

## NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

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 funded by Primary Care Improvement Fund.
- The Community Link Worker 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. Further details on award of contact and practice allocation is included below.
- Community Link Workers are generalist social practitioners who support patients 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.
- There are three key elements to a CLW role:

*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).
- Appointments are up-to one-hour 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)

*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.

*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.
- 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. Waiting lists are in place on occasion; these are normally no longer than two weeks. At points of high demand the CLW works with the Practice Team to articulate the challenges and to prioritise patients based on level of need and other sources of support available.
  - The programme was initially developed in Glasgow by the GPs at the Deepend Project and funded by Scottish Government (GPs at the Deepend are collaborative of the 100 general practices serving the most socio-economically deprived populations in Scotland). The programme expanded from the initial 7 intervention practices to the 8 who were assessed as comparators in an external evaluation. A further three were aligned to practices in Govanhill in 2018. This programme was delivered by the Health and Social Care Alliance (employer) and funded by the Scottish Government, until March 2019.
  - In their 16/17 manifesto the Scottish Government made a committed to increase the number of community link workers to 250 across Scotland.

**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.)**

- Responsibility for delivery of the CLW programme transferred to Glasgow HSCP as part of the Primary Care Improvement Plan priorities.
- The focus of the Primary Care Improvement Plan is to reduce GP workload to free their capacity to enable them to effectively undertake their role as expert medical generalist.
- Standing Financial Instructions required a procurement process to be undertaken to award the CLW contracts. A Framework was developed which organisations could apply to be on; six were successful. These six organisations were invited to bid, through mini-competition, for contract to deliver the CLW programme at GP Cluster level.
- To date two organisations have been awarded Community Link Worker Contracts: The Health and Social Care Alliance – 11 GP Clusters, and Addaction – 2 GP Clusters.
- Allocation of 21 new CLW to GP practices was based on an allocation formula which considered number of patient population living in the 15% most deprived areas and the percentage of patient population living in the 15% most deprived areas.
- Additionally two thematic posts have been developed to address the specific needs of population groups – young people (HSCP employed, digital development, no case work) and asylum seekers (peripatetic CLW, contract awarded to Addaction).

**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)**

<b>Name:</b> Lead Reviewer – Suzanne Glennie	<b>Date of Lead Reviewer Training:</b> 14 Nov 2019
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**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 Inequalities (Co-Chair)
- Richard Groden, Clinical Director (Co-Chair)
- Suzanne Glennie, Health Improvement Manager
- Ann Forsyth, PCIP Implementation Manager
- Prof. Graham Watt & Dr Maria Duffy, Deep End GP Steering Group
- Pete Seaman and Jill Murie, Glasgow Centre for Population Health
- Paul Adams, Head of Primary Care and Community Services
- Caroline Fee, Primary Care Development Officer
- Kathy Owens, Health Improvement Lead – CLW
- Kerri Neylon, Clinical Director NW
- Janet Hayes, Head of Planning and Strategy - Adult Services
- Graeme Marshall, Clinical Director NE
- Elizabeth Gillan, GMS Contract Manager
- Chloe Adam-Gallagher, Senior Policy Manager, Scottish Government

**Commissioned Services**

Roseann Logan & Gerry Power, Health and Social Care Alliance Scotland (The ALLIANCE)

Sovay Fitzpatrick, Addaction

	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
1.	<p><b>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.</b></p>	<p><b><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></b></p> <p>Prior to HSCP contracting the service only data on sex and age were captured for participants of the programme. Since 1<sup>st</sup> July 2019 CLWs have been capturing 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.</p> <p>Briefing has been provided to existing CLW on rationale for collecting equalities data, and guidance on how to articulate the reason why data is collected, and how it will be treated confidentially and not aligned with their patient notes. Some CLW expressed concerns that patients may be reluctant completing form in GP practice as are never asked for this information, and there was concern this may impact on consultation and patient engagement with the service. To overcome these mitigating actions have been identified.</p>	<ul style="list-style-type: none"> <li>• Briefing on equalities monitoring for all new CLW.</li> <li>• Provide a place for forms to be securely deposited to ensure that they remain anonymous and providing reassurance to patients.</li> <li>• CLW can use flexibility to ask for equalities forms to be completed at the end of first appointment if they felt this would support engagement.</li> </ul>
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<p><b>Please provide details of how data captured has been/will be used to inform policy content or service design.</b></p>	<p><b><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black</i></b></p> <p>Data will be reviewed annually in order to establish if usage is representative of the population in Glasgow. We will compare if usage is representative in each GP practice for the data which is routinely collected and reported for GP practices (age/ sex/ long term condition).</p>	No negative impact from review

