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. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. 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:

Community Link Worker Programme

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.

- This is a Glasgow HSCP programme, which forms part of Glasgow HSCP's Primary Care Improvement Plan and is funded by Primary Care Improvement Fund.
- The main Community Link Worker (CLW) Programme is delivered within Primary Care. Community Link Workers are employed by third sector organisations and aligned to GP practices, where they are embedded as part of the GP practice's multi-disciplinary team. (A separate singular post is aligned to and funded by Children & Adolescent Mental Health Services (CAMHS).)
- Community Link Workers are generalist social practitioners who support patients often with complex needs to live well through strengthening connections between community resources & primary care and mitigating the impact of the social determinants of health. CLW will work with any patient registered on the practice list.
- Community Link Workers receive referrals from all members of the multi-disciplinary GP practice team, although these primarily come from GPs. Self-referral is also accepted. The CLW works with the Practice Team to manage demand and to prioritise patients based on level of need and other sources of support available.

There are three key elements to a CLW role:

1) One-to-one support
- Offers non clinical support to patients, enabling them to set goals and overcome barriers, in order that they can take greater control of their health and well-being

- Supports patients to achieve their goals by enabling them to identify and access relevant resources or services in their community (this may include supported visits).
- Flexibility around duration and number of appointments to provide sufficient time for good conversations and relationship development.
- Some group activities are developed to meet the needs of patients (e.g. Walking group)

2) Community Network Building

- Maps local services available to meet diversity of patient's needs.
- Engage with community based organisations and develop productive relationships to share learning and develop opportunities to work together.

3) Practice/Cluster Development

- Supports the multi-disciplinary practice team to understand and connect to local resources (links approach).
- Share learning of community based resources with all practices in Cluster.
- Provide access to group activities to all patients in the Cluster practice population.

The Programme

- The programme contributes to the Scottish Government's 2016/17 manifesto commitment to have 250 Community Link Workers across Scotland.
- Glasgow HSCP initially commissioned a Community Link Worker framework to deliver the programme. The contract commenced in April 2019 and was due to end in March 2023. This was extended by 1 year to March 2024 due to the pandemic and challenges within primary care.
- The programme has grown from April 2019 as additional funding was aligned from Primary Care Improvement Fund along with additional non-recurring funding from the Scottish Government.
- In 2023-24 there are 65.8wte Community Link Worker delivering the primary care programme via 2 commissioned services in Glasgow. This includes 2 thematic posts for asylum seekers and homeless/complex needs. These cover 80/141 GP practices in the city. There is an additional 1wte Community Link Worker delivering in CAMHS (Children and Adolescent Mental Health Services) setting. This post is funded directly by CAMHS and delivered by another 3rd sector organisation.

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.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

- The Community Link Worker programme is a core element of the Primary Care Improvement Plan which the HSCP is required to deliver.

- The current framework ends in March 2024. Standing Financial Instructions require a procurement process to be undertaken to award new CLW contract from April 2024 onwards.
- The funding available for the new contract includes Glasgow HSCP funding only. This funding is less than the costs for the programme in 2023-24 (as Scottish Government provided an additional £1.3m to support the programme delivery). As such, the level of service will be reduced within the new contract unless additional funding is secured.
- With the core funding only, the new contract will see a reduction in whole time equivalent (WTE) Community Link Workers in primary care from 65.8 WTE to 41 WTE. Within the new contract all practices assigned a CLW will get a 0.5 WTE allocation.
- We have retained provision to 80 practices but 59 of the practices will have a reduction in CLW allocation. 45 of these practices will see a reduction from 1 WTE to 0.5WTE and 14 practices will see a reduction from 0.6 WTE to 0.5 WTE. 21 practices will retain their 0.5 WTE allocation.
- Overall this will mean that fewer patients can be supported & patients may need to wait longer to be seen. This may mean some people do not get the support they require in a timely manner. It may put further pressure on GPs as patients come back to them for support and it may increase the stress in the role of the CLWs.
- Only patients in those practices allocated a CLW will be able to access this Service.
- There is provision in the contract to increase or extend provision should further funding become available.
- The thematic posts for asylum seekers and CAMHS, will continue to be delivered.

