

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

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

Renfrewshire Palliative and End of Life Care Strategy – 2022-2025

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.

The Palliative and End of Life Care Strategy 2022-2025 outlines the identified key priority areas and themes for Renfrewshire over the next three years. It sets out the future direction and vision for palliative care in Renfrewshire, whereby people living with a life limiting illness have the support they need to live the best possible life and to experience the best possible death. To ensure that everyone who needs palliative care has access to it regardless of age, diagnosis or circumstance and that the care provided will be safe, effective, person-centred and person-led.

The draft Strategy is reflective of the impacts of the COVID-19 pandemic, the growing need for palliative care and the national understanding that there are an increasing number of people choosing to die at home. It supports Renfrewshire HSCP's strategic vision and the intentions of the Scottish Government's Strategic Framework for Action on Palliative and End of Life Care.

Delivery in partnership with local partners aligns with Renfrewshire HSCP's strategic priority to ensure that in Renfrewshire, palliative care is everybody's business. This will be achieved through a focus on improving access for all; improving pathways between services and providing training and information across services to broaden understanding of generalist and specialist palliative and end of life care.

Priority areas include: development and support of the workforce, establishing and strengthening governance and the voice of lived experience, improving access and pathways to services and improving the quality and management of anticipatory care planning.

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.)

There is a need for a local Strategy for Renfrewshire which reflects the changing needs, demands, opportunities and challenges of the past 2 years and the plan and approach moving forward. It is important that the Strategy reflects the local and national priorities including Renfrewshire HSCPs Strategic Plan 2022-2025. Two palliative care specific priorities are outlined within Renfrewshire HSCPs Strategic plan: to improve the quality of conversations through improved and increased anticipatory care

planning, and to ensure that palliative and end of life care is everyone's business. Both of these are identified as key priorities within the palliative and end of life strategic plan and year 1 action plan. The draft Strategy has a clear focus on equalities, aiming to ensure access and pathways to services are opened and improved to all. As such it is important that we understand the relevance to Renfrewshire's diverse communities and identify any areas that might represent risk to specific groups or opportunities for maximising support. The draft Strategy is a high-level document supported by a year 1 action plan, which will then inform future long-term work across years 2 and 3 of the Strategy.

A new National Strategy and Action Plan for Palliative Care is expected to be published by Scottish Government in 2023. The Strategy for Renfrewshire will be reviewed and adjusted, where appropriate, to ensure alignment with a national vision and supporting objectives.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Frances Burns – Head of Strategic Planning and Health Improvement Renfrewshire Health and Social Care Partnership	Date of Lead Reviewer Training:
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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):

Jamie Robertson – Change and Improvement Officer, Renfrewshire HSCP

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>The draft Strategy has been developed based on previous research and collections of data. A more recent refresh of service user data is currently being completed and will be analysed to help inform future trends and potential areas of service planning and improvement. A desktop exercise to collate and analyse all existing data across all services and partners has been identified as a year 1 action, to help inform future work in years 2 and 3. Each service collates its own service user data to monitor patterns of use.</p> <p>The evidence base locally and nationally has been considered to inform thinking as well as considering feed-back from those people who have used services and their families.</p> <p>Local and national research depicting future likely need and demand have focussed the strategy to support that demand as much as possible.</p> <p>A set of measures will be developed to demonstrate impact across the life of this strategy.</p> <p>The Strategy will continue to build the evidence base for quality of care and service planning, commissioning and delivery. This will involve continuing to collect, analyse and report on data that shows current activity and research will be completed that helps us to understand the access to services that people need in that last year of life. A system-wide palliative care needs assessment will be completed during the life of this strategy that will allow us to evolve and improve in response to need.</p>	<p>Ensure the refresh of up-to-date data following the pandemic is completed and analysed to inform demand, need and future service planning.</p> <p>Completion of a desktop analysis of all data to inform years 2 and 3 of the Strategy Action Plan.</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action	

				Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality X <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><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>A key priority within the Strategy is to improve access and pathways to and from services, with a specific focus on inequalities and disparities in access to services. There is an aim to strengthen the voice of people with lived and living experience including families and carers ensuring that future services deliver, and planning is suitably informed by people who use the service. This will also support and identify areas of inequalities or disparities.</p> <p>The Strategy is informed by previously completed insight work over several years. This includes:</p> <ul style="list-style-type: none"> • Renfrewshire Macmillan Project – Jan 2014 to Mar 2017 • Renfrewshire Macmillan Green Pathways – Sept 2017 – Dec 2018 • Health Needs Assessment Report – Apr 2018 • Palliative Care Strategy Drafted – 2019 • Health Needs Assessment Report Update – Mar 2021 • Development Workshops to refresh draft Strategy –May & Sept 21 <p>The Renfrewshire Macmillan project identified key themes through intensive engagement with stakeholders. A lack of consistency and equity across services, patients and families are often the informal coordinators of care and services have become difficult to navigate.</p> <p>A NHSGGC health needs assessment for palliative care was completed in 2018, against a backdrop of several concurrent changes to the structure of and influences on the strategic direction of health and social care in Scotland in general, and palliative and end of life care specifically. This highlighted that an estimated 76% of deaths of GGC residents in 2015/16 were due to underlying causes which are likely to benefit from palliative and end of life care. Hospitals remained the most common place of death (50%), followed by home (26%), care homes (18%) and</p>	

			<p>hospices (7%). There has been a substantial shift in place of death from hospitals to community in the last decade, which is reflected within the Strategy.</p> <p>An updated data study was scheduled to be completed in March 2021 however was delayed due to the pandemic, though work has continued. This aims to utilise data to inform the design and delivery of palliative and end of life care services within Renfrewshire. It involves conducting a population based retrospective cohort study using individual level linked administrative data to describe the health and social care use in the last year of life.</p> <p>Phase 1 Able to safely extract and link relevant data sets from NHS sources. Data sets including demographics, deaths, pharmacy and TRAK referrals for hospital palliative care teams. The data requires to be analysed further to tell us how many deaths there are in hospices and how these patients have used hospital services.</p> <p>Phase 2 Will show how the wider hospice services link into this network of care and will help both the hospices and our commissioners understand how we can continue to provide and develop our caring services in Renfrewshire.</p> <p>The aim is to complete this piece of work in year 1 of the Strategy to inform priority activity in year 2 and year 3.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or	<i>Looked after and accommodated care services reviewed a range of research evidence to help promote</i>	<p>The Strategy takes cognisance of national policy and research which has highlighted the changing needs of the population in relation to palliative and end of life care.</p> <p>A key priority of the Strategy will be to ensure pathways and</p>	

	<p>Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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><i>a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>access to services are improved, and any existing barriers are identified and removed, with a particular focus on protected characteristic groups where inequality and disparity may be apparent.</p> <p>Extensive consultation on the draft Strategy has been carried out to gather views from various stakeholder groups to provide the best opportunity for all to input and inform the final version of the Strategy and the direction of travel in Renfrewshire.</p> <p>A lived and living experience group will be established, ensuring that representation is varied and diverse and that equality of opportunity is promoted and encouraged. The group will play a key part in informing future planning as part of the Strategy.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHS GGC to listen and understand what</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone</i></p>	<p>The approach to developing this strategy like most others has been iterative since 2017 and was built on the initial work that the Palliative Care Planning Group had started prior to COVID 19 taking hold. The Palliative care Planning group has representation from services and partners who are key to the delivery of palliative care in our community including community nursing service, local hospices, care at home, care homes, carers services, health improvement and primary care.</p> <p>The strategy development work was picked up again in 2021 by a reconvened Palliative Care Planning Group who reviewed the work to date and additionally considered learning from our experience during the last two years of living through the</p>	

