

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool for Frontline Patient Services

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

Name of Current Service/Service Development/Service Redesign:

West Dunbartonshire CHCP – Adult Mental Health Psychological Therapies Network (PCMHT/ CMHT/ OACMHT)

Please tick box to indicate if this is a: **Current Service** ☐ **Service Development** ☒ **Service Redesign** ☐

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

What does the service do?

This inter- team network will deliver a range of psychological therapies (CBT/ EMDR/ IPT/ BFT/ Mindfulness etc) to clients of West Dun PCMHT/ CMHT and OACMHT. Staff within the different teams has been trained in different psychological therapies. This resource is not distributed equally across the service. Therefore to date clients could only access the resource within the service they were referred to. By pooling our resources we will create a virtual network which will allow clients from any of the 5 teams to access a Practitioner in another team for a specific therapy where indicated. This pathway will be managed by the identified key personnel in each team.

This network has been developed in response to the Psychological Therapy HEAT Target (18 weeks referral to treatment by Dec 2014).

This network will provide a service to clients living in West Dunbartonshire, Helensburgh and the Lochside.

Why was this service selected for EQIA? Where does it link to Development Plan priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

West Dunbartonshire CHCP requested an EQIA for this development to support their plan to improve local access to community services.

This is a new development (within the existing resource) to improve access to mental health services and more specifically, for the HEAT target, psychological therapies.

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Lynne Kennedy – Integrated Operations Manager, Riverview Resource Centre, Dumbarton. 01389 812070.

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):

Integrated Operations Manager – Lynne Kennedy
Admin Manager – Wendy Cox
PCMHT/ CMHT Consultant Clinical Psychologist – Matt Wild
OA Consultant Clinical Psychologist – Cerys McGillvary
Head OT (Mental Health) – Elizabeth Davidson
PCMHT Team Leader – Linda Roberts
Riverview Users Group
Alzheimer's Scotland
West Dun Carers Group.

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	<i>Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.</i>	<p>West Dunbartonshire mental health services routinely record age and sex for all referrals to the MH Service.</p> <p>If English is not a person's first language then this would also be recorded.</p> <p>Ethnicity/ occupation and employment status are recorded for some referrals but not all. This information is dependant on Practitioners inputting this data manually.</p> <p>Disability/ sexual orientation and religion are not recorded routinely.</p>	<p>All MH Teams to improve core equalities data recording by March 2013. Baseline report collected on 01.11.2012 – this will be repeated on 31.03.2013 to measure improvement. Aiming for 40% improvement in recording.</p> <p>This data will only be recorded in the record if it is pertinent to treatment.</p>

2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>	The equalities data currently recorded in PIMS can allow the mental health service to review the demographics of the population using the service and highlight any areas that are under represented. e.g. men/ over 65's/ SIMD	<p>In West Dun PCMHT 3.6 % of the clients are 65 or over. This is not a fair representation of the local population Therefore we have met with Health Improvement Team to look at ways of accessing people over 65 to raise awareness of the service.</p> <p>NHS GG+C MH Director and Medical Director have written to all GP Practice to highlight this issue and advise that there is no upper age limit in PCMHT services.</p>
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	Evidence from NHS GG+C PCMHT's supports the provision of large didactic classes to improve access to psychological approaches. West Dun PCMHT and TRFS work together to provide Stress and Wellbeing Classes for the whole area.	This is a resource for the whole mental health service to access as part of the network.

			Evidence also supports that self referral to services can increase access for young people.	West Dun PCMHT is planning to move to self referral for its whole catchment area in Summer 2013 (self referral to the PCMHT is currently in operation in the Clydebank area only).
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	<p>West Dunbartonshire mental health services are currently rolling out patient satisfaction questionnaires to clients to obtain feedback on satisfaction with services.</p> <p>We are also looking at innovative ways of collecting this information e.g. survey monkey/ I pads. This work is part of the West Dun MH Development Group.</p>	<p>Resource Centre User Forum</p> <p>MH Strategy Group – has user representation.</p> <p>West Dun PCMHT – outcome of satisfaction audit</p>
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<i>A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i>	<p>Psychological interventions can be delivered in a variety of formats and locations.</p> <p>Representatives from PCMHT/ CMHT are working with the local Health Improvement Team (see attached action plan) to address population mental health and wellbeing approaches.</p>	West Dun Health Improvement are now responsible for the promotion of the Stress and Wellbeing classes as this compliments the other health improvement activities that they are responsible for i.e. Live Active/ Eat up/ Smoking