- The thematic post for homelessness was originally funded from other funding but has been aligned in 2023-24. The post holder initially supported people accessing the Homeless GP service at Hunter Street. Changes to service delivery in spring 2023 meant that the GP practice referring patients was no longer in existence and patients were supported to register with other GP practices. The post will now work with some of these practices who have higher homeless populations. The funding for this post is not available in 2024-25 onwards (unless additional funding secured.) This means the specific service for this population will cease.

- The loss of the Homeless/complex needs post means that there is not a dedicated CLW to support this population. There is provision in the contract to increase or extend provision should further funding become available. This may enable the re-instatement of a post to support the homeless population in future. In the meantime, those who are registered with a practice who has a CLW will be able to access support through that mechanism.

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:**
Lead Reviewer – Suzanne Glennie	14 Nov 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):

Community Link Worker Steering Group Members

- Fiona Moss, Head of Health Improvement and Equalities (Co-Chair)
- Richard Groden, Clinical Director (Co-Chair)
- Suzanne Glennie, Health Improvement Manager
- Jenny McCann, PCIP Programme Manager
- Lara Calder – Primary Care Improvement and Development Manager
- Nicola Bissett, Health Improvement Lead – CLW
- Graeme Marshall, Clinical Director NE
- Elizabeth Gillan, GMS Contract Manager
- Alan Harrison – Lead Pharmacist
- Hilary McNaughton – LMC
- Nick Treadgold – GP
- Pete Seaman - GCPH

		Example	**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**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	CLWs are required to capture equalities data covering all nine protected characteristics. This data will be reported at least annually to enable monitoring of patterns of use of the service as well as considering need to take mitigating action to reach equalities groups not accessing the service. In the case of the numbers being small which would enable patients to be identified, this data will not be shared. Briefing has been provided to existing CLW on rationale for collecting equalities data, guidance on how to articulate why data is collected, how it will be	No negative impact

	protected characteristic data omitted.		treated confidentially and not aligned with their patient notes. This will be issued to any new staff. Engagement sessions were held to discuss flexibility around when to ask for forms to be completed and this has continued to be reinforced by providers encouraging CLWs to complete. Current providers have established a secure process for forms to be deposited and forms are administered centrally within the provider organisations.	
		Example	**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.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■	**A physical activity programme for people with long term conditions reviewed service user data and found very low 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)**	Data will be reviewed annually in order to establish if usage is representative of the population in Glasgow. Where usage looks to be significantly different, we will discuss this at the CLW steering group, highlight this via primary care structures, providers and GP clusters. Targeted actions will be developed in response to the review of data, for example, information sessions with GP practice teams to outline findings and promote diversity of referral if required. Data will be captured for both one-to-one support and group activity (allowing for the need for anonymity in this setting).	No negative impact

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐			
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	**Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).**	The Community Link Worker programme is a deprivation based programme. The original need for the programme came from GPs working in Glasgow's most deprived neighbourhoods (Deep End GPs). The evidence clearly recognises the additional health needs and barriers to engagement with services among those living in areas of high deprivation. By delivering in areas of high deprivation this project seeks to reduce barriers to participation and proactively work with this population group. Deprived areas often experience clustering of populations with protected characteristics, with higher than average numbers of residents being from an ethnic minority group or having a disability/ long-term conditions. The targeting of this service based on deprivation makes the service more accessible to a larger number of patients from these population groups. The pilot programme developed a range of Records of Learning from the programme, this included one exploring Social Determinants in Primary Care and another 'In our words' describing experience of the CLW programme. The service will be delivered to 80/143 GP Practices in Glasgow. These practices were prioritised base on having the highest levels of deprivation and	Only patients in those practices allocated a CLW will be able to access this Service. 59 of the practices will have a reduction in CLW allocation. Overall this will mean that fewer patients can be supported & patients may need to wait longer to be seen. This may mean some people do not get the support they require in a timely manner. It may put further pressure on GPs as patients come back to them for support and it may increase the stress in the role of the CLWs. There is provision in the contract to increase or extend provision should further funding become available. We will continue to work with contract supplier(s) to ensure they have good support