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>Data will be captured for both one-to-one support and group activity (allowing for the need for anonymity in this setting).</p> <p>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.</p>	
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>3.</p>	<p><b>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination,</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in</i></p>	<p>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</p>	



	<p>harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><b>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).</b></p>	<p>programme developed a range of Records of Learning from the programme, this included one exploring <a href="#">Social Determinants in Primary Care</a> and another '<a href="#">In our words</a>' describing experience of the CLW programme.</p> <p>The current service provision reaches 37/78 DeepEnd Practices in Glasgow.</p> <p>Consideration has been given to the range of barriers which may prevent access to the service from equalities groups. All 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.</p>	<p>Only patients in those practices allocated a CLW will be able to access this Service. The allocation will be reviewed when the current contract ends. Throughout the duration of this contract we have committed to sharing learning from the programme with non-CLW practices to encourage them to apply the learning. Additionally we will report on project performance to the PCIP Implementation &amp; Leadership Group.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>4.</p>	<p><b>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</b></p> <p>Your evidence should show</p>	<p><b><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</i></b></p>	<p>The 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 <a href="#">here</a>. 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.</p>	

	<p>which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>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.</p>	<p>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.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>5.</p>	<p><b>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</b></p> <p>Your evidence should show which of the 3 parts of the</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</i></p>	<p>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.</p> <p>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</p>	

	<p><b>General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>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 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.</p> <p>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.</p>	<p>The community link workers will utilise the group activity accessibility audit tool.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>6.</p>	<p><b>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation</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</i></p>	<p>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. They have additionally received a Deaf Awareness course.</p> <p>Information leaflets are currently available in English and can be made available in other formats upon request. It is recognised that CLW may not be aware of this procedure. 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.</p> <p>Currently all communication in group activities is in English only - this has been identified as an area for action.</p> <p>The voluntary sector organisations who are delivering the CLW</p>	<p>Provide CLW with a pathway for requests for information in other languages and formats.</p> <p>Provide information to CLW with regard to the use of interpreters in group settings and create a record of examples of practice which can be</p>



	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics</p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>service are required to support their staff to overcome any communication barriers as a result of disability or long-term condition.</p>	<p>shared with the service.</p>
7	Protected Characteristic	Service Evidence Provided		Possible negative impact and Additional Mitigating Action Required
(a)	<p><b>Age</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p>	<p>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.</p> <p>Children and young people accessing the service may be accompanied by their parent's dependant on the nature of the consultation. The CLW seeks advice from GP to establish if parental involvement is required or whether the child/young person is competent to provide consent. Additionally the</p>	<p>No negative impact from review</p>	

	<p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>thematic Youth Health Service CLW will be a digital post aiming to connect Children and Young people to online sources of support and the Youth Health Service. Learning from this post will be used to inform digital developments in the wider programme.</p> <p>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.</p> <p>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.</p>	
(b)	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics.</p>	<p>Data is collected with regard to this protected characteristic. The service is physically accessible as hosted within GP practices.</p> <p>Communication needs of those with disabilities are considered by the service. Written information is available in different formats as required. Interpreters are accessed to enable 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.</p> <p>CLWs adapt their communication and engagement approach to the needs of patients who have a learning difficulty.</p> <p>Reasonable adjustments are made to ensure people with a disability can participate in group activity for example, a BSL</p>	<p>CLW to establish if loop systems are available in GP practices and community venues utilised by CLW for group activities.</p> <p>Ensure access to training is available to CLW as required.</p> <p>Sources of guidance to be accessible</p>

