Health and Hospital Services provided service delivery on site within the acute setting. In response to the COVID-19 pandemic, an adapted service delivery model was developed and implemented, whereby face-to-face support was suspended and intensive 1-1 telephone support and virtual consultations added to the suite of options available to clients wishing to engage. Weekly stop-smoking support was offered to all clients, with pharmacotherapy recommendations (Nicotine Replacement Therapy) sent via postal mail or electronically to pharmacy to support a smoking cessation journey.

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 NHSGGC PHD aligned QYW Services; to support service development, particularly in response to COVID-19, and the adaptations that may be beneficial for the service to reflect on in relation to its reach and performance, and consider areas for improvement to aim to reduce inequalities and smoking prevalence.

The service reflects some of the key national and local priorities for NHSGGC PHD QYW Services:

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

Mental Health Strategy 2017-2027

NHS GGC corporate objectives – in particular Better Health and Better Care,

NHS Greater Glasgow and Clyde Turning the Tide

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: Lisa Buck

Date of Lead Reviewer Training:

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):

Donna Lang (HIS QYW Community)

Donnamarie Bell (HIS QYWMH & Pregnancy)

Susan Brodie-Adamson (HIS QYWHS)

Claire Murphy (HIS QYW Prison services)

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>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.</p>		<p>Standardised core minimum dataset information is collected in line with requirements set by Scottish Government:</p> <ul style="list-style-type: none"> - Date of Birth/Age - Employment Status - Sex - Ethnicity - Pregnancy and Maternity <p>Age is used to identify best fit model of support for clients referred into service i.e. specialist youth cessation support. Specialist support is offered to those who are pregnant. The service also caters to supporting partners</p> <p>Whilst not part of core minimum dataset requirements, information regarding disability is collected and used to inform suite of options re service delivery, that are offered and are appropriate. Furthermore, Specialist QYW Mental Health Service support is offered to those actively accessing MH services.</p> <p>There are other elements of equalities information that are not currently collected i.e. marriage and civil partnership, gender reassignment, sexual orientation.</p>	<p>To mitigate against potential negative impact of not collecting equalities information relating to e.g. gender reassignment, civil marriage/partnership etc, review current questions used to ensure there is a method of collecting equalities information anonymously.</p> <p>Briefing for all QYW practitioners and sessional staff on equalities monitoring.</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>2.</p>	<p>Please provide details of how data captured has been/will be used to inform policy content or 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 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>Review of data relating to service uptake in the various settings</p> <p>Mapping exercise carried out re new SIMD data-zones (2020 look-up tool)</p>	<p>Data captured is and will continue to be utilised to inform marketing approaches and support awareness raising and promotion of the services e.g. HIS Digital Comms targeted communications re social media toolkits 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</p>		<p>Look at prevalence amongst age groups, gender, employment etc</p> <ul style="list-style-type: none"> West Dunbartonshire: planned awareness session to Men's Shed group to target Male, 54+ 	

<p>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 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>During the pandemic, staff have been home-based and therefore not visible in these venues. As part of service development, we will consider barriers to accessing the service from equalities groups. Some staff undertook training during June 2022 and an action plan will be developed to ensure the entire teams attend this training. We will incorporate learning from the training, with consideration for equality groups and access/experience of the QYW service</p> <p>Staff have also attended ASH Scotland's IMPACT training and have undertaken the training for trainers with the intention of delivering this across all QYW services.</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. 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</p>	
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			<p>that the highest prevalence of current smoking was among those aged</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.</p> <p>All staff have undertaken equality and diversity training, and are aware/utilise the interpreting service to support clients as appropriate.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased</i></p>	<p>*through normal team structures, there are opportunities to share best practice, learning and have discussions re: barriers experienced</p> <p>The QYW service has engaged with the Patient Experience and Public Involvement team to discuss how best to engage with equality groups to further inform service delivery.</p> <p>Case studies and patient feedback are collected regularly through all of the QYW services and used as part of service marketing and as part of service promotion to health professionals.</p>	<p>The service recognises the importance of gathering feedback and experiences of equality groups in order to shape the delivery of the service going forward.</p>