			highest number of patients in 15% most deprived areas. This is in line with existing coverage. There is scope to extend to further practices if further funding was available. With the core funding only, the new contract will see a reduction in whole time equivalent (WTE) Community Link Workers in primary care from 65.8 WTE to 41 WTE. Within the new contract all practices assigned a CLW will get a 0.5 WTE allocation. We have retained provision to 80 practices but 45 of these practices will see a reduction from 1 WTE to 0.5WTE and 14 practices will see a reduction from 0.6 WTE to 0.5 WTE. 21 practices will retain their 0.5 WTE allocation. Consideration has been given to the range of barriers which may prevent access to the service from equalities groups. A programme of learning & development is in place for CLWs. E.g. All current CLW have undertaken equality and diversity training, and have received/scheduled additional inputs in relation to LGBT+, poverty, trauma informed practice, interpreting services, to enable them to approach conversations with their patients sensitively	structures and processes in place for staff. We will continue to deliver the CLW locality forums and city wide meetings to share learning and good practice. We will continue to report to Primary Care Leadership structures on performance and raise emerging issues with appropriate groups. There will be ongoing monitoring of: • Number of referrals • Time to first contact • Time to first appointment • Number of appointments • Reasons for referrals • Issues addressed • Wellbeing outcomes • Patient satisfaction • Equalities data We will use contract reporting data around key areas to review service performance and consider areas for improvement where feasible. We are committed to monitoring any change in provision to equality groups or

				potential under representation, especially during the transition to the new contract.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
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 about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■	**A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.** **(Due regard to promoting equality of opportunity)** *** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.**	The Community Link Worker service development has been a response to policy direction to develop and improve primary care services through the introduction of multi-disciplinary teams. Engagement activity has been undertaken at a National Level via the Scottish Government with regard to the broad range of changes to Primary care, this consultation can be found here. Locally in Glasgow there was a range of consultation undertaken with a variety of groups to inform the local PCIP plan, which includes this service development. There was broad support for the development of the CLW programme from all those who were engaged. The recent engagement around the development for NHSGGC's Primary Care Plan has shown a lot of support for the Community Link Worker programme. The current CLW contract requires feedback from service users as part of contract monitoring. This is gathered in a variety of ways e.g. patient satisfaction questionnaires, wellbeing scores (WEMWEBS), case studies and also via unsolicited feedback from those using the service. Both HSCP and supplier(s) have carried out surveys with GP practices. The feedback on the service is overwhelmingly positive. We have specific feedback from asylum seekers who have worked with our CLW – Asylum Seekers and Homeless/Complex needs posts which	It is important that we understand the experience of equalities groups who access our service as such through the life of the contract we will make a commitment to capture service users perspectives across equalities groups. We will also seek to capture patient experience across equalities groups. This will be undertaken with our providers. We will continue to use feedback from patients to inform service improvements. We will continue to use new and emerging research, data and evidence as part of a quality improvement approach to the programme.

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ☐		demonstrated the real impact that having dedicated support had for individuals accessing the service. Engagement with specific equalities group has been challenging as the CLW service is not universal, and as such not all individuals will have access to the support, or have ever utilised a CLW. However we recognise the importance of this engagement to support the ongoing development of the programme.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■	**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).**	The CLW service is hosted within GP practices, and this is where the majority of interactions take place. All GP practices are required to consider access requirements for their patients, and this will extend to the patients engaging with the CLW. CLW offer a home visiting service to patients who are registered as housebound by their GP practice. CLW will be able to offer appointments which are face to face, on telephone and potentially online. This can support engagement in response to patient's needs. Group activities which are organised by CLW's seek to address barriers that hinder physical accessibility. For example walking groups can utilise routes which are accessible to those who require the use of walking aids or wheelchairs. From time to time there may be occasions when it is not possible for groups to be fully inclusive for example limitations on accessibility of community venues for group activities – in circumstances where it is not possible	No negative impact

