

West Dunbartonshire Health and Social Care Partnership Equality Impact Assessment Guidelines and Forms

This document can be made available electronically, in large print, Braille, audiotape, and in a variety of community languages. Please contact West Dunbartonshire Health and Social Care partnership on wdhscp@ggc.scot.nhs.uk or call 01389 776 990

The document is an adapted version of the WDC equality assessment paperwork suitable for the HSCP.

Executive Summary

An equality impact assessment is a tool that helps public authorities make sure their policies and the ways they carry out their functions, do what they are intended to do for everybody fairly.

Equality impact assessment is historically shortened to EIA by those working in the council, with EqIA the historical shortened term used by NHS GGC. They are both the same term. For clarity both terms are used in this document.

EIA/EqIA helps to;-

- fulfil Legal requirements,
- Business needs,
- And ethical considerations

EIA/EqIA helps ensure that fairness and best Value are pursued, by scrutinising policies, functions and funding decisions from an early stage.

Under the Equalities Act 2010 (Equality Act) General Duty, Integrated Joint Boards will have a legal duty when exercising their functions to have due regard to the need to;-

- eliminate discrimination,
- To advance equality of opportunities for Protected Equalities Groups and
- foster good relations between such groups and others.

EIA/EqIA therefore provides an opportunity to;-

- reflect on how we have done things
- identify ways of doing things better for service users
- increase transparency and accountability
- provide evidence for scrutiny bodies including the Care Inspectorate of delivery of person centred care.

Integrated Joint Boards will be added to the listed bodies¹ under the Equality Act 2010 (Specification of Public Authorities) (Scotland) Order 2015 meaning that all polices are screened for relevance to the each part of the above General Duty; If relevant, an assessment of impact must be carried out. Carrying out screening and EIA/EqIA provides evidence there has been “due regard”. Without this, Integrated Joint Board decisions could be overturned in court. Screenings and assessments must start at the same time as the rest of the work on proposals; they must not be used as justification for decisions already taken.

All reports to the Integrated Joint Board committees must include a section which confirms that a screening has taken place, and that an EIA/ EqIA was completed if required; remember it is not the report that is screened or assessed but the subject of the report.

¹<http://www.equalityhumanrights.com/about-us/devolved-authorities/commission-scotland/public-sector-equality-duty-scotland/public-authorities-scotland-who-covered-specific-duties-0>

Detailed Guidance

What is an equality impact assessment (EqIA/ EIA)?

EqIA/EIA is a process that engages with the potential impacts on different protected groups of IJB practices, to enable the best decisions to be made, from the point of view of fairness and equality; it must be an intrinsic part of the policy formation process in terms of relevant functions that the IJB exercises e.g. Providing health and social care services

EIA/EqIA is an opportunity to ensure that fairness permeates decision making, in a way that is legally compliant, fair and transparent.

The basic procedure to assess the impact on equalities is as follows:-

1. Equalities Screening – the purpose of screening is to assess if there is any potential impact on Protected Equalities Groups. If there is none, then no EIA needs to be carried out. Otherwise an EIA/EqIA is required.
2. Carrying out an Equalities Impact Assessment (EIA/EqIA).
3. If the EIA/EqIA shows there is discrimination against a Protected Group, then the proposal should go no further; alternatively if there is a non-discriminatory impact on such a group, efforts should be made to minimise any detrimental impact and to maximise any beneficial impact.
4. On reporting equalities impacts to the Integrated Joint Board it is not enough to state that an EqIA/EIA has been carried out. The Council must be made aware of what the equalities impacts are and how these can be addressed.

Protected groups

Carrying out an EqIA/EIA means assessing the likely or actual impacts of policies and practices on people in terms of the protected characteristics under the Equality Act:

- Race
- Sex
- Gender Reassignment
- Disability
- Age
- Religion/belief
- Sexual orientation
- Pregnancy/ maternity
- Civil Partnership/Marriage

Collectively these are referred to as protected groups. A proposed reduction in the provision of youth social care services is likely to be relevant in terms of age at least; if the proposed change included for example reducing a group aimed at Lesbian, Gay Bisexual or transgender young people it would be relevant additionally in terms of sexual orientation, gender reassignment and possibly sex.

