

Equality Impact Assessment

Rehabilitation and Enablement Service, Single Point of Access, Renfrewshire CHP

1. Introduction

An Equality Impact Assessment (EQIA) for a Single Point of Access (SPOA) within the Rehabilitation and Enablement Service was carried out in March 2010.

The aim of the EQIA was to assess whether the future implementation of the SPOA had considered the implications for the accessibility of different client groups across adult services and bringing all referrals into one single point. The record of the EQIA is attached.

While addressing the inequalities agenda focus has been to improve accessibility to a wide range of service users and carers. The EQIA showed that actions should lead to a positive impact on the future delivery of the service.

The main issues identified were the need to improve data collection/information gathered in the referral process to inform future service development. The issue of the workforce in relation to gender and providing same sex worker to people. How to improve accessibility and uptake of the service by men and for the accessibility of the service in the Out of Hours period.

2. Issues for Extended PEG

The extended PEG is asked to note the EQIA for the SPOA and the issues raised that will be included in the rehabilitation and enablement work plan.

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



It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Rehabilitation and Enablement Service, Single Point of Access, Renfrewshire CHP.

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

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

As part of the Rehabilitation and Enablement Service, the CHP is re-designing existing care services in order that they become more integrated and accessible for a range of different client groups. The aim is to develop a Single Point of Access to the Rehabilitation Service for clients and develop processes for better sharing of information across care providers in the CHP. The service will receives/processes referrals from professionals but it is intended it will receive self referrals at a future date. The EQIA has taken this forthcoming development into account. The service will be available to all adults from 16 years of age.

Who is the lead reviewer and where based?

Trisha Daniel, Intermediate Care Coordinator, Renfrewshire CHP.

Please list the staff groupings of all those involved in carrying out this EQIA (when non-NHS staff are involved please record their organisation or reason for inclusion):

Equality and Diversity Officer, Intermediate Care Coordinator, Equality and Diversity Manager, Disability Resource Centre (DRC) Service User*2, DRC Centre Manager, DRC Volunteer, Occupational Therapist, MATCH Multi Agency Team for Care at Home Administrator- Older Adults Community Mental Health Team, Older Adults Community Mental Health Team Leader.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender</p>	<ul style="list-style-type: none"> • Gender is included in the referral form and is collected by staff. • The current staffing ratio shows more female to male staff and staff are aware of gender sensitivity and gender matching. • The DRC asks service users if they have any gender preference. 	<ul style="list-style-type: none"> • Data shows that there is a difference in uptake of service by Gender, (more women access services than men) but this hasn't been analysed in relation to local demographic profiles across Renfrewshire CHP. • Gender data needs to be analysed in conjunction with health issue/ illness/ reason for referral in order to understand health patterns and service development not just on the basis of gender. • Need to ensure that all care services ask clients whether they would like to see a male/female member of staff for assessment. • Transgender - this is currently a gap in terms of knowledge/ understanding and implication for practice. • Some people may visit their G.P less frequently therefore may not access/be aware of the service (at this initial phase).
<p>Ethnicity</p>	<ul style="list-style-type: none"> • Service is aware of the population profile of Black and Minority Ethnic (BME) groups in the area. • When patients are received from the service, a language and communication assessment is completed. • As part of the planned roll out for new service, SWIFT (IT System) will have the ability to record information on ethnicity of client. 	<ul style="list-style-type: none"> • Ethnicity is not captured or analysed. • SCI referral form is often incomplete (from G.P) e.g. language. • Interpreting Support is sometimes unavailable for urgent referrals. • Limited awareness of team about BME groups in area.