			<p>This work will continue and address other specific equality issues identified e.g. Younger people/ ethnic minorities.</p>	<p>Cessation. Employability & Income maximisation is offered to all who are attending CMHT</p>
6.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p><i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i></p>	<p>The psychological therapies network will be delivered within the existing resource. Therefore all premises have already being risk assessed for accessibility</p> <p>If a person had to access a specific therapy practitioner that was out with their immediate vicinity we would support the client with the means to access this e.g. Practitioner travel to their area or provide transport for patient.</p>	<p>West Dun PT Network will review the information provided to clients to ensure that it is accessible for all clients.</p>
7.	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p><i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHS GG&C Interpreting Protocol.</i></p>	<p>All staff have been made aware of the NHS GG+C policy on the use of translators.</p> <p>All buildings have been provided with a loop system and Admin staff have been trained on its use.</p> <p>Written documentation is available on the web site. It can be translated into different languages.</p>	<p>Equality proofed documents are currently being proofed by nominated persons for the Board area and will be available through PERL to support PT interventions in written form. They are also available in a variety of languages from the</p>

			<p>Text prompting is used to remind people about appointments.</p> <p>Staff can also offer therapy, if required, through the services of an interpreter.</p>	<p>following website www.glasgowsteps.com</p> <p>All areas have an Accessible Information Lead – in West Dun this is Margaret Walker. All staff to be made aware of this.</p>

8.	Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:			
(a)	Sex	<p>All staff practice in accordance with NHS GG&C Policies.</p> <p>All staff practice in accordance with principles of Mental Health legislation.</p> <p>All staff have access to Staff net whereby they can develop their awareness and update skills to NHS GG&C Equality & Diversity Policy, The Equality Act (2010), the Gender Recognition Act and the Gender Based Violence Action Plan.</p> <p>Staff can access or signpost clients to appropriate support services – CARA (Coping with and responding to abuse project), THRIVE (Male Counselling Service), Sandyford Service (Specialist Psychotherapy Service), The Archway Glasgow (Sexual Assault Referral</p>	<p>Sex is routinely recorded for all referrals to the service.</p> <p>If the client requires a specialist therapy via the network, it may not be possible to offer them a choice of therapist – this will always be discussed with the client and an appropriate outcome sought.</p> <p>All teams that form the network have a mandatory training plan that covers equality and diversity topics.</p> <p>There are gender specific groups e.g. men's health group and a women's health group which address specific mental health issues for the groups.</p>	<p>PCMHT have staff rep who attends West Dun Violence Against Women Group. This provides up to date information and training on the topic which is circulated to staff via e-mail.</p> <p>Gender based issues that are causing a person distress in the context of illness will have these individually addressed as part of their treatment formulation.</p>

		Centre), Clydebank and Dumbarton Women's Aid (Support Service for women experiencing domestic violence).		
(b)	Gender Reassignment	<i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	<p>NHS GG& C has a Transgender Policy.</p> <p>Transgender will only be recorded in a person's record where it is relevant to their care and treatment.</p>	All staff are aware of the Transgender Policy which is available on the staff intranet.
(c)	Age	<p>Staff to be aware of and be able to access Equality Act (2010) and to use this knowledge when completing paperwork.</p> <p>To treat all age groups in a non discriminatory manner which should be evident in the file?</p> <p>Good working links between older adult and adult mental health services to share knowledge around older people's issues.</p> <p>PCMHT has open access for all people 16 years and over.</p> <p>Network approach will encompass age</p>	<p>The five teams that make up the network have different age boundaries.</p> <p>PCMHT – 16 yrs plus, no upper age limit.</p> <p>3 X Adult CMHT's - 18 – 65</p> <p>1x OA CMHT - 65 plus.</p> <p>Young people and older adults under represented in PCMHT.</p> <p>Young adults under represented in CMHT.</p>	<p>The spectrum for adult services is covered by network i.e. 16 yrs plus. Age will not disadvantage any person accessing the appropriate treatment.</p> <p>Over 65's will remain with adult CMHT if appropriate.</p> <p>Adults with Dementia regardless of age will be supported by the OA CMHT.</p> <p>This item is on the</p>

		<p>groups from 16 years and over.</p> <p>Age is recorded for all referrals.</p> <p>Staff can access or signpost clients to CAMHS, Y-Sort IT (16-25), Cedar Project (children and mothers who have experienced domestic abuse), Children and Families SW Team, Older Adult Social Work Team, Alzheimer's Scotland and AGE Scotland.</p>		<p>PCMHT/ Health Improvement agenda and ideas to address this issue will be formalised early 2013.</p>
(d)	Race	<p>Staff should have awareness to Race Relations act (2000)</p> <p>Access to online awareness of ethnic and cultural needs when inputting information into client's files</p> <p>Staff have access via the intranet to language translated NHS GG&C documentation.</p> <p>Staff are aware of how to access and book interpreting services (Staff net/ Info Service/ Interpreting Services).</p> <p>Staff have access to self help educational materials in a variety of languages (www.glasgow.steps.co.uk).</p> <p>Staff to have an awareness of demographic of population that the</p>	<p>The last needs assessment for West Dunbartonshire population was completed in 2007 – no current ethnicity stats for population in 2012.</p> <p>Ethnicity reports can be obtained from BOXI to reflect the demographic of the population using the service. However recording of ethnicity is not mandatory therefore no accurate stats to reflect current ethnicity data of service population – see action plan.</p> <p>BOXI is a web based reporting system that aggregates the information that PIMS stores on all patient activity within the mental health service.</p>	