	4) Not applicable <input type="checkbox"/>	interpreter, assigning a 'buddy' for an individual with sight loss.	to all CLW.
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(c)	<p><b>Gender Identity</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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.</p> <p>Data will only be presented in relation to gender identify where anonymity can be maintained.</p>	<ul style="list-style-type: none"> <li>Establish access to LearnPro for CLW workforce, and ensure all CLWs complete the Equality and Human Rights modules to ensure competence with regard to this protected characteristic.</li> <li>Issue a Briefing sheet which provides guidance to CLW working with a transperson to ensure they do not breach the Gender Recognition Act.</li> </ul>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<b>Marriage and Civil Partnership</b>	We are not collecting data on this protected characteristic. We do not know the status of the underlying population. The service	No negative impact from review

	<p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</b></p> <p>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 checked="" type="checkbox"/></p>	<p>is open to all patients on GP practice list irrespective of marriage or civil partnership</p>	
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected</p>	<p>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 multi-disciplinary GP practice team and are encouraged to refer appropriate patients for the support.</p> <p>The service is hosted in GP practices which are all Breastfeeding friendly and accessible to buggies/prams.</p> <p>CLWs promote the 'breastfeed happily here' policies 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.</p>	<p>No negative impact from review</p>

	<p>characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(f)	<p><b>Race</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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.</p> <p>All staff have received equality and diversity training. All written communication is translated to other languages as required. Interpreters are utilised for interactions with patients whose first language is not English.</p> <p>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.</p>	<p>Census data may be out of date and may not reflect accurate population changes in the city. We will look to other data sources in the city to assess the equalities data against as required.</p>
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</b></p>	<p>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.</p> <p>Particular consideration is given by CLW to the use of</p>	<p>No negative impact from review</p>

	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Community Venues to ensure these do not create barriers to participation for example through the use of faith based premises, or if organisational values contradict our requirement to foster good relationships between population groups.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(h)</p>	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Current data from the service shows that there is a 60/40 gender split of females to males. Data on this protected characteristic will continue to be captured, and this will be reviewed annually to establish if it is representative of the patient population in the GP practice.</p> <p>32% of the workforce is male (21<sup>st</sup> Oct 19), although this is not representative of the population; the proportion is higher than that seen across NHS services.</p> <p>Group activities are not sex specific.</p> <p>CLWs respond to the expressed needs of patients to engage with a particular sex of CLW if available through the contracted services workforce.</p> <p>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.</p>	<p>Routine Sensitive inquiry training will be provided to all CLW to ensure they are confident raising the issue of gender based violence with patients.</p>

(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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.</p> <p>All CLW have attended equality and diversity training. Specific training in relation to this protected characteristic has been accessed by CLW on an ad hoc basis. We recognise this should be routine and will take steps address this. There may also be learning from the Health and Wellbeing survey conducted with the LGBT+ community, when the findings of this are public we will ensure they are shared with the workforce and any required actions identified.</p>	<p>All CLWs to complete the LGBT+ e-learning module (once access has been arranged). Share the findings of the LGBT+ Health and Wellbeing Survey with CLWs.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</b></p> <p><b>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning.</b></p>	<p>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.</p> <p>All CLW routinely inquire about money worries and have received training on the topic and referral pathways to the NHS money advice service.</p>	<p>Only patients in those practices allocated a CLW will be able to access this Service. The allocation will be reviewed when the current contract ends. Throughout the duration of this contract we have committed to sharing learning from the programme with non-CLW practices when they can apply the learning to their practice. Additionally we will report on project performance</p>

	<b>You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</b>		to the PCIP Implementation & Leadership Group.
(k)	<b>Other marginalised groups</b>  <b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b>	<p>The CLW Services has a specific post holder who is supporting Asylum seekers, additionally all CLW will support Asylum Seekers and Refugees if registered with their GP practice.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Shelter (homelessness legalisation)</li> </ul>	<p>Learning from this post holder will be shared with all GP Clusters.</p> <p>With the growth in the CLW workforce these awareness sessions will continue to be held by both providers on a regular basis to ensure CLW are knowable and skilled at responding to the needs of marginalised groups.</p>
8.	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input 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>This service has received additional financial investment and has been developed to take an equalities sensitive approach. The contract duration is until January 2022 with a potential of a 12month extension. If funding is continued after this time Standing Financial Instructions require the service to be re-commissioned. If funding is no longer available the de-commissioning plan will be developed and implemented which will consider the impact on equalities groups and respond appropriately.</p>	<p>No negative impact from review</p>