	<p>matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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><i>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>pandemic.</p> <p>The strategy has been informed and developed in collaboration through planning workshops led by the Palliative Care Planning group and encompasses feedback and experiences from work completed pre pandemic across statutory and third sector. Renfrewshire over the years has gathered information from many sectors in different ways, seeking an understanding of what people want and need. Pre pandemic public events were held and questionnaires in local media and staff questionnaires to obtain the lived experience of caring for people with palliative care needs, seeking gaps and challenges that people experienced but also identifying those things that worked well that we would want to continue to build on.</p> <p>The draft Strategy has been shared with each of the local Care Planning Groups to gather extensive and varied views and feedback on both palliative care in general and the strategy itself. This includes Older Adults, Mental Health and Wellbeing, Carers, Learning Disabilities and CAMHS. It has also been shared with our Strategic Planning Group, local partners and community support organisations to reach as many people as possible within our local communities.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p>	<p><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</i></p>	<p>A key priority within the Strategy is to improve access and pathways to and from services, with a specific focus on inequalities and disparities in access to services. This piece of work will involve understanding a person's journey through services and the potential barriers and difficulties they may experience. This will help to support our vision for a future where people living with a life limiting illness, have the support they</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 X <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><i>request was placed to have the doors retained by magnets that could deactivate in the event of a fire.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>need to live the best possible life and to experience the best possible death. To ensure that everyone who needs Palliative Care has access to it regardless of age, diagnosis or circumstance and that the care provided will be safe, effective, person-centred and person-led.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination,</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>HSCP staff are aware of interpreting protocols and NHSGG&C Clear to All policy and are also aware that communication support, including, interpreting provision should be provided for any service user that needs it. This enables and supports mainstream access to interpreting and translation services to meet any additional communication support needs of service users, allowing equal access to all parts of the service.</p> <p>Written information in diverse formats will be available as and when required to remove any potential barriers. We also have an accessible version of the Strategy2022 - 2025 available in addition to the pdf and an easy read version will also be published alongside the final Strategy.</p>	

	<p>harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</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>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>The HSCP works in partnership with NHSGGC and Renfrewshire Council to support the requirements of the British Sign Language (BSL) Act 2015 and contributes to the local BSL plan which sets out measures to facilitate promotion and understanding of BSL that is consistent with the National Plan. The local Sensory Impairment Services offer specialist information, advice and support to deaf or hearing impaired people, blind or visually impaired people, carers and professionals.</p>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any</p>	<p>The Strategy does not present a risk of a disproportionate impact on people due to differences in age. Renfrewshire Health and Social Care Partnership's (HSCP) strategic vision reflects the intentions of the Scottish Government's Strategic Framework for Action on Palliative and End of Life Care as well as those of the Scottish Partnership for Palliative Care. The ambition being to ensure that everyone in Renfrewshire who needs palliative</p>		