		<p>service covers (West Dunbartonshire Health Needs Assessment, 2007 is available on the West Dunbartonshire Council website).</p> <p>Clients can request preferred gender of staff member (where resource allows).</p> <p>Staff can access or signpost clients to appropriate service - The Ethnic Survivors Forum (support Service for minority ethnic adult survivors of childhood sexual abuse), Dumbarton and District Asian Women's Support Network (General Support Network).</p>	<p>If the client requires a specialist therapy via the network, it may not be possible to offer them a choice of therapist based on gender preference</p> <p>This will always be discussed with the client and an outcome will be agreed to meet their needs.</p>	
(e)	Sexual Orientation	<p>All staff practice in accordance with NHS GG&C Policies.</p> <p>All staff practice in accordance with principles of Mental Health legislation.</p> <p>Awareness of and have access to the Equality Act (2006) and the Mental Health Act (Scotland) 2003.</p> <p>Where relevant to treatment, sexual orientation will be recorded in client's file in a non judgemental and confidential manner.</p>	<p>If the client requires a specialist therapy via the network, it may not be possible to offer them a choice of therapist as described above.</p> <p>Sexual orientation not routinely recorded however it will be recorded in the record if it is relevant to their treatment plan.</p>	

		<p>Language used in clinical contact to be inclusive (i.e. the use of the term partner).</p> <p>Staff must have an awareness of potential psychological factors associated with sexual orientation.</p>		
(f)	Disability	<p>All staff practice in accordance with NHS GG&C Policies.</p> <p>All staff practice in accordance with principles of Mental Health legislation.</p> <p>All staff to be aware of the contents of the Disability Discrimination Act (2005).</p> <p>Identifying any disability the person may have in their client file in a non discriminatory fashion.</p> <p>Access to Braille and large print in NHS GG&C documentation.</p> <p>Ensure that all premises have been risk assessed for DDA Compliance.</p> <p>Availability of loop system/ interpreting services.</p>	<p>PCMHT is a clinic based service and has no service specification for provision of home visits. They plan to pilot Call back service which would allow access to Mental Health Practitioners via telephone. North West PCMHT is currently implementing this service therefore will meet with them early in 2013 to gain feedback on what works/ what issues need addressed.</p> <p>If the client requires a specialist therapy via the network, it may not be possible to offer them a choice of therapist gender as described above.</p>	<p>Specialist assessment and provision of psychological therapy can be delivered on a more flexible basis e.g. the clients home, should this form an essential part of their care plan.</p>

		<p>Network approach to provision of psychological therapies to reduce impact of geography on access to therapies.</p> <p>People can access telephone CBT therapy services (Guided Self Help and CBT) via NHS 24 services.</p>		
(g)	Religion and Belief	<p>All staff practice in accordance with NHS GG&C Policies.</p> <p>All staff will respect diversity and cultural beliefs in line with legislation.</p> <p>Awareness and ability to access Spiritual Care Policy so as to record information in a sensitive manner.</p> <p>Acceptance and allowance by staff of religious practices without judgement.</p> <p>Where relevant to presentation and treatment, religious needs will be highlighted during initial and ongoing assessments.</p> <p>Staff awareness of some religious needs for female clients to only interact with female practitioners.</p>	<p>If the client requires a specialist therapy via the network, it may not be possible to offer them a choice of therapist as described above.</p>	

		Adherence with Mental Health Legislation.		
(h)	Socio – Economic Status	<p>Identify vulnerable adults who fall into the category and to record in a non judgemental way</p> <p>Clinics are offered across West Dunbartonshire and Helensburgh to allow clients to attend at a geographically convenient location.</p> <p>Record any housing needs where appropriate.</p>	<p>Work has begun with the local Health Improvement Team to develop self help information in a variety of formats for the local population.</p> <p>CMHT's work closely with welfare rights, housing, employability, carers centres,</p>	<p>A detailed team brief was delivered to members of the network by SW colleagues raising awareness of known changes to the benefit provision up to April 2014.</p>
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<p>Questionnaires are distributed to clients at the end of engagement to capture data on satisfaction and highlight gaps in the provision of services.</p> <p>Development of questionnaire to include equality categories.</p> <p>PIMS data to be monitored and routinely analysed.</p>	<p>Client satisfaction questionnaires are not always administered.</p> <p>CMHT Survey Monkey has been implemented – too early at present to review activity</p> <p>CMHT's have a joint working protocol with addiction services.</p>	<p>CMHT's developing a joint working protocol with homelessness and housing.</p> <p>The network is fully aware of NHS GG&C directive regarding ex service personnel and the requirement regarding prioritised treatment stipulated by this.</p>
9.	Has the service had to make any cost savings or are any planned?	<i>Proposed budget savings were analysed using the Equality and</i>	Any cost savings identified has the potential impact analysed and this is	Baseline data is available regarding the