Though it is a no legal requirement to carry out an assessment with regard to Civil Partnership/Marriage it should be assessed as a matter of good practice to ensure any potential discrimination is eliminated; public bodies are under no duty to promote good relations, or equal opportunities with regard to Civil Partnership/Marriage.

Legislation

The Equality Act came into force in stages from October 2010; The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and forthcoming guidance on Equalities for Integrated Joint Boards will set out the IJB's responsibilities.

In practical terms this means that all policies must be screened and where these are found relevant an EqIA/ EIA must take place. The need to screen and/or carry out an EqIA/ EIA of polices covers new and existing policies and practices, including changes or redesign of policies, practices, services and provision and funding decisions. It covers all protected characteristics and there is an emphasis on;-

- informing decisions by evidence, and
- on having regard to the outcome of assessments.

HSCP staff must assess the equalities impacts of new proposals and policies before decisions are taken under delegated powers or by the board. All IJB reports must contain a section assessing the equalities impact.

The law says that an EqIA/ EIA does not need to be published if a policy is not enacted, however since it is likely that most EqIAs/EIAs would be caught by Freedom on Information requests, the presumption would be to publish all EqIAs/EIAs especially since these will be attached to committee reports in any case.

The law makes it clear that screening are not EqIAs/EIAs and do not need to published, however screenings should be attached to committee reports

The law says that EqIAs/ EIAs must be published in an accessible way.

Partnerships

Public sector partners who are involved in partnership working e.g. through Community Planning are responsible for meeting the PSED within their partnership role. Partnership activity is one of their functions and therefore covered by the PSED.

Community Planning Partnerships (CPPs) and any other partnerships which public bodies are involved are therefore under obligations in relation to the PSED duties through their public sector members. This is in addition and complementary to the equality obligations of CPPs under the Local Government in Scotland Act 2003.

In practice, this means that each public body will need to agree, at partnership level, arrangements for planning; funding and managing joint work that will allow it to meet its statutory duties, and its partners to meet theirs" and this extends to arrangements for conducting EIAs/EqIAs

Every reasonable effort should be made to ensure all protected characteristics/groups are included within the planning and delivery of services by individual partners and collectively by partnership groups.

When is EIA/EqIA necessary?

The public sector equalities duties (including the need to carry out EIA/ EqIAs) apply to any exercise of the IJBs functions. This includes current policies and new policies e.g.-

- locally developed Policies (Including Procedures and Guidance)
- Functions and practices (I.e. the way what we do is carried out e.g. Means testing of care services)
- Funding Decisions (including „internal“ and „external“ decisions e.g. funding to groups and joint funding with partners of projects)
- Structural changes including staffing levels
- Partnership arrangements for example how the IJB will play its part in Community Planning joint projects
- financial decisions, please see EHRC website

http://www.equalityhumanrights.com/uploaded_files/PSD/using_the_equality_duty_to_make_fair_financial_decisions_final.pdf

We can refer to any of these elements above as PFDs (Policies, Functions or Decisions). It should be noted that a screening should always be carried out before commencing an EIA/EqIA, and that recording the screening is essential to the process.

Who carries out Equalities Screenings and EIA/EqIAs?

In all circumstances there must be a nominated lead officer, who owns the process and is responsible for the completion of the screening and if relevant the EqIA/EIA, there should also be an EqIA/EIA team including, wherever possible, a staff member who has expertise in, and/or has undergone training on EIA/EqIA. This can be provided by both NHSGGC and WDC although it should be noted that the IJB paperwork and process may be different from the paperwork presented by WDC or NHSGGC. The training will detail information on equality assessment and the protected characteristics.

Due regard, proportionality and relevance

The IJB must ensure that due regard is given to the goals set out in the general duties which aim to achieve greater equality for the relevant groups. "Due regard" means that you need to consider

- Proportionality and

□ Relevance.

The weight given to equality should be proportionate to its relevance to a particular function, the greater the relevance the greater the regard. EqIA/EIA is not just about addressing discrimination or negative impacts; it also presents opportunities to promote equality, good relations and participation in public life for positive impact.

Consulting with potentially affected groups will help you with “due regard” especially if you are unsure of how important a PFD might be to members of protected groups.