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐		to remove the barriers the CLW keeps clear records outlining the steps taken and considers the opportunity for the affected individual(s) to engage in an alternative activity. When connecting people with community based supports the CLW gains an understanding of the accessibility of the venue. With consent from the patient the CLW liaises with organisation/group if there are barriers to physical access which could be overcome in order to enable participation. Two guidance documents describing best practice in maximising accessibility (one produced by Glasgow Disability Alliance, the other by NHS GGC E&HR team) were identified and distributed to CLWs.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**	**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.** **Written materials were offered in other languages and formats.**	All CLW have received training on the use of the interpreting service for those who do not have English as a first language, including BSL users. CLWs have additionally received a Deaf Awareness course. We will continue to ensure this for new CLWs. Information leaflets are currently available in English and can be made available in other formats upon request. CLWs have received input from NHS GGC E & HR team on interpreting and translation services - uptake of translation has been very low. Provider service information leaflets, wellbeing scales, and patient satisfaction surveys have been translated into the top 10 most used languages	There can be challenges accessing interpreters and also in securing consistency of interpreters for multiple appointments or group programmes. We will continue to work with suppliers and NHSGGC Equality and Human Rights Team to raise any issues, provide feedback and identify areas for improvement.

	1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐ **The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.**	**(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).**	(identified by providers), via GGC Equality & Human Rights team. Other written information which the CLW would provide to patients in English can be made available in other languages and formats on an 'as and when required' basis for patients. Guidance on use of interpreters in group setting has been sourced from NHS GGC E & HR team and distributed to all CLWs. The voluntary sector organisations who are delivering the CLW service are required to support their staff to overcome any communication barriers as a result of disability or long-term condition.	
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age** **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**		Data is collected with regard to this protected characteristic. There is no age criteria for accessing the CLW service; it is open to all patients on the GPs patient list. Children and young people accessing the service may be accompanied by their parent/carer, dependant on the nature of the consultation. The	No negative impact from the delivery of the service has been highlighted from the review. However, a reduction in CLW allocation may mean that

	segregation on the grounds of age promoted by the policy or included in the service design). **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	CLW seeks advice from GP to establish if parental involvement is required or whether the child/young person is competent to provide consent. As the CLW programme works with people across the life course, the service from time to time is required to respond to the specific social needs of patients transitioning from children to adult services, if identified as a need by the GP practice. Generally group activities are open to all age groups to foster good relationships, connections and share experiences across generations. However, from time to time groups focus on specific age groups, dependant on needs of the patient population. For example, a young person's group was developed in one neighbourhood to combat the social isolation experience by a group of young people presenting to General Practice. Service user profile for 2022-23 was a follows: **Age Group** / **Total** / **%** U16 / **225** / **2.20%** 16-24 / **912** / **8.90%** 25-34 / **1930** / **18.80%** 35-44 / **1999** / **19.50%** 45-54 / **1835** / **17.90%** 55-64 / **1894** / **18.50%** 65-74 / **805** / **7.80%** 75 + / **650** / **6.30%**	fewer patients can be supported & patients may need to wait longer to be seen. This may mean some people do not get the support they require in a timely manner. It may put further pressure on GPs as patients come back to them for support and it may increase the stress in the role of the CLWs. There is provision in the contract to increase or extend provision should further funding become available. We will continue to monitor service usage by age to identify if there are changes in service usage by any particular age groups and look to ways to address this where appropriate.

		The lower rates for under 16s is as expected as it is primarily a service for adults. The lower rates for over 65s also represents to some degree the lower number of adults in this population group in the communities served by the programme.	
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Data is collected with regard to this protected characteristic. The service is physically accessible as hosted within GP practices. Communication needs of those with disabilities are considered by the service. Written information is available in different formats as required. Interpreters are accessed for those who require them, including BSL users to utilise the CLW service. CLW's have attended Deaf Awareness courses. Those who have a visual impairment have all written information spoken to them during consultations, and where required information on support services is recorded as part of the consultation. CLWs adapt their communication and engagement approach to the needs of patients who have a learning difficulty. Reasonable adjustments are made to ensure people with a disability can participate in group activity for example, a BSL interpreter, assigning a 'buddy' for an individual with sight loss. Two guidance documents describing best practice in maximising accessibility (one produced by Glasgow Disability Alliance, the other by NHS GGC E&HR team) were distributed to CLWs.	As above. It is likely that people who have a physical or mental health condition or illness lasting, or expected to last 12 months or more, may be most impacted by changes in the service provision, in particular those experiencing poor mental health. We will continue to ensure access to training is available to CLW as required and work with key partners to maximise opportunities for patients to be supported via a range of organisations and groups.