	<p>understand what matters to people and can offer support.</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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>uptake.</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>Work is being undertaken in partnership with the Patient Experience and Public Involvement Team to develop service feedback including feedback on potential barriers to accessing services.</p> <p>Staff have been trained in care opinion and how to appropriately respond to feedback in a compassionate and meaningful way. Each QYW service now promotes the use of care opinion through service paperwork i.e welcome letters.</p>	
	<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating</p>	

			Action Required	
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 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 applicat <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 for QYW community and QYW maternity operated from community venues, mainly health centres or hospital sites. This enhanced the physical accessibility of the service. Delivery was risk assessed for accessibility i.e first floor clinics were assessed to ensure they could be accessed by a lift as well as stairs, to ensure that there was electronic door access, accessible toilets, ramps, blue badge parking, and signage. Public transport was available nearby including bus routes. EPS & community venue clinic locations, Bus service timetables taken into consideration,</p> <p>With the onset of the pandemic, services had to adapt service delivery and the suite of options available for all service areas includes:</p> <ul style="list-style-type: none"> - Face-to-face - Virtual (Attend Anywhere/Near Me) - Telephone - Universal Pharmacy Direct <p>Staff have worked in partnership with Support and Information Services to deliver information to service users regarding financial advice and support including grants to support travel to/from appointments.</p> <p>All staff have completed Equalities training via Learnpro and are required to evidence how they deliver all 3 parts of the General duty through their KSF evidence (equality and diversity).</p>	<p>Due to the cost of living crisis, there may be a disproportionate number of SIMD 1&2 individuals who struggle to meet the costs of travelling to/from a venue or accessing internet and phone credit for calls. We know that a higher number of people with disabilities live within SIMD 1& 2 area's therefore may need a more targeted method of support.</p>

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. 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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign</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>All clients are asked if they require support to access the information we provide ahead of an appointment i.e interpreter, alternative language text. Our services allocate longer appointment slots to those who require interpreting services to ensure the same information and support is provided and to allow ample time for dialogue.</p> <p>Some services offer a 'drop in' clinic, if a client who required an interpreter or requested written information in an alternative language, the service would be able to provide telephone interpreting for unscheduled appointments. Access to online BSL support can be used to capture details and arrange an appointment when a face to face BSL interpreter can be present.</p> <p>All written material is processed through the Clear to All patient information checking system to ensure accessibility.</p> <p>Within the QYW MH service, staff training is provided to promote equality of opportunity for patients and encourage referrals in order to minimise discrimination. It is often communicated to QYW staff that individuals with a diagnosed MH issue do not want to quit smoking, when we know that evidence suggests they are just as motivated to quit as the general population, therefore it is important to remove barriers to accessing services and</p>	

	<p>Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>		<p>removing discrimination by providing training.</p> <p>As part of the Annual Health Checks for People with Learning Disabilities (SCOTLAND) 2022, be aware of proposals to collate a Learning Disabilities list in order to effectively deliver annual health checks and ensure our services have appropriate referral pathways in place for those identified as smokers.</p>	
7	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show 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>Services are available for YP aged 12+ across all areas inclusive of pharmacy direct; nicotine replacement therapy is available.</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. The community QYW service is predominantly an adult service for adults aged 18 and above. 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.</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>	

	<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>The QYW MH service are present in an under 18 mental health ward where they provide support and if needed NRT to people younger than 18. This is done with consent from the patients consultant, parent or guardian (if necessary) and the nursing team.</p> <p>Close working relationship with Family Nurse Partnership across QYW Pregnancy and Community to provide support to expectant mothers and partners/family.</p> <p>Through the use of social media, services have been extending their reach to a wider group of age profiles.</p>	
<p>(b)</p>	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>All QYW Services offer a variety of methods of engagement to suit people's preferences e.g. Face to face, telephone, virtual, text based etc..</p> <p>The QYW Service is a universal service. Prior to COVID-19, the services (Acute, community, maternity and MH) operated mainly in Health Centres and hospitals, which are DDA compliant buildings.</p> <p>Staff training includes: Equality and diversity. Some staff have been trained in Working with interpreters and Deaf awareness.</p> <p>As part of person centred care, staff may signpost/refer clients to other services, as appropriate, to support and address individual needs including SIS.</p>	<p>As part of ongoing work with the PEPI team, the services could seek to find out what proportion of their clients have a disability and if any barriers to accessing the service could be identified.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c))	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no criteria which would exclude individuals on the basis of gender reassignment from accessing the QYW service.</p>	<p>Data collected on ISD does not allow for gender reassignment to be recorded or marked as 'other'. Clients must be recorded as male or female which may be distressing for some service users.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d))	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p>	<p>No, the QYW services are open to all individuals irrespective of marriage or civil partnership.</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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show 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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The QYW maternity service is an 'opt out' service which means all midwifery staff should refer pregnant smokers or women with a higher CO (4ppm+) to the service for delivery of brief advice and to discuss support to quit. Staff training is provided to midwifery staff to promote equality of opportunity and remove discrimination when dealing with pregnant smokers as we know that there is a high level of stigma associated with smoking in pregnancy. Carbon monoxide monitoring is undertaken for all pregnant women at their booking appointment regardless of self reported smoking status in order to remove discrimination and reduce stigma.</p> <p>The QYW Pregnancy Service have an incentive programme for pregnant smokers who have a NHS GG&C postcode and attend NHS GG&C for</p>	