Practical steps to carry out an EqIA/EIA, including timing

EIA must be an integral part of the policy development process, EqIA/EIA should start at the beginning of the process, not at the end; this saves time by supporting a proactive planned approach rather than a hurried reactive one. If

The team should have adequate breadth and depth of knowledge. The team should always include at least 2 people, more if needed.

EqIA/EIA should not be carried out after changes have been put in place with the exception of existing policies that have come up for review, when can be used to start of the process.

Using the forms

The EIA/EqIA form (Appendix 1) should be used to record the screening process, impact assessment or decision not to impact assess as appropriate.

Sections 1, 7-9 must be completed in all cases.

Sections 2 & 3 can be used for screening if required – see below.

For a full impact assessment all sections of the form must be completed. You may have more information available for some parts than others.

Sections 2-5 link to the Action Plan (which details what needs to be done to mitigate negative impacts or support improvements).

Further details on each section are given below. Should this be directly before Section 1, Screening.

retained; help and advice in such situations can be obtained by contacting Ailsa.King2@ggc.scot.nhs.uk.

Section 1: Screening

The law says we must always screen PFDs for relevance.

Screening is the stage where a decision on whether a PFD is relevant and needs an EqIA/ EIA is taken; this can normally be done fairly quickly using section 1. If you are uncertain complete sections 2 and 3. You should have a trained EqIA/EIA officer on the team

Questions to ask

- Does the policy affect service users, employees or the wider community, and therefore potentially have a significant effect in terms of equality? Remember that the relevance of a policy will depend not only on the number of those affected, but also the significance of the effect on them.
- Is it a major policy, significantly affecting how functions are delivered in terms of equality?
- Will it have a significant effect on how other organisations operate in terms of equality (e.g., a national strategy or inspection or funding criteria)?
- Does it relate to policy areas or issues that previous consultation or involvement activities have identified as being important to particular protected groups?
- Does it relate to an area where your organisation has identified a need to improve equality outcomes?
- Does it relate to an area where there are known inequalities?
- Does it relate to a policy where there is significant potential for reducing inequalities or improving outcomes?
- Does it potentially influence the progress of HSCP performance indicator

The assessment should, at least initially, consider the impact of the policy for each of the protected characteristics. Diversity within, as well as between, groups should be taken into account: for example, considering people with different disabilities or people from different racial groups. Understanding the implications of having more than one

protected characteristic will also be important. For example, the issues of relevance to women will vary once race, religion and age are taken into consideration. If it is decided that assessment is not relevant to some groups, this should be recorded and explained. Other organisations may have carried out screenings or EqIA/EIAs that could inform your own, and examining these can be helpful, therefore internet searches can be useful for context.

If a screening shows any potential significant impact, positive or negative then an EqIA/ EIA should be carried out. All decisions not to impact assess have to be documented using the EqIA/EIA form, and double checked with a colleague who have undergone EqIA/EIA training; Screenings must be kept on record. Please contact Ailsa.King2@ggc.scot.nhs.uk if you have queries about this.

Section 2: Evidence

EqIA/EIA should be evidence based; look at available evidence, and make sure it is used and more is sought if gaps are recorded. This must be followed up in the action plan.

Address any gaps in evidence or consultation, in a proportionate way; referring to the HSCP Strategic plan as it will help as it shows areas in which the HSCP wants to develop.

The Scottish Government [Equalities Page](#) , [The West Dunbartonshire Council Social and Economic Profile](#), the [NHSGGC Equalities in Health page](#), [the Health Scotland](#)

[Equalities page](#) , the [Equality and Human Rights Commission in Scotland Research page](#) and the Care Inspectorate Equality Briefings should provide a good source of information which can be supplemented by more local evidence and information.

Section 3: Consultation and Involvement

The Equality Act places an emphasis on involvement of those affected by policies.

Use this section is to record previous consultation and consultation planned as part of the policy development process. The Action Plan should detail further work required.

Further information on consultation and involvement in line with the HSCP Participation and Engagement Strategy can be sourced from the HSCP website.

Sections 4 & 5: Assessment of Impact

Once evidence has been gathered, the EqIA/EIA team will be in a position to carry out an assessment. Section 4 must then be completed to show positive and/or negative impacts.