		CLWs were asked to identify if hearing loop systems were available in their practices and were provided with information on their purpose and instructions on how to set up and use loop systems. The workforce was also reminded to consider the availability of hearing loop systems at other venues (where applicable) Data collected via equalities monitoring forms in 2022-23 showed that 68.5% of those completing the forms reporting that they had physical or mental health condition or illness lasting, or expected to last 12 months or more, with mental health being the highest reported issue. Whilst there was low uptake of these forms, this level represents what we would expect to see in the programme.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■	Data is collected with regard to this protected characteristic. There is no criteria which would exclude individual on basis of gender identity for accessing the CLW service, it is open to all patients on the GPs patient list. Data will only be presented in relation to gender identify where anonymity can be maintained. A guidance document on Sharing Information about Transgender Patients (produced by NHS GGC E & HR team) has been shared with CLW staff and they were also encouraged to explore further supporting information available on the NHS GGC Equalities in Health website.	As above We will continue to collect and monitor equalities data to get a clearer picture of service usage in the new contract and analyse this alongside the new census data when available.

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ☐	All CLW have access to Learnpro and completion of the Equality and Human Rights module is a core, mandatory part of CLW inductions. Expiration and renewal is monitored by HI Team. Data collected via equalities monitoring forms in 2022-23 showed that 5.8% of those completing the equalities forms stated that they consider themselves to be trans or have a trans history. 93.4% did not and 0.7% preferred not to say. It should be noted that completion rates were low so this information should not be taken as complete.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐	We are not collecting data on this protected characteristic. We do not know the status of the underlying population. The service is open to all patients on GP practice list irrespective of marriage or civil partnership.	No negative impact from review

	4) Not applicable ■		
(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	This service is open to all patients on GP practice register, including those who are classified under this protected characteristic. Health Visitors, who routinely engage with people during pregnancy and maternity form part of the multidisciplinary GP practice team and are encouraged to refer appropriate patients for the support. The service is hosted in GP practices which are all Breastfeeding friendly and accessible to buggies/ prams. CLWs promote the 'breastfeed happily here' polices among community venues used for group work which have not signed up for the award, in order to support the inclusion of those with this protected characteristic.	As above
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**	The service is collecting data on this protected characteristic. The service is open to all patients registered with the GP practice. Data on this protected characteristic will be compared to the Glasgow Census results to establish if the use of the service is representative across Race groups on an annual basis. All staff have received equality and diversity training.	As above Census data is currently out of date and may not reflect accurate population changes in the city. We will continue to collect and monitor equalities data to get a clearer picture of service usage in the new contract and analyse this

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<td></td>
<td>1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐</td>
<td>All written communication is translated to other languages as required. Interpreters are utilised for interactions with patients whose first language is not English.

The commissioned providers delivering this service all have inclusive equal opportunity workforce policies. There is representation from BME groups in the workforce. Future recruitment will continue to promote employers equal opportunities policies.

Data collected via equalities monitoring forms in 2022-23 reported the following:

<table>
<tr><td>White:</td><td>76.9%</td></tr>
<tr><td>Mixed or multiple ethnic groups:</td><td>0.9%</td></tr>
<tr><td>Asian, Asian Scottish, or Asian British:</td><td>8.5%</td></tr>
<tr><td>African:</td><td>4.9%</td></tr>
<tr><td>Caribbean or Black:</td><td>0.8%</td></tr>
<tr><td>Other ethnic group:</td><td>4.4%</td></tr>
</table>

It should be noted that completion rates were low so this information should not be taken as complete.</td>
<td>alongside the new census data when available. We will look to other data sources in the city to assess the equalities data against as required.

Based on completed equalities forms, it is likely that those who are white are most likely to be disproportionately impacted by the service reduction.

We will continue to analyse the service user data for the asylum seeker CLW service separately from the core service.</td>
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<td>(g)</td>
<td>Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).

1) Remove discrimination, harassment and victimisation ☐</td>
<td>The service is collecting data on this protected characteristic. The service is open to all patients registered with the GP practice. Data on this protected characteristic will be compared to the Glasgow Census results to establish if the use of the service is representative across religion and belief groups on an annual basis.