Disability	<ul style="list-style-type: none"> • Disability information is collected • Assessments go further to acquire details about the Disability. 	<ul style="list-style-type: none"> • Data on Disability needs to be broken down further in order to be analysed. • Textphone/ email not currently part of the service. • Lack of awareness of services by people who are partially sighted/blind.
Sexual Orientation	<ul style="list-style-type: none"> • Information on sexual orientation collected on paperwork after client relationship has built up. 	<ul style="list-style-type: none"> • No routine data collected or analysed. • staff awareness around LGBT client groups in area is low.
Religion and belief	<ul style="list-style-type: none"> • Staff have an understanding of how religion/ belief could impact on care e.g. time and days of visits/calls. 	<ul style="list-style-type: none"> • Currently no religion/ belief is recorded, no quantifiable data on religion and belief from GP practices. • Low awareness of spiritual care/religious support organisations in the area- require directory of information for the team.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • Single point of access gives access to all people from 16 years of age. • Age is recorded. 	<ul style="list-style-type: none"> • Although the service is designed for all adult age groups, we are aware that older people often have more complex health care needs and as a result require more time for assessment, treatment. • Increasing rates of dementia.
Social Class/ Socio-Economic Status	<ul style="list-style-type: none"> • As an integrated team, exclusion can be tackled much better through the care management approach for clients. • Income maximisation work ongoing with clients. • Team signpost clients to other support groups and work with organisations, e.g. Job Centre Plus. 	<ul style="list-style-type: none"> • No negative impact

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • Presentations are underway to senior forums in the area to explain the new service and also articles published in magazines. 	<ul style="list-style-type: none"> • Gap in service- targeting homeless/ travelling communities to the service.
<p>ALL category</p>	<ul style="list-style-type: none"> • Online Equality and Diversity Training has been completed • Information about the service is available and is communicated via website, G.P surgeries and the service is linking with libraries and Council magazine. 	<ul style="list-style-type: none"> • As this is a multi-agency team, some staff do not have access to NHSGGC Learn Pro System; e.g. Social Work staff. • Inconsistency of equality monitoring codes in referral form • Referral form not visually friendly. • Need to ensure that during telephone referrals a minimum dataset on equalities is being collected and recorded on SWIFT. • Unsure of undersadning of inequalities amongst call handlers.. • Need to ensure client expresses their permission for information to be shared across different agencies both via SCI referral and also later via self referral. (Data Protection). Consent verbal or written a current gap. • Service user information leaflet needs to document agencies that information is shared with. • There is a potential issue around the office environment and asking questions that are sensitive in nature.

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> • Data to be collected by equality strand and broken down/analysed by health/diseases to help inform service development. • Call handlers to document whether client requires same gender professional and share information with care providers. • Gather list of organisations in area that support clients around equality and diversity strand issues. • Training plan to include equality and diversity issues/investigate ways of widening access to e-learning. 	<p>August 2010</p> <p>August 2010</p> <p>September 2010</p> <p>September 2010</p>	<p>TD</p> <p>ALL</p>
<p>Specific Actions</p> <ul style="list-style-type: none"> • Need to examine ways of promoting service to men and encourage participation. This could be through involvement of other professional groups as at present this is the only referral route. • G.Ps/professional groups to be contacted to encourage completion of referral forms and also consent. Awareness sessions to be arranged • Clarify interpreting support arrangements for out of hours/emergency. • Investigate communication aids for call handlers in order to deal with queries/referrals from client groups. • In addition to basic customer care training, training for call handlers need to include issues around inequalities and diversity to ensure clients are aware of why information is required. • Need to target groups organisations specialising in disseminating information to groups. E.g. RNIB. • Redraft referral form for service and ensure form is in an accessible format. Needs to take into account disabilities e.g., Visual impairment, large print formats in line with Accessible Information Policy. • Redraft service information leaflet explain sharing of information and why this is 	<p>Ongoing</p> <p>July 2010</p> <p>July 2010</p> <p>August 2010</p> <p>July 2010</p> <p>August 2010</p>	<p>TD</p> <p>TD</p> <p>GD</p> <p>TD</p> <p>TD</p>

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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:
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Lead Reviewer: **Name:** Trisha Daniel
Sign Off: **Job Title** Intermediate care Coordinator
 Signature
 Date:

Please email copy of the completed EQIA form to john.crawford@ggc.scot.nhs.uk

John Crawford, Corporate Inequalities Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4884.

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