In most cases there will not be impacts for each protected characteristic; but each must still be considered. If needed, further information might be obtained from local or national sources, e.g. by contacting local authorities, partners or equality groups.

When carrying out an EqIA/EIA it is important to consider the possible cumulative effect of other new or revised policies or previous funding decisions; this recognises the inter relatedness of decisions in an organisation that provides a large range of services.

The information gathered in Section 4 allows Section 5 to be completed and indicates any changes required to the PFD to avoid discrimination and promote equality.

This section in turn links to the Action Plan at Section 6 to show how impacts will be taken account of. Be aware that positive impacts for one group may lead to negative impacts for another. Try to ensure that opportunities to promote equal opportunities and good relations are detailed.

Possible outcomes of assessments

There are 4 possible outcomes of an EqIA/EIA and more than one can apply to any PFD:

1: No major change- the EqIA/EIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken

2: Continue the policy – the EqIA/EIA identifies the potential for adverse impact or missed opportunities to promote equality. Justifications for continuing must be clearly set out, these should be compelling and in line with the duty to have due regard.

3: Adjust the policy – the EqIA/EIA identifies potential problems or missed opportunities requiring adjustment to the policy to remove barriers or promote equality.

4: Stop and remove the PFD – there is actual or potential unlawful discrimination. The PFD must be stopped and removed or changed.

In some cases amendments or actions will be identified during the process.

Note that unless there is discrimination, a decision can still be taken which impacts detrimentally on one or more of the Protected Groups, as long as due regard has been taken, though mitigation of detriment should always be sought. If the EqIA/EIA shows discrimination then the PFD is unlawful and needs to be stopped or changed.

Section 6: Action Plan

Use this section to detail the actions which will be taken arising out of the assessment of impacts at Section 4 and based on the evidence detailed in Sections 2 and 3.

The action plan must include timescales and responsible persons or teams and be monitored, reviewed and evaluated to measure if outcomes are achieved.

You should consider whether the actions identified are proportionate and achievable and how these might link to processes across the HSCP e.g. already identified Equality Outcomes or action plans.

Sections 7-8: Monitoring and Review, Signatures, Follow Up Action

These sections should be completed in all cases. Section 7 gives timescales for monitoring and review of the PFD. Include arrangements to monitor the impact of the policy. Consider the type of information to be gathered and how it will be analysed, who will be responsible and how any relevant groups will be included. A timescale must be set for reviewing the policy. This can then be included within a departmental programme of policy review and impact assessment.

Section 8 includes signatures of the lead officer and an officer who has undergone EqIA/EIA training within the department.

1. Finalised forms must be retained within the sections and copies sent to Ailsa.King2@ggc.scot.nhs.uk ; these will then be published on the HSCP website at <http://www.wdhscp.org.uk/useful-information/the-equality-act>
2. Key findings from the EqIA/EIA should be included within the relevant committee report, where this applies and the full EqIA/ EIA, or screening as a background paper content of the Equalities section in committee reports will vary depending on the outcome of the screening or EqIA/EIA.

Screening and EqIA/ EIA outcomes must be summarised in the Equalities Section 7 of committee reports. Screenings or EqIAs/ EIAs if undertaken must in all circumstances, be attached to committee reports. To do the duty" decision makers must be able to study screenings and EqIAs/EIAs.

Financial Decisions

For financial decisions, the same steps apply. While it is recognised that there can be requirements to make cuts to services, the Integrated Joint Board must take account of impacts on equality groups and make proportionate changes to mitigate or avoid adverse impact. This must be done at a formative stage in the process and be evidence based. There should be a consultation process regarding potential financial decisions, the opportunity should be taken at the same time to consult on the equalities impacts.

There must also be consideration of the possible cumulative effects of decisions, and the effects of related decisions.
Support, guidance and useful websites

Support and guidance can be provided by Ailsa King Ailsa.King2@ggc.scot.nhs.uk or 01389 776 876

There is also useful information on the [WDC intranet](#) and [internet equality pages](#) and NHSGGC staffnet and Corporate Inequalities Team [equality impact assessment pages](#)

Useful sites include:

EHRC: <http://www.equalityhumanrights.com/scotland/public-sector-equality-duty/guidance-for-elected-members-on-using-the-duties-to-make-financial-decisions/>

Training

To support assessment of impact, and performance of the general equality duty, it is important that staff and decision makers receive training.