Particular consideration is given by CLW to the use of community venues to ensure these do not create barriers to participation for example through the use of faith based premises, or if organisational values</td>
<td>As above

We will continue to collect and monitor equalities data to get a clearer picture of service usage in the new contract and analyse this alongside the new census data when available.</td>
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<td>2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐</td>
<td>contradict our requirement to foster good relationships between population groups.

Data collected via equalities monitoring forms in 2022-23 reported the following:

<table>
<tr><td>What religion, religious denomination or belief do you identify yourself as?</td><td></td></tr>
<tr><td>None</td><td>34.0%</td></tr>
<tr><td>Atheist</td><td>2.2%</td></tr>
<tr><td>Buddhist</td><td>0.3%</td></tr>
<tr><td>Church of Scotland</td><td>13.0%</td></tr>
<tr><td>Hindu</td><td>0.3%</td></tr>
<tr><td>Jewish</td><td>0.3%</td></tr>
<tr><td>Muslim</td><td>11.5%</td></tr>
<tr><td>Other Christian</td><td>6.5%</td></tr>
<tr><td>Roman Catholic</td><td>21.6%</td></tr>
<tr><td>Sikh</td><td>0.2%</td></tr>
<tr><td>Another religion or belief - please state:</td><td>1.7%</td></tr>
<tr><td>Prefer not to answer</td><td>8.4%</td></tr>
</table>

It should be noted that completion rates were low so this information should not be taken as complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Protected Characteristic</td>
<td>Service Evidence Provided</td>
<td>Possible negative impact and Additional Mitigating Action Required</td>
</tr>
<tr>
<td>(h)</td>
<td>Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</td>
<td>Current data from the service shows that: 58% identify as female, 41% identify as male and 1% were either “other” or “prefer not to say”. This is in line with higher usage of primary care by females in particular between ages of 16 and 60. Data on this protected characteristic will continue to be captured, and this will be reviewed annually.</td>
<td>As above

58% of those accessing the service are female, therefore any increase in waiting times is more likely to impact women.</td>
</tr>
</table>

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	29% of the workforce is male (Aug 2023), although this is not representative of the population; the proportion is higher than that seen across NHS services. Group activities are a mixture of open and sex specific in response to particular topics/issues. CLWs respond to the expressed needs of patients to engage with a particular sex of CLW if available through the contracted services workforce. The CLWs support individuals who have experienced discrimination, harassment or victimisation as a result of their sex, however inquiry to this may not be routine across all CLW and steps will be taken to address that. Routine Sensitive inquiry training will be provided to all CLW to ensure they are confident raising the issue of gender based violence with patients.	We will continue to collect and monitor equalities data to get a clearer picture of service usage in the new contract and analyse this alongside the new census data when available.
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■	Data on this protected characteristic is captured by the service. This will be reviewed annually to establish if it is representative of the Glasgow population. All CLW have attended equality and diversity training & we will continue to offer this to new CLWs. Awareness sessions around LGBT+ people and the findings of the LGBT+ Health Needs Assessment were provided for the CLW workforce in July 2023. Data collected via equalities monitoring forms in 2022-23 reported the following:	As above We will continue to collect and monitor equalities data to get a clearer picture of service usage in the new contract and analyse this alongside the new census data when available.

	2) Promote equality of opportunity ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Which of the following options best describes how you think of yourself? | Bisexual (attracted to same and opposite sex) | 3.5% Heterosexual / Straight (attracted to opposite sex only) | 87.3% Gay or Lesbian (Attracted to same sex only) | 2.6% Other | 1.4% Prefer not to answer | 6.0% It should be noted that completion rates were low so this information should not be taken as complete	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(j)	**Socio – Economic Status & Social Class** **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?** **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)	This service specifically targets those living in deprived areas, and seeks to address the inverse care law by providing additional support to meet the complex needs of these population groups. All CLW routinely inquire about money worries and have received training on the topic and referral pathways to the NHS money advice service. Where there is Welfare Advice in Health Partnership operating within the same practice as a CLW, the 2 services will work closely to support patients to the right service. The Community Link Worker programme is a deprivation based programme. The original need for the programme came from GPs working in Glasgow's most deprived neighbourhoods (Deep End GPs). The evidence clearly recognises the additional health needs and barriers to engagement	As above The service is targeted at those with greatest socio-economic disadvantage and as such most patient will fall into this category. However, a reduction in CLW allocation may mean that fewer patients can be supported & patients may need to wait longer to be seen. This may mean some people do not get the support they require in a timely manner. There is provision in the contract to increase or extend

	Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty: 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 socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 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.	with services among those living in areas of high deprivation. By delivering in areas of high deprivation this project seeks to reduce barriers to participation and proactively work with this population group. Deprived areas often experience clustering of populations with protected characteristics, with higher than average numbers of residents being from an ethnic minority group or having a disability/ long-term conditions. The targeting of this service based on deprivation makes the service more accessible to a larger number of patients from these population groups. The service will be delivered to 80/143 GP Practices in Glasgow. These practices have the highest levels of deprivation and highest number of patients in 15% most deprived areas.	provision should further funding become available.

(k)	**Other marginalised groups** **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?**	The CLW Services has a specific post holder who is supporting Asylum seekers (for a small number of practices without a CLW). Additionally all CLW will support Asylum Seekers and Refugees if registered with their GP practice. The CLW receive regular inputs from services which offer support to marginalised group both to increase their awareness of the barriers these groups face to access support and also to provide referral pathways to specialist support if required these have included: • Shelter (homelessness legalisation) There has been a CLW dedicated to supporting homeless/complex needs. This post was originally funded from other funding but has been aligned in 2023-24. The post holder initially supported people accessing the Homeless GP service at Hunter Street. Changes to service delivery in spring 2023 meant that the GP practice referring patients was no longer in existence and patients were supported to register with other GP practices. The post will now work with some of these practices who have higher homeless populations. The funding for this post is not available in 2024-25 onwards (unless additional funding secured.) This means the specific service for this population will cease.	There has been a renewed focus on effective communication with all patients as part of programme development and we are working with the E & HR team to identify suitable resources for the CLW workforce in relation to learning disabilities. As part of the learning and development programme we will continue to offer a range of learning and training opportunities in response to the changing demography of the city to ensure CLW are knowable and skilled at responding to the needs of marginalised groups. The loss of the Homeless/ complex needs post means that there is not a dedicated CLW to support this population. There is provision in the contract to increase or extend provision should further funding become available. This may enable the re-instatement of a post to support the homeless population in future. In the

			meantime, those who are registered with a practice who has a CLW will be able to access support through that mechanism.
8.	**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?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The CLW programme is primarily funded via Primary Care Improvement Fund (PCIF) which aligns to the Primary Care Improvement Plan delivered by the HSCP and additional non-recurring funding from Scottish Government. The funding from PCIP will continue for 2024-25 and a small increase has been identified which will enable coverage of all 80 GP practices who currently have a CLW resource. PCIF = £2.186m. However, the Scottish Government have been unable to confirm any allocation which means that at the point of recommissioning the service, there is a funding shortfall of around £1.3m. The service will be delivered to 80/143 GP Practices in Glasgow. These practices have the highest levels of deprivation and highest number of patients in 15% most deprived areas. With the core funding only, the new contract will see a reduction in whole time equivalent (WTE) Community Link Workers in primary care from 65.8 WTE to 41 WTE. Within the new contract all practices assigned a CLW will get a 0.5 WTE allocation. We have retained provision to 80 practices but 45 of these practices will see a reduction from 1 WTE to 0.5WTE and 14 practices will see a reduction from 0.6 WTE to 0.5 WTE. 21 practices will retain their 0.5 WTE allocation.	The current 80 GP practices with a CLW will continue to have a CLW. All will receive 0.5 WTE. This means that 59 of the practices will have a reduction in CLW allocation. (The remaining 61 GP practices in Glasgow will continue to have no CLW aligned to them.) Overall this will mean that fewer patients can be supported & patients may need to wait longer to be seen. This may mean some people do not get the support they require in a timely manner. It may put further pressure on GPs as patients come back to them for support and it may increase the stress in the role of the CLWs. There is provision in the contract to increase or extend provision should further funding become available. We will work with contract supplier(s) to ensure they

			have good support structures and processes in place for staff. We will continue to deliver the CLW locality forums and city wide meetings to share learning and good practice.
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
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.**	All community link workers utilise a person-centred approach and have received a high standard and variety of training as part of induction and ongoing development. Equality and diversity training has been delivered by their employing organisation. Additionally they have all received training on poverty and routine inquiry of money worries. A range of other training has been identified for completion by all CLW to ensure knowledge and capability to respond to the requirements of the Equality Act (2010).	Some training has cost implications and therefore may be more challenging to resource with limited funding in the new contract. We will work to source a range of training in house and through other partners to ensure greatest impact and coverage.

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.

A Human Rights Approach was considered in the development of the CLW programme. The CLW service takes a person centred holistic approach which considers all aspects of a patient's life, through this intervention areas relating to infringements on human rights may be discussed and patients will be supported by CLW to challenge and breaches of their human rights. This is common among patients who are asylum seekers and refugees who may have experience torture or be vulnerable to modern slavery. The CLWs receive training related to human rights and work to connect individuals with specialist organisations who can provide support beyond the capability of CLWs.

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 – To date a range of case studies and patient narratives have been developed which outline patient experience. We will continue to capture patient experience during the duration of the programme. Additionally, efforts will be made to understand reason for no engagement of those who were referred to, but failed to uptake the CLW service.

Accountability – The Community Links Worker programme seeks to support individuals to identify their challenges, and create a person plan to achieve their personal goals. The Programme seeks to empower participation for those who are referred to the service. Commissioned providers have quality assurance processes in place. Programme Delivery and Performance is monitored by the Health Improvement Team on behalf of Glasgow HSCP PCIP.

Non-discriminatory & Equality – This EQIA outlines the steps being taken by the programme to ensure it is non-discriminatory.

Empowerment – The CLW seeks to enable active participation, self -management, and empowerment of participants.

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

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it

- **R**eview 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)

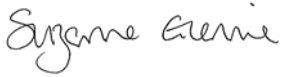
11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

This service is a deprivation focused programme, with the programme operating in GP practices with the highest levels of deprivation in Glasgow. This approach seeks to address the inverse care and take targeted action against health inequalities. The Thematic CLW post (Asylum Seekers) aims to provide enhanced support to patients in this marginalised group, and will provide evidence for this enhanced approach to offer support to a marginalised group through universal service provision (GP practice).

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)**
We will continue to collect and monitor equalities data to get a clearer picture of service usage in the new contract and analyse this alongside the new census data when available.	ongoing via contract monitoring & overall review annually	NB
We will continue to analyse the service user data for the asylum seeker CLW service separately from the core service	ongoing via contract monitoring reports	NB
We will use contract reporting data around key areas to review service performance and consider areas for improvement where feasible	ongoing via contract monitoring reports	NB
We will continue to work with suppliers and NHSGGC Equality and Human Rights Team to raise any issues, provide feedback and identify areas for improvement.	ongoing as required	NB
We will continue to report to Primary Care Leadership structures on performance and raise emerging issues with appropriate groups.	ongoing	SG
As part of the learning and development programme we will continue to offer a range of learning and training opportunities in response to the changing demography of the city to ensure CLW are knowable and skilled at responding to the needs of marginalised groups.	ongoing – reviewed annually	CLW HI Team – NB, CF, MM
We will continue to work with key partners to maximise opportunities for patients to be supported via a range of organisations and groups	ongoing – reviewed annually	CLW HI Team – NB, CF, MM
We will work with contract supplier(s) to ensure they have good support structures and processes in place for staff.	ongoing – reviewed annually	NB
We will continue to deliver the CLW locality forums and city wide meetings to share learning and good practice.	ongoing – reviewed annually	NB, CF, MM

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

April 2024

Lead Reviewer:	**Name**	**Suzanne Glennie**
EQIA Sign Off:	**Job Title**	**Health Improvement Manager**
	Signature	
	Date	**11/09/23**
Quality Assurance Sign Off:	**Name**	**Noreen Shields**
	Job Title	**Planning and Development Manager**
	Signature	
	Date	**13/09/23**

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

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

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

		Completed	
		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

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