

3. Equality Impact Assessment summary report

Each of the numbered sections below must be completed

1. Title of plan, policy or strategy being assessed.

NHS Lothian Equality & Human Rights Scheme 2010-13: impacts on patients, carers and communities.

A separate EQIA has been arranged to look in more detail at the impact of the new Scheme on staff.

2. What will change as a result of this proposal?

The NHS Lothian Equality & Human Rights Scheme 2010-13 replaces and brings together all previous equality & diversity plans and schemes, including NHS Lothian's Race, Disability & Gender Equality Schemes and the Equality & Diversity Strategy 2007.

The Scheme sets out the approaches NHS Lothian took to involve people in the development of the Scheme; how the collection of diversity data will be improved; how impact assessment practice will be developed and how progress will be reported. There is a comprehensive action plan attached to the Scheme which sets out a wide range of outcomes together with actions to achieve these. Human Rights are addressed throughout the plan.

The Scheme will result in continued progress in promoting equality and Human Rights and addressing discrimination in NHS Lothian's day to day work. The Scheme covers the way services are delivered as well as the way NHS Lothian employs and trains people. All functions of the Board are addressed, including support and strategic functions such as finance, procurement, facilities, planning and Human Resources.

The Scheme includes actions to address a wide range of inequalities, and goes beyond the current statutory requirements to consider the following characteristics:

- Age
- Disability
- Gender
- Race
- Religious belief and faith
- Sexual orientation
- Socio-economic disadvantage

In promoting Human Rights, it includes commitments to all patients, staff, carers, family members and the wider community.

You can see a copy of the Scheme on the NHS Lothian website at http://www.nhslothian.scot.nhs.uk/your_rights/equalityanddiversity/default.asp.

3. Date of EQIA

6 May 2010.

4. Who was present at the RIA?

Name	Job Title	Date of RIA training	Email
John Murdoch			(Lothian Centre for Inclusive Living)
Maruska Greenwood			(Lesbian, Gay, Bisexual & Transgender Centre for Health)
Fergus McMillan			(LGBT Youth Scotland)
Colin Young			(Special Needs Information Point, Royal Hospital for Sick Children)
Zoe Picton-Howell			(Carer for severely disabled child, and Contact-a-Family)
James Glover	Head of Equality & Diversity	November 2008	James.glover@nhslothian.scot.nhs.uk
Lui Giacomello	Staff representative		Lui.giacomello@nhslothian.scot.nhs.uk
Jim Robinson	Lead Facilitator		James.robinson@luht.scot.nhs.uk
Sandy Young	Head of Spiritual Care		Sandy.young@nhslothian.scot.nhs.uk
Margaret Carlin	Senior Health Policy Officer		Margaret.carlin@nhslothian.scot.nhs.uk

5. Population groups considered

	Potential differential impacts
minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers)	<p>The Scheme should have a positive impact on race equality. The group felt that there was a need to publicise the Scheme effectively to ethnic minority communities. The Scheme should encourage flexibility of services as much as possible.</p> <p>Gypsy/Travellers were agreed to be a particularly disengaged group, and the Scheme would benefit from more specific mention of this community.</p> <p>Refugees and asylum seekers were also felt to be a group that required specific actions, given the extent to which they may be excluded from health services for legal reasons. Despite there being relatively low numbers of people from this group in Lothian it was felt that their situation warranted greater focus in the Scheme.</p>
women, men and transgender people	<p>The Scheme needs to reflect the gender imbalance in caring responsibilities, but also the fact that males who are carers may often be overlooked. Gender based violence is clearly an issue for the Scheme to address, both for patients and for staff.</p>
people in religious/faith groups	<p>The group agreed that some faith groups felt challenged by the equality agenda and that this should be recognised by public sector organisations such as NHS Lothian. In addition there are some belief groups in existence which are not about religion or faith, such as Humanism.</p> <p>The United Nations Convention on the Rights of the Child (UNCRC) includes requirements for certain religion and faith provisions for children. The group also discussed the overlap between cultural and religious practices, which are not always the same.</p>
disabled people	<p>The group suggested that key issues for disabled patients, carers and other interested parties were Do Not Attempt Resuscitation, assisted suicide, the right to life and accessibility.</p>
older people, children and young people	<p>Given the extent of commitments that may arise from the UNCRC, it was suggested that a stand-alone scheme or plan may be more appropriate to reflect actions aimed at services for young people and children.</p> <p>In terms of older age, the group felt that there was significant potential for overlap with other strands e.g. disability, ethnicity. Where this occurred for patients and carers, there was potential for multiple disadvantage. The Scheme should challenge stereotypes. Older people are the main users of the NHS but the group acknowledged that mistreatment of older patients is endemic.</p>