	<p>What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?</p>	<p><i>Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i></p>	<p>reported to management before a decision is made.</p> <p>Savings of x % have been agreed to the PCMHT and an announcement regarding required savings from CMHT budgets is expected early in 2013.</p>	<p>demographics of the population accessing services which constitute the network. This data can be compared over time in order to assess the real time potential impact of savings made to e.g. PCMHT and CMHT.</p>
10.	<p>What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?</p>	<p><i>Analysis of recruitment shows a drop off between short listing, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i></p>	<p>All employees responsible for recruiting staff have a duty to ensure they apply NHS Greater Glasgow & Clyde recruitment principle and are familiar with NHS Greater Glasgow and Clyde's equality scheme 2012-2013. A single recruitment process is in place to ensure fairness and consistency. If an applicant requires additional support during the recruitment process for example if the first language of the applicant wasn't English the Board has an interpretation service in place which can be accessed.</p> <p>Variable gender mix, mostly an aging workforce.</p> <p>All staff receive training in E&D.</p>	

11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	All staff receive training in E&D. E-learning is available. All staff receive monthly supervision. All staff have regular reviews and PDPs. All staff have access to staff side/ union representation even if they are not in a union.	

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 and have used this to change the way you deliver services - 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.

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Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials		
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy		

<ul style="list-style-type: none"> • Admin and Clinical staff to start recording ethnicity for all patient contacts. Base line report will be completed in October 2012 and this exercise will be repeated in 6 months to ascertain if there is a more accurate recording of service demographics. • Raise staff awareness via Staff Training – Equality and Diversity, 23 on line modules via Staff Net • Raise staff awareness of the process for paperwork to be translated into preferred language/ Braille etc as required • Agree plan for the use of patient satisfaction questionnaires (e.g. snapshot capturing over short period a couple of times per year versus continuous use. • Review CMHT Satisfaction via Survey Monkey site. • NHS GG&C PCMH Team Leads Meeting has commissioned a working group to look at improving consistency of patient questionnaires across the board area. Await feedback from this working group. • PCMHT will update Mental Health Development group on progress of population based activities they are planning with NHS Health Improvement. • PCMHT is currently exploring issues around implementing a Call Back pilot to increase access to the service. Issues currently being explored – demand and capacity/ learning from other services i.e. North West PCMHT implemented Call Back on 20.08.12, will meet with them Nov/ Dec 2012 to understand what works well and barriers identified. • Sexual Orientation will be recorded appropriately in notes if required as part of the treatment process. • Agree PIMS recording mechanism for PT Network – to establish activity and highlight any issues (i.e. access to choice of therapist). 	February 2013	Lynne Kennedy
	MH Development Group – Sept 2012	Lynne Kennedy
	MH Development Group – Sept 2012	Lynne Kennedy
	MH Development Group – Sept 2012	Lynne Kennedy
	March 2013	Lynne Kennedy
	March 2013	Linda Roberts
	March 2013	Linda Roberts/ Dr Matt Wild
	January 2012	Linda Roberts/ Lizzie Reilly
	MH Development Group - November 2012	Lynne Kennedy
	April 2012	Linda Roberts/ Dr Matt Wild

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

3rd June 2013

Lead Reviewer:	Name Lynne Kennedy
EQIA Sign Off:	Job Title Integrated Operations Manager
	Signature
	Date 3 rd December 2012

Quality Assurance Sign Off:	Name
	Job Title
	Signature
	Date

Please email a copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk, or send a copy to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.

PLEASE NOTE – YOUR EQIA WILL BE RETURNED TO YOU IN 6 MONTHS TO COMPLETE THE ATTACHED 6-MONTH REVIEW SHEET. IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE CONTINUE TO COMPLETE THE ATTACHED SHEET AS YOU AND RETURN AT YOUR EARLIEST CONVENIENCE TO: eqia1@ggc.scot.nhs.uk

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

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

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

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			
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 EQIA review date:

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Name of completing officer:

Date:

Please email a copy of this EQIA review sheet to egia1@ggc.scot.nhs.uk 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.