It is particularly important that senior decision-makers in the HSCP (such as Councillors, and Chief Officers), receive adequate training which equips them for their scrutiny role in ensuring the general equality duty is mainstreamed within the organisation, and to ensure that impact assessment influences decision-making at all levels.

It is important that services keep skills and knowledge up to date by ensuring that staff can access refresher training for instance.

A specific training course for EIA/EqIA has been developed and can be accessed by contacting ricardo.rea@west-dunbarton.gov.uk for WDC training or accessing the NHSGGC [equality impact assessment pages](#) or emailing CITAdminTeam@ggc.scot.nhs.uk to access the NHSGGC training.

Links with PSIF and other processes

EIA/EqIA can be linked to Public Service Improvement Framework (PSIF) assessments, Customer Service Excellence Standard and other self-assessments required for external scrutiny, such as the Care Inspectorate

Equality Outcomes

EIAs/EqIAs will also help us set and monitor Equality Outcomes, which are a legal requirement under revisions to the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 to include the Integrated Joint Board as a “listed body. The HSCP Equality Mainstreaming Report for 2016 is available on the HSCP website.

Appendix 1 EQUALITY IMPACT ASSESSMENT FORM

This form is to be used in conjunction with the Equality Impact Assessment Guidelines. Please refer to these before starting; if you require further guidance contact Ailsa.King2@ggc.scot.nhs.uk 01389 776 876

Section 1: Policy/Function/Decision (PFD) Details	
A PFD is understood in the broad sense including the full range of functions, activities and decisions the Health and Social Care Partnership is responsible for.	
Name of PFD:	Quit Your Way West Dunbartonshire Smokefree Community Service (Inc. COPD)
Lead Team & other departments/sections/ partners involved:	Health Improvement Team
Responsible Officer	Jo Winterbottom
Impact Assessment Team	Jo Winterbottom, Helen Douse, Allison Miller
Is this a new or existing PFD?	Existing PFD
Start date: (the assessment should be started prior to PFD development/drafting or at the early stages of review): Sept 2018	
End date (this should allow for the assessment to inform decision-making): Oct 2018	
What are the main aims of the PFD ?	To provide a stop smoking service in West Dunbartonshire
Who are the main target groups/ who will be affected by the PFD ?	Residents of West Dunbartonshire and people who work in West Dunbartonshire who smoke
Relevance (of PFD to the general equality duties and equality groups, also record if there is no relevance giving reasons/ evidence) Yes: Relevant as this policy is about public service delivery	
	If yes, complete all sections, 2-9
	If no, complete only sections 8-9
	If don't know, complete sections 2& 3 to help assess relevance

Section 2: Evidence

Please list the available evidence used to assess the impact of this PFD, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.

Available evidence:

Research and relevant information	NICE Smoking Cessation: Supporting People to Stop Smoking (NICE Quality Standard 43) NICE Stop smoking interventions and services (NICE National Guidelines NG92) NICE Chronic obstructive pulmonary disease in over 16s: diagnosis and management (NICE CG June 2010) ASH Scotland: Scotland smoking & tobacco statistics; LGBT Briefing; smoking & mental health; smoking & health inequalities; smoking & poverty; young people, mental health & smoking; smoking & COPD; tobacco use, ethnicity & health Scottish Household Survey 2017 Scottish Health Survey 2017 Scottish Government Equality data pages. Raising Scotland's Tobacco-Free Generation – Our tobacco control action plan 2018 West Dunbartonshire WDCP Substance Use Prevention Strategy
Officer knowledge	Health Improvement Team - Very small numbers of BME clients engaging with the service which is reflective of the population in West Dunbartonshire.
Equality Monitoring information – including service and employee monitoring	WDHSCP Smokefree Community Service Evaluation – age and gender Client questionnaire with NHSGGC Equalities in Health questions being used since September 2015.
Feedback from service users, partner or other organisation as relevant	WDHSCP Smokefree Community Service Evaluation Client case studies
Other:	Race ASH Scotland BME Briefing Paper (June 2014) - 4% of the Scottish population from a BME community Sex ScotPHO (2016) - Higher smoking prevalence in men than women in West Dunbartonshire (24% vs 19%) (aged 16+)

WDHSCP Smokefree Community Service Evaluation – Chapter 2 (2013/2014 To current) - Lower proportion of men engaging with the service – this still remains the case (2018)

Gender Reassignment

Scottish Health Survey (2017) – Highly vulnerable to substance use

Disability

Higher smoking prevalence in those with mental health conditions and those with a limiting long term ability. We do not distinguish between MH and physical LTC, but more have a condition than not.

People with learning disabilities have an increased risk of substance misuse if they: have borderline/mild learning disabilities, are young and male, have mental health problems;

Age

WDHSCP Smokefree Community Service Evaluation: Chapter 2 (2013/14 to current) - Similar age profiles between those engaging with the service and the West Dunbartonshire age profile: 45-64 years old

Religion/ Belief

Glasgow Tobacco Strategy EqIA - Assumptions may be made that certain religions abstain from substances; tobacco smoking may not be discussed with Muslim patients as it is assumed they do not smoke.

Sexual Orientation

ASH Scotland LGBT Briefing Paper (2016) - More likely to smoke

Civil Partnership/ Marriage

Those who were married or in a civil partnership had the lowest proportion of current smokers (9.9%), which was around half the proportion among those who were cohabiting (22.1%), single (21.5%), or widowed, divorced or separated (17.7%).

Pregnancy/ Maternity

	<p>Pregnant women are seen by specialised NHSGGC Smokefree Pregnancy Service based within Maternity services.</p> <p>No safe level of consumption for any substance during pregnancy</p> <p>ScotPHO - Local Prevalence = 19.9% (2015)</p> <p>Socio-economic Scottish Health Survey (2017) - 27% most deprived areas vs 9% least deprived</p> <p>Other Citizens Panel (2015) - Higher smoking prevalence in regeneration areas</p> <p>COPD West Dun Data - In 2017 = 3,467 people have COPD. (515 current smokers & 790 previously smoked)</p>
<p>Are there any gaps in evidence? Please indicate how these will be addressed</p>	
<p>Gaps identified</p>	<p>WDHSCP Smokefree Community Service Evaluation does not provide information on all protected characteristics</p>
<p>Measure to address these</p>	<p>Analysis of equality monitoring data collected in local database</p>
<p><i>Note: Link to Section 6 below Action Plan to address any gaps in evidence</i></p>	

Section 3: Involvement and Consultation

Include involvement and consultation relevant to this PFD, including what has already been done and what is required to be done, how this will be taken and results of the consultation.

Please outline details of any involvement or consultation, including dates carried out, protected characteristics. Also include involvement or consultation to be carried out as part of the developing and implementing the policy.

Details of consultations	Dates	Findings	Characteristics
Consultation/ Involvement with community, including individuals from services & staff, as relevant	2015	<p>WDHSCP Smokefree Community Service Evaluation – Chapter 2. Copy available from Health Improvement Team wdhscp@ggc.scot.nhs.uk</p> <p><i>The focus groups were held with members of the West Dunbartonshire Citizens' Panel who were either smokers or ex-smokers and who lived within the 40% most-deprived within-Board SIMD areas. A previous survey of the panel allowed the identification of smokers and ex-smokers and this was correlated with postcode data to select those living within the 40% most-deprived within-Board SIMD area</i></p>	Socio-economic deprivation
			Race
			Disability
			Gender Reassignment
			Age
			Religion/ Belief
			Sexual Orientation
			Civil Partnership/ Marriage
			Pregnancy/ Maternity
			Sex