lesbian, gay and bisexual people	The group discussed potential impacts but agreed that the lack of baseline data was a problem. There was a lack of lesbian, gay and bisexual patient experience data.
people of low income	The group noted that people from this group were less likely to have internet access to get hold of the Scheme or find out about services. Low income overlaps with other characteristics so the potential for multiple disadvantage was felt to be very high. For example, a patient with a disability is more likely to be on a low income. In some cases low income can be a factor in a patient developing a characteristic such as disability; in other cases the low income is a result of an impairment, or caring responsibilities etc. Stigmatisation was felt to be a problem, with concerns that some resources are diverted away from services for people from poorer socio-economic backgrounds. People living in areas of deprivation are likely to experience more years of disability as they age.
people with mental health problems	The group noted that patients and carers with mental health problems faced particular disadvantages in accessing and benefiting from mainstream health services. The Scheme should acknowledge this and ensure that there are actions addressing the need to improve awareness of mental health issues among services.
homeless people	The group considered homelessness in terms of people living in insecure or inappropriate accommodation as well as rough sleepers. It was noted that the chaotic lifestyles of patients and carers in these situations may make it more difficult for them to access planned care services.
people involved in criminal justice system	It was noted that NHS Lothian will take over responsibility for providing health services to prisoners during the lifetime of the Scheme. Some diversity characteristics were disproportionately likely to be in evidence in the prison population, such as mental health problems, learning difficulties, and socio-economic disadvantage.
Staff	This EQIA did not specifically consider the needs of staff, as impact on the workforce will be considered at a separate EQIA. However, some potential issues were noted, including the need for staff to have freedom of worship of their particular religion and how fundamental beliefs can affect working arrangements.
Carers	Issues around the predominant female gender and older age of carers were identified, but it was noted that there were still significant numbers of carers who did not fall within these categories. Carers were also likely to have lower incomes than non-carers and the Scheme should ensure that actions are included that relate to this issue.
Other groups (please specify)	None identified.

6. What positive impacts were identified and which groups will they affect?

Impacts	Affected populations
<ul style="list-style-type: none"> • Impact on discrimination: The Scheme was felt likely to have a significantly positive impact on discrimination against all groups listed above. It was noted that the development of a multi-strand Scheme supported work to address multiple disadvantage, where patients, carers and family members may face discrimination due to more than one characteristic. Actions in the Scheme to develop the existing training provision for staff to improve awareness and attitudes will have a positive impact, as will the priority to address barriers to health services such as poor communication and age-inappropriate facilities. Many of these actions are included in section 3 of the action plan. • Impact on equality of opportunity: The Scheme promotes measures to improve access to health services for all of the groups listed above. Increased adoption of a person-centred care approach, supported by the Scheme, will result in patients receiving health services that are more tailored to their needs. Proactive work such as that planned with Gypsy/Travellers and the Keep Well programme improves equal opportunities to access services for specific groups. The Scheme is likely to have a positive impact on equal opportunities. • Impact on harassment: The action plan in the Scheme includes a range of commitments to address harassment and improve personal safety. Actions will address sexual and gender-based violence, racial, homophobic and disability-related harassment and sectarian abuse. These actions are listed in sections 1, 2 and 9 of the plan. The Scheme should therefore have a positive impact on harassment. • Impact on attitudes to disabled people: The Scheme includes actions in sections 2, 3 and 5 which promote positive attitudes to disability. Section 3 in particular makes reference to training of staff. The Scheme is likely to have a positive impact on this general duty. • Impact on community relations Section 3 of the action plan includes actions to improve staff awareness of cultural factors, and section 4 includes steps to improve the diversity of public and patient involvement structures. The Scheme also refers to NHS Lothian's partnership work with other public and voluntary sector organisations to address hate crimes and improve community cohesion. These should have a positive impact on relations between different ethnic groups in the community. 	<p>All groups listed above, as patients, carers and others who come into contact with health services.</p> <p>As above.</p> <p>As above, particularly women but including the other groups listed</p> <p>The actions will affect all of the above but should have a measurable impact on disabled people.</p> <p>People from ethnic minority groups in Lothian, as patients, carers and family members.</p>

<ul style="list-style-type: none"> • Impact on promoting the participation of disabled people in public life: NHS Lothian’s public and patient involvement structures should be made more accessible and representative as a result of section 4 of the Scheme. In addition section 5 of the plan commits NHS Lothian to supporting the principle of self-directed care. These should have a positive impact on the ability of disabled people to contribute to and participate in public life. 	<p>All groups listed above but particularly disabled people.</p>
<ul style="list-style-type: none"> • Impact on taking disabled people’s disability into account, even where this means treating them more favourably: Improved staff awareness of disability equality issues, arising from the developments in staff training listed in section 3 of the action plan, should mean that disabled patients and carers are treated according to their needs. This should result in a positive impact on this requirement. 	<p>All groups listed above but particularly disabled people.</p>