	4) Not applicable <input checked="" type="checkbox"/>		
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
9.	<b>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.</b>	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)	<ul style="list-style-type: none"> <li>• All CLW to attend routine sensitive inquiry training (GBV)</li> <li>• All CLW to complete the LGBT+ , and the equality and human rights learnpro modules once access to the system has been provided.</li> <li>• All CLW to attend Unconscious Bias training</li> </ul>

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 non-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.

\*

- **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)
- X 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.**

	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
Issue a briefing on equalities monitoring for all new CLW.	March 2020	KO
CLW can use flexibility to ask for equalities forms to be completed at the end of first appointment if they felt this would support engagement.  Provide a place for forms to be securely deposited to ensure that they remain anonymous and providing reassurance to patients.	Jan 2020 (then ongoing)	RL/ SF & CLWs
Only patients in those practices allocated a CLW will be able to access this Service. The allocation will be reviewed before the current contract ends.	June 2021	KO/SG
Throughout the duration of this contract we have committed to sharing learning from the programme with non-CLW practices to encourage them to apply the learning.	Dec 2020	KO
Additionally we will report on project performance to the PCIP Implementation & Leadership Group.	Quarterly	SG/FM

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.	April 2020 & ongoing	KO/RL/SF
The community link workers will utilise the group activity accessibility audit tool.	April 2020 & ongoing	RL &SF
Provide CLW with a pathway for requests for information in other languages and formats.	April 2020	KO
Provide information to CLW with regard to the use of interpreters in group settings and create a record of examples of practice which can be shared with the service.	April 2020	KO/RL/SF
CLW to establish if loop systems are available in GP practices and community venues utilised by CLW for group activities.	April 2020	RL/SF & CLWs
Ensure access to training on communication with people with learning difficulties is available to CLW as required.	June 2020	KO
Sources of guidance on maximising accessibility for those with disabilities to be accessible to all CLW.	June 2020	KO/RL/SF
Establish access to LearnPro for CLW workforce, and ensure all CLWs complete the Equality and Human Rights modules to ensure competence with regard to this protected characteristic.	June 2020	KO/RL/SF
Issue a Briefing sheet which provides guidance to CLW working with a transperson to ensure they do not breach the Gender Recognition Act.	April 2020	KO
We will look to other data sources in the city (in addition to the census) to assess the equalities data against as required.	June 2020 (and annually)	KO/RL/SF
Routine Sensitive inquiry training will be provided to all CLW to ensure they are confident raising the issue of gender based violence with patients.	September 2020	KO/RL/SF
All CLWs to complete the LGBT+ e-learning module (once access has been arranged).	June 2020	KO/RL/SF
Share the findings of the LGBT+ Health and Wellbeing Survey with CLWs.	September 2020	KO/RL/SF
Learning from the Thematic Asylum Seeker post holder will be shared with all GP Clusters.	December 2020	KO/SF
With the growth in the CLW workforce these awareness sessions on issues affecting other marginalised groups will continue to be held by both providers on a regular basis to ensure CLW are knowable and skilled at responding to the needs of marginalised groups.	June 2020 & ongoing	RL/SF

All CLW to attend Unconscious Bias training

December 2020

KO/RL/SF

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

31 August 2020

**Lead Reviewer:**

**EQIA Sign Off:**

**Name**

**Job Title**

**Signature**

**Date**

**Suzanne Glennie**

**Health Improvement Manager**

*Suzanne Glennie*

**20 Feb 2020**

**Quality Assurance Sign Off:**

**Name**

**Job Title**

**Signature**

**Date**

**Alastair Low**

**Planning and Development Manager**

**21<sup>st</sup> Feb 2020**

**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
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			

**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
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			



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:

Please email a copy of this EQIA review sheet to [CIT](#) or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.