Note: Link to Section 6 below Action Plan

Section 4: Analysis of positive and Negative Impacts

Protected Characteristic	Positive Impact	Negative Impact	No impact
All	<p>More equalities sensitive practice achieved through:</p> <ul style="list-style-type: none"> All staff have undertaken NHS Scotland Happy to Ask, Happy to Tell Diversity Monitoring Training Diversity monitoring now standard Equality Learn Pro mandatory 		
Race	<ul style="list-style-type: none"> Data is recorded in client questionnaire Access to leaflets/information in different languages Staff know how to access the NHSGGC Interpreting service - telephone and person 	<ul style="list-style-type: none"> Staff have limited experience of working with BME clients 	
Sex	<ul style="list-style-type: none"> Data is recorded in client questionnaire 	<ul style="list-style-type: none"> More women are engaging with the service, but men have the higher smoking prevalence (local database 2017/2018 and 2018/19) 	
Gender Re-assignment	<ul style="list-style-type: none"> Data has been recorded since September 2015 	<ul style="list-style-type: none"> Service accessibility unknown 	
Disability	<ul style="list-style-type: none"> Data has been recorded since September 2015 Staff have received mental health training following previous EqIA Venues are all accessible – disabled parking spaces, disabled toilets, lifts Home visits and telephone calls offered to housebound patients specialist service available for patients with COPD 	<ul style="list-style-type: none"> No easy read format Clients have consent form and questionnaire to fill in Staff have limited experience seeing clients with learning difficulties Staff have limited experience seeing clients with communication difficulties 	

	<ul style="list-style-type: none"> • Guide/hearing dogs and carers are welcome to accompany client to service 		
Age	<ul style="list-style-type: none"> • Data is recorded in client questionnaire • Age profile of the clients engaging is similar to population demographics • Service available to young people over 12 year olds on request 	<ul style="list-style-type: none"> • Prevalence in young people is decreasing. Uptake discouraged through prevention/protection activity 	
Religion/ Belief	<ul style="list-style-type: none"> • Data has been recorded since September 2015 		
Sexual Orientation	<ul style="list-style-type: none"> • Data has been recorded since September 2015 	<ul style="list-style-type: none"> • Evidence that higher smoking prevalence in LGBT community 	
Civil Partnership/ Marriage			
Socio-economic deprivation	<ul style="list-style-type: none"> • Uptake recorded via postcodes • Service is targeted at 40%MDD Boardwide 	<ul style="list-style-type: none"> • More deprived areas continue to have greater levels of smoking prevalence 	
<i>Note: Link to Section 6 below Action Plan in terms of addressing impacts</i>			

Section 5: Addressing impacts

Select which of the following apply (use can choose more than one) and give a brief explanation – to be expanded in Section 6: Action Plan

1. No major change	
2. Continue the PFD	Yes,
3. Adjust the PFD	
4. Stop and remove the PFD	
Give reasons: The PFD can be continued without negative impacts on groups covered by protected characteristics if actions listed below are carried out.	
<i>Note: Link to Section 6 below Action Plan</i>	

Section 6: Action Plan Please describe any action which will be taken following the assessment in order to;

- reduce or remove any negative impacts,
- promote any positive impacts, or
- gather further information or evidence or further consultation required

Action	Responsible person (s)	Intended outcome	Date for completion	Protected Characteristic
Equality Learnpro for all staff	NHS Public Health Directorate – Health Improvement Team	Staff maintain their mandatory training	every 3 years	All
Equality monitoring	As above	Services provided to the needs of the community	Annually	All
Continued flexible service delivery (e.g. telephone support and home visits)	As above	Housebound patients with communication difficulties continue to receive a high quality service to meet their needs	Ongoing	Disability
Continue to promote specialist Stop Smoking Service for pregnant women	NHS Pregnancy Service	Pregnant women receive support to stop smoking through the NHS specialist service.	Ongoing	Pregnancy/ Maternity
Targeted marketing to specific groups	NHS Public Health Directorate – Health Improvement Team	Service is attractive and accessible to groups where smoking prevalence is highest or where barriers may exist to accessing the service	Ongoing	All but specifically age and gender
Are there any negative impacts which cannot be reduced or removed? please outline the reasons for continuing PFD				
No				

Section 7: Monitoring and review

Please detail the arrangements for review and monitoring of the policy

How will the PFD be monitored? What equalities monitoring will be put in place?	Equalities monitoring of service uptake, quit attempts and success rates
When will the PFD be reviewed?	TBC – NHSGGC Quit Your Way Team
Is there any procurement involved in this PFD? Yes/No	No

Section 8: Signatures

The following signatures are required:

Lead/ Responsible Officer:	Signature: H Douse	Date: 31 Oct 2018
EqIA/EIA Trained Officer:	Signature: J Winterbottom	Date: 31Oct 2018