7. What negative impacts were identified and which groups will they affect?

Impacts	Affected populations
<ul style="list-style-type: none"> • Impact on discrimination: The Scheme does not explicitly address the particular needs of refugees and asylum seekers and the discrimination they suffer, even though this accounts for a relatively small number of people in Lothian. In addition the group felt that the Scheme did not sufficiently address sexual orientation issues in respect of patients, carers and family members. It was felt that the impact of the Scheme could be more positive in these areas. • Impact on equal opportunities: The group felt that the impact of the Scheme could be more positive in respect of choice of gender for patients in receipt of primary care services. The group also felt that the extent of impact on equality for older people could not be determined due to the low level of involvement of older people in the development of the Scheme. • Impact on harassment: Because of the strategic level of the Scheme and action plan the group agreed that it was difficult to identify the extent of impact for people who are lesbian, gay or bisexual. • Impact on community relations: No negative impacts were identified. 	<p>Refugees and asylum seekers; patients, carers and family members who are lesbian, gay or bisexual.</p> <p>Women and men; older people.</p> <p>Patients, carers and family members who are lesbian, gay or bisexual.</p>

8. Evidence available at the time of the RIA

Evidence	Available ?	Comments
Data on populations in need	Yes	Census data, other Scotland-level data on the diversity of Lothian's population used. More local data available for ethnic minority communities and languages spoken.
Data on service uptake/access	Yes	Available for certain services where diversity monitoring is more developed. However significant gaps in this area.
Data on quality/outcomes	Yes	Some outcomes data used for specific service examples.
Research/literature evidence	Yes	Particularly in areas of sexual orientation and access to health services. Referenced in action plan.
Patient experience information	Yes	Mainly as qualitative data from involvement activities.
Consultation findings	Yes	Qualitative and quantitative data from evaluations and responses during involvement and consultation activities. These are explicitly referenced in the action plan where appropriate. In addition the involvement report in the Scheme lists key findings, and detailed reports from events and from the consultation are available.
Good practice guidelines	Yes	In specific service examples.
Other (please specify)		

9. Additional Information and Evidence Required

The work to develop the Scheme identified significant shortcomings in data gathering for diversity characteristics. A number of actions are included in the plan to address these shortcomings – see section 3 in particular – to develop a baseline from which future progress can be measured and to improve the patient experience.

10. What communications needs were identified? How will they be addressed?

A significant proportion of the commitments in the Scheme relate to improving the accessibility of communication to patients, carers and family members. See sections 3 and 9 in the action plan for particular actions.

11. Recommendations

- The action plan should be developed to improve involvement of Gypsies/ Travellers in health service developments.
- The Scheme should reflect the particular challenges faced by refugees and asylum seekers in accessing and benefiting from health services.
- The action plan should include actions to develop choice of gender of health professional in primary care. It is recognised that this is usually available for female staff.
- The EQIA to be carried out on staff impacts should include examining freedom to worship according to religious or spiritual beliefs for staff, and how fundamental beliefs affect working arrangements.
- The Scheme should include more awareness of the potential for tensions between religious beliefs, cultural beliefs, and other characteristics such as sexual orientation and gender.
- Some changes to the text should be made in the action plan to strengthen the language on harassment and dignity, in section 9.
- Further work should be carried out during the life of the Scheme to develop the social model of disability so that it can be used to address other equality characteristics.
- Targeted consultation work is required with older people to ensure that the Scheme reflects the views of older patients, carers and family members.
- Further work is required to identify baselines and data gathering processes for patients, carers and family members who are lesbian, gay or bisexual.
- Work to address equality for transgender people should be linked to gender equality and not sexual orientation equality.
- The accessibility of the Scheme should be improved for people with no access to computers or who may have literacy difficulties.

12. As a result of the RIA what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the RIA)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
1. Make changes to the text in the Scheme and action plan as set out above.	James Glover	14 May 2010	June 2011
2. Develop the action plan to include commitments to improve participation of Gypsies/Travellers in health services.	Equality lead in primary care	30 June 2011	June 2012
3. Include issue of freedom to worship according to spiritual and religious beliefs in EQIA for the	James Glover	31 July 2010	June 2011

impacts of the Scheme on the workforce			
4. Arrange discussions to develop social model of disability to include other diversity characteristics, and amend the Scheme accordingly.	James Glover	30 June 2011	June 2012
5. Carry out targeted consultation work with older people to ensure that the Scheme reflects the views of a range of older people, as patients, carers and family members.	Equality leads	30 June 2011	June 2012
6. Meet with stakeholders with an interest in lesbian, gay, bisexual and transgender equality to develop baselines and evidence-gathering processes.	Equality leads	October 2010	June 2011
7. Develop a simple language summary version of the Scheme to be used with people with literacy difficulties and people with limited proficiency in written English.	James Glover	October 2010	June 2011

13. Who will be consulted about the findings of this impact assessment?

Consultation plans as follows:

- The report will be posted on the NHS Lothian website and notices sent to interested stakeholders encouraging them to examine the report.
- The report will be passed around the members of the Equality & Human Rights Steering Group for comment and approval.
- These stakeholders include representatives of patients, carers and family members with the full range of characteristics identified in this EQIA.

Changes arising from the consultation will be made as appropriate and the final version passed to members of the Equality & Human Rights Steering Group for approval.

Manager's Name: James Glover

Date: 28 May 2010

Please send a completed copy of the summary report to:

James Glover, Head of Equality and Diversity
James.Glover@nhslothian.scot.nhs.uk

Note that you may be contacted by a member of NHS Lothian's impact assessment group for quality control and/or monitoring purposes.