<p>segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>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>care will have access to it regardless of age, diagnosis or circumstance.</p> <p>The Strategy highlights the support of Children and Young Adults as a priority area. To support this the following actions have been identified:</p> <ul style="list-style-type: none"> • Work in partnership with individuals and organisations to develop and implement reliable systems that allow the voices of children and young people to shape and influence care and service provision in Renfrewshire and to develop a more detailed understanding of the availability of palliative care services for them. This will complement the work undertaken for adult services. It will involve work with HSCP children's services staff, children's hospice representatives, paediatric/acute hospital services and charity and private care providers. • Work with partners to make clear the unmet need, if any, and will work to ensure babies, children and young people are offered in-house hospice care and CHAS at Home. • Ensure that Family Support Teams provide emotional and practical support including during transition from children to adult services. The Activities Team offer therapeutic support to siblings pre- and post-bereavement. <p>Any existing or potential barriers to services or care due to age will be considered as part of the improving pathways and access to services work within the Strategy.</p> <p>As part of the draft Strategy consultation, the Strategy has been shared with the Older People's Care Planning Group and followed with a focussed session on the key aspects. The Strategy has also been shared with children and young people</p>	
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		networks including Children's Services, CHAS and CAMHS.	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>The Strategy does not present a risk of a disproportionate impact on people due to the protected characteristic of disability.</p> <p>The Strategy aims to develop a greater understanding of the palliative care and palliative service needs of people with progressive terminal illnesses that shorten life like Motor Neurone Disease. We will then agree clearer pathways for people across Renfrewshire.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>The Strategy does not present a risk of differential deficit experienced by people because of their gender identity. HSCP's Strategic Plan highlights that as an HSCP we will undertake the LGBT Youth Scotland Charter of Rights Award to increase LGBT inclusion in our services and continue to provide information and training for our staff in order to best support our clients. It is hoped that this process will improve our organisation's knowledge, and build confidence to challenge discrimination and prejudice, while we proactively create an inclusive environment where LGBT people are valued.</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 X<input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>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 X<input type="checkbox"/></p>	<p>The Strategy does not present a risk of disproportionate impact on people with protected characteristics of marriage and civil partnership.</p>	
(e)	Pregnancy and Maternity	<p>The Strategy does not present a risk of disproportionate impact on people with protected characteristics of pregnancy and</p>	

	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>maternity.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>The Strategy does not present a risk of disproportionate impact on people on the grounds of race.</p> <p>The Strategy aims to improve pathways and access to services for all, identifying and removing any existing or potential barriers or inequalities or disparities. Race will be a key focus within this area of work.</p> <p>HSCP staff are aware of interpreting protocols and NHSGG&C Clear to All policy and are also aware that communication support, including, interpreting provision should be provided for any service user that needs it. This enables and supports mainstream access to interpreting and translation services to meet any additional communication support needs of service users, allowing equal access to all parts of the service.</p>	

	<p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>Written information in diverse formats will be available as and when required to remove any potential barriers. We also have an accessible version of the Strategy2022 - 2025 available in addition to the pdf and an easy read version will also be published alongside the final Strategy.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>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>The Strategy does not present a risk of disproportionate impact on people on the grounds of religion or belief.</p> <p>The Strategy aims to ensure that all palliative care services are offered on an equitable basis across Renfrewshire regardless of faith or belief.</p> <p>Spiritual care is an important aspect of palliative care and faith and cultural awareness is part of statutory training for all staff. Discussion on people's beliefs and preferences are encouraged during assessment and Anticipatory Care Planning to ascertain anything that may need to be considered to support the individual.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p>The Strategy does not present a risk of disproportionate impact on people on the grounds of sex.</p>	

	<p>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 X <input type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable X <input type="checkbox"/></p>	<p>The Strategy does not present a risk of disproportionate impact on people on the grounds of sexual orientation.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(j)</p>	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability 	<p>The Strategy does not present a risk of disproportionate impact on people on the grounds of socio-economic status or social class. Renfrewshire HSCP, as a community planning partner, has a commitment to work in partnership to mitigate and prevent health inequalities caused by poverty, income security and the impact of welfare reform.</p> <p>A key focus of the Strategy is inequalities, and our vision is to ensure palliative and end of life care is available to all regardless of background or circumstance.</p> <p>A priority is to ensure people have awareness and access to available services which aim to support uncertain futures including social and financial concerns. Improved access to information will include written and online information and will cover financial issues including power of attorney and financial advice.</p> <p>Improving the Cancer Journey (ICJ) was established in Renfrewshire in January 2020 by Macmillan Cancer Support. The service provides tailored, personal support to individuals with a new diagnosis. This support includes practical advice, understanding of individual circumstances and organising and coordinating the most relevant package of support available. The service has had a significant impact making an invaluable difference to people’s lives.</p> <p>The creation of the care planning groups has enabled further opportunities to hear the voices of the people in the community with lived experience in relation to services and we will take action to mitigate the negative impacts of the pandemic on health and wellbeing by supporting our most vulnerable and disadvantaged communities.</p>	
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	<p>and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>As part of our consultation for our plan we have reached out to a wide-range of groups for feedback and insight from their own perspectives. This includes the Alcohol and Drug Partnership, Mental Health and Wellbeing Care Planning Group, and the Renfrewshire In-Ren Network.</p> <p>As part of our work to improve pathways and access to services, marginalised groups and potential barriers and disparities will be identified and a plan implemented to improve in these areas, with the ultimate aim of ensuring palliative care is available to all within Renfrewshire.</p> <p>The Strategy also aims to explain what we mean by palliative and end of life care, and the variances between general and specialist care. This will ensure people have a better understanding of the services available to them and how they can be accessed. The Strategy states that palliative care is everyone’s business, and not just a particular group.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on</p>	<p>The Strategy has not been developed as a cost saving measure. It aims to improve how services are provided which in turn should result in efficiencies.</p>	