		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. The incentives scheme is open to all pregnant women across GGC who are identified as smokers regardless of any other characteristic i.e age, race, religion and across all SIMD area's.	
	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 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>There is no criteria which would exclude individuals on the basis of race from accessing the QYW services.</p> <p>All publications follow Clear to All guidance and adhere to NHS GG&C Accessible Information policy.</p> <p>Staff training includes: Equality and diversity training.</p> <p>Interpreters are utilised for interactions with clients whose first language is not English.</p> <p>We actively seek support from the Equalities team for example when doing some information on social media and radio in relation to our QYW Services and support available via Ramadan etc.</p>	<p>All staff to be aware of the 'Clear to all' Policy and how to utilise this.</p> <p>All future publications will follow 'Clear to All' guidance and adhere to NHS GG&C Accessible Information Policy.</p>
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p>	<p>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.</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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show 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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no criteria which would exclude individuals on the basis of sex from accessing the QYW services, however the QYW Pregnancy incentives programme which is offered in addition to the product and behavioural support does have eligibility criteria which is specific to women who are pregnant and who have been identified as smokers who live in NHS GGC.</p> <p>Our QYW Services overall do see slightly more women than men entering service from our SIMD 1 and 2 (54% Vs 46%) however this our specialist services.</p>	<p>Look at producing more targeted posts via social media which aim to engage more male clients into service. Gather male case studies etc.</p> <p>Looking at areas which have men in our target areas and look at how to engage i.e targeted work at West Duns men's health shed.</p>

SIMD 1 and 2					
Service Area	Female	Male	Grand Total	% Female	% Male
ACUTE	269	250	519	52%	48%
COMMUNITY	139	126	265	52%	48%
MENTAL HEALTH	2	6	8	25%	75%
PCR-Pharmacies	2574	2139	4713	55%	45%
Total	2984	2521	5505	54%	46%

Source: ISD data report 1Apr21-31Mar22 Ran 29/07/2022

<p>(i) Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</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 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, our QYW Services provide a universal service. There is no criteria which would exclude individuals on the basis of sexual orientation from accessing QYW service support.</p> <p>Staff training includes:</p> <ul style="list-style-type: none"> - Equality and diversity (statutory and mandatory learnpro module) - LGBT Youth Scotland Training 	
<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

<p>(j) Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on 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 when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about 	<p>All our QYW services provide up to 12 weeks free behavioural support to clients along with access to pharmacotherapy products such as nicotine replacement therapy (via our QYW Pharmacy services), helping to reduce the financial impact that smoking can have on an individual/family household income.</p> <p>Our specialist QYW Services do target support to our most vulnerable patient groups this includes those coming into hospital, those from our SIMD 1 and 2 areas, pregnant women, and those suffering from poor mental health, with our QYW Pharmacy service providing our Universal service. The targeted approach focussing SIMD 1 and 2 clients aligns to the current Scottish Government Local Delivery Plan (LDP) Standard that boards support clients within their 40% MDD to remain smokefree at 12 weeks. This is also in-line with the evidence that smoking prevalence tends to be significantly higher in areas of deprivation and within key population groups.</p> <p>Performance is monitored on a quarterly basis.</p> <p>Service data from the last 2 years shows that our services have consistently had clients from SIMD 1 and 2 areas engage and set quit dates with our QYW Services across all strands of the QYW including specialist services (Maternity,</p>	
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	<p>socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)²¹ provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>	Mental health, acute)	
(k)	<p>Other marginalised groups</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 & refugees and travellers?</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>Savings re physical resource and cost:</p> <ul style="list-style-type: none"> - Communications via electronic mail and SMS as opposed to telephone and postal mail - Electronic paperwork utilised as opposed to hard copies - Pharmacotherapy recommendation forms sent via electronic mail or handed to client in person via face-to-face 	

<p>1) Remove discrimination, harassment and victimisation <input 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>service delivery</p>	
	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>9. 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>		

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.

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 – Work is being undertaken with the PEPI team 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 Services seek to support people to stop smoking regardless of:

- Age
- Gender
- Race
- Disability
- Religion or belief
- Sexual orientation

- Gender reassignment
- Marriage or civil partnerships
- Pregnancy and maternity

We provide onward referral/signposting to relevant services/supports as appropriate to all identified service users.

As described above, performance is measured and reported locally and nationally as part of the LDP Standard. Local delivery and performance are also monitored as part of each services monitoring reports i.e HIAG report, Obstetrics outpatient and monitoring group and Tobacco Planning and Implementation Group.

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)

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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>1. To mitigate against potential negative impact of not collecting equalities information relating to e.g. gender reassignment, civil marriage/partnership etc, review current questions used to ensure there is a method of collecting equalities information anonymously.</p> <p>Briefing for all QYW practitioners and sessional staff on equalities monitoring</p>	June 2024	DB/DL/SBA/CM
<p>2. The service recognises the importance of gathering feedback and experiences of equality groups in order to shape the delivery of the service going forward. The service will engage with the PEPI team to develop a meaningful way to gather feedback and experiences.</p> <p>3. Due to the cost of living crisis, there may be a disproportionate number of SIMD 1&2 individuals who struggle to meet the costs of travelling to/from a venue or accessing internet and phone credit for calls. We know that a higher number of people with disabilities live within SIMD 1& 2 area’s therefore may need a more targeted method of support. All QYW services will promote availability of local ‘data banks’ and SIS services. We will ensure that individual needs are met by asking each service user what their preference is for engaging with the service i.e via telephone, attend anywhere or face to face. Within the QYW maternity service we will aim to accommodate engaging</p>	January 2024	DB/DL/SBA/CM

with women at the place of their booking appointment to reduce additional travel. The QYW maternity service also offers referrals to pregnant women through the maternity grant scheme to support travel costs.

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|--|--------------------------------------|
| 4. 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. Some small samples have already been taken for the engagement rates for the QYW pregnancy service and are due to be analysed. This work will then be taken further across the wider QYW client group. | January 2024 DB/DL/SBA/CM. |
| 5. As part of ongoing work with the PEPI team, the services could seek to find out what proportion of their clients have a disability and if any barriers to accessing the service could be identified. | February 2024 DB/SBA/CM/DL/PEPI Team |
| 6. Data collected on ISD does not allow for gender reassignment to be recorded or marked as 'other'. Clients must be recorded as male or female which may be distressing for some service users. This is an issue for any services that use ISD as a data recording platform. This has been raised at a national level and services are awaiting feedback on this issue. | March 2024 ISD Scotland |
| 7. All staff to be aware of the 'Clear to all' Policy and how to utilise this. All future publications will follow 'Clear to All' guidance and adhere to NHSGG&C Accessible Information Policy. This will be brought in to new start inductions to ensure that it is understood for any new staff member. The policy will be applied to all materials accessed by clients going forward. Seniors will discuss with each staff member and ensure that they are aware of the policy and how to effectively apply it to their work going forward. Staff will also be made aware of how this policy applies to them. | September 2023 DB/SBA/CM/DL |
| 8. Look at producing more targeted posts via social media which aim to engage more male clients into service. Gather male case studies etc. Looking at areas which have men in our target areas and look at how to engage i.e targeted work at West Duns men's health shed. This could also form part of the work being carried out by the PEPI team to analyse engagement of male clients. | March 2024 DB/SBA/DL/CM/PEPI |

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

30/03/2024

**Lead Reviewer:
EQIA Sign Off:**

Name Lisa Buck
Job Title Health Improvement Programme Manager
Signature
Date 11/10/23

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature Alastair Low
Date 11/10/23

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**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