	<p>protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>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 X <input type="checkbox"/></p>	<p>A needs analysis will be completed during the three-year lifecycle of the Strategy which will help to inform future commissioning or funding needs and intentions.</p>	
	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>9.</p>	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>To improve outcomes for people who would benefit from a palliative approach to care we will work with our full workforce and our partners to identify learning and education needs. We will use the NHS Education Scotland National Palliative Care Educational Framework "Enriching & Improving Experience" http://elearning.scot.nhs.uk:8080/intralibrary/open_virtual_file_path/i2564n4083939t/Palliative%20framework%20interactive_p2.pdf to achieve a consistent approach.</p> <p>The Strategy sets out our aim to develop people who support and provide palliative and end of life care at all levels. This will include consideration of the education, training and support needs of families, carers and communities of people who need palliative care.</p>	

It will also build on the important work which has already been undertaken to consider the psychosocial and health impact on everyone who works with and supports the very ill, the dying and the bereaved on a daily basis and explore ways of supporting them, aiming to alleviate work related stress and increase their resilience. Ensure the increased emotional impact of the COVID-19 pandemic is considered and suitable support is provided through e.g.

- Clinical debrief sessions
- Clinical supervision
- Management supervision
- Utilising national and local health and wellbeing resources including the National Wellbeing Hub, NHS Inform for mental wellbeing and local support helplines and counselling services.

The Strategy aims to enhance and embed better quality conversations through improved anticipatory care planning. This will involve working with staff groups to promote planning conversations that can be recorded in a shareable format, supported by staff attending training to have the competence and skills to have sensitive discussions with patients. Improving in these areas will ensure everyone has equal opportunity to access appropriate services, based on their needs and preferences.

Consultation on the draft Strategy has includes focussed conversations with people with lived and living experience includes carers, the bereavement network and care homes. We will aim to establish a living experience forum where people from varying backgrounds and experiences can provide insight and views to inform future service planning and delivery.

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.

The Strategy will not act in a way that could impact on the human rights of patients, service users or staff. It aims to ensure that a person in need of palliative care or support has the right to have a say in the care they receive, which includes the right to respect for private and family life. A particular focus of the strategy is the increase in people choosing to die at home and what support is needed for people who do so.

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* .

Through the delivery of the Strategy, there is an expectation that person-centred interventions will be shaped by applying the PANEL principles.

*

- 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.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
Ensure the refresh of up-to-date data following the pandemic is completed and analysed to inform demand, need and future service planning.	Ongoing	DG
Completion of a desktop analysis of all data to inform years 2 and 3 of the Strategy Action Plan.	Ongoing	CPG
Establish a lived and living experience forum or equivalent.	Ongoing	CPG

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

Lead Reviewer:
EQIA Sign Off:

Name Frances Burns
 Job Title Head of Strategic Planning and Health Improvement
 Signature Frances Burns
 Date 14 December 2022

Quality Assurance Sign Off:

Name	Alastair Low
Job Title	Planning Manager
Signature	Alastair Low
Date	15/12/2012

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

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

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

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

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

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk