AGENDA ITEM No.6

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 29 March 2023
Agenda Item	6
Title	Specialist Children's Services Realignment

Summary

This report provides a further update to the Integration Joint Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This report is further to the introductory report considered at the last meeting of the Board and is submitted for noting.

Presented by	Caroline Sinclair, Chief Officer East Dunbartonshire HSCP

Action Required

The Integration Joint Board is asked to:

- Note the content of the report; and
- Note that the details of the financial and resource transfers related to the implementation of a single SCS service alignment are contained within the budget setting report for consideration.

Directions

- ☒ No Directions Required
- ☐ Directions to East Renfrewshire Council (ERC)
- ☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)
- ☐ Directions to both ERC and NHSGGC

Implications

- ☒ Finance
- ☐ Policy
- ☒ Workforce
- ☐ Equalities
- ☐ Risk
- ☐ Legal
- ☐ Infrastructure
- ☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 March 2023

Report by Chief Officer

SPECIALIST CHILDREN'S SERVICES REALIGNMENT

PURPOSE OF REPORT

1. The purpose of this report is to provide an update to the Integration Joint Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This report is further to the introductory report considered at the last meeting of the Board and is submitted for noting.

RECOMMENDATION

2. The Integration Joint Board is asked to:
   - Note the content of the report; and
   - Note that the details of the financial and resource transfers related to the implementation of a single SCS service alignment are contained within the budget setting report for consideration.

BACKGROUND

3. As noted in the previous report to IJB on 1st February 2023 it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Tier 4 services.

REPORT

4. The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, will be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.

5. The main principles that will guide the transition are as follows:
   - Services will continue to be delivered locally, and by existing teams
   - Services will remain located within their current HSCPs
   - Services will continue to work closely in partnership with HSCP colleagues

6. Change will be guided by a project plan which will be developed and includes a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group has been put in place to support the work, with representation from all HSCPs within the Greater Glasgow and Clyde area.

7. Further and fuller details, including responses to requested additional information raised at the previous meeting, are available in Appendix 1 - SCS Realignment Briefing.

IMPLICATIONS OF THE PROPOSALS

Finance

8. There are financial implications in the movement of the relevant budgets which are set out in detail in the report.

9. The total budget and resource transferring as part of this realignment is a net indicative budget of £0.974m and 19.4 FTE and this is reflected within the Board's budget setting paper as part of this agenda. This is for approval in relation to those services that fall within the scheme of delegation for the Board.

Workforce

10. There will be realignment of line management for a small number of existing SCS Service Managers. Within East Renfrewshire, this relates to one employee.

Risk

11. The Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.

Equalities

12. An Equality Impact Assessment has been undertaken and is attached at Appendix 2

Policy

13. This report is classified as being an operational report and not a new policy or change to an existing policy document.

Legal

14. None

DIRECTIONS

15. There are no directions arising from this report as the financial and resource transfers are set out within the budget setting report and as such are supported by the direction associated with that report.

RECOMMENDATION

16. The Integration Joint Board is asked to:
    - Note the content of the report; and
    - Note that the details of the financial and resource transfers related to the implementation of a single SCS service alignment are contained within the budget setting report for consideration.

REPORT AUTHOR AND PERSON TO CONTACT

Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper 01.02.2023
https://www.eastrenfrewshire.gov.uk/media/8651/IJB-Item-7-1-February-2023/pdf/IJB_Item_07_-_01_February_2023.pdf?m=638097470188600000

Appendix 1 - Specialist Children Services Alignment Briefing

Briefing setting out the pre-established rationale for realignment of Specialist Children's Services

1. Situation

Planning and engagement to align Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics into a single management and financial structure in underway. This will see the currently complex and scattered arrangement of delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services managed in a single arrangement.

A paper on the planned realignment was tabled at the NHS Greater Glasgow and Clyde Finance, Planning & Performance Committee on 7th February 2023 for information; providing a progress update and was broadly supported. Engagement with all IJBs has been undertaken with papers tabled for noting at their January meetings. Staff engagement sessions have also been planned for each HSCP and are underway.

2. Background

2.1 Structure

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services including in-patient services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire and West Dunbartonshire HSCP's (excluding medical staff). In 2019, and in line with other HSCPs, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the **Tier 3** Specialist Children's Service to be aligned, which includes CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, are provided by Glasgow HSCP.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Leaning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

2.2 Budget and Workforce

The below table reflects the indicative total annual budget to be realigned from East Renfrewshire HSCP to East Dunbartonshire HSCP.

HSCP	Gross Indicative Roll Forward Budget £'000	Income Indicative Roll Forward Budget £'000	Net Indicative Roll Forward Budget £'000	Recurring WTE (Excluding MHRR)
East Renfrewshire	974	-229	**745**	19.4
Notes				
Awaiting confirmation of pay uplift for 22/23				
Awaiting confirmation of any movements to be agreed as part of due diligence				
Excludes non-recurring SG funding anticipated 23/24 from Mental Health Recovery & Renewal (MHRR)				

Tier 3 delegated CAMHS services has a total annual budget of £9.1m with circa 153.5wte. The Mental Health Recovery and Renewal workforce plan will see a significant increase in the workforce by a further anticipated127.8wte, £7.2m. Tier 3 delegated SCPT services has a total budget of £12.5m with a circa 265 wte.

Tier 4 hosted services has a total annual budget of £24.2m with circa 340 wte. The Tier 4 mental Health recovery and Renewal funding will see an increase in budget of £2.8m. A workforce plan is in development for the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The six service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit ie Health visiting/School nursing and social work and social care children's services.

These six service managers are the only staff whose direct line management will be affected by the change.

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line manged by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for Specialist Children's Services as a whole alongside the Clinical Directors.

3. The case for alignment

Specialist Children's Services is a specialist relatively small and susceptible service. It is often at risk of sustainability issues in relation to the specialist workforce. It is currently organised in a complex manner which can create operational challenges both in terms of management of complexities that span Tier 3 and 4 services and the ability to be flexible and resilient with finite resources in the face of growing demand. A single management and financial arrangement would support flexibility of workforce recruitment to support equality of access. The fragmentation of management arrangements, through 6 HSCP's for Tier 3 services, and through the Health Board and 1 HSCP for Tier 4 services, has created complexity. The Tier 3 teams rely on the Board wide Tier 4 services, and Regional services to support complex cases and on the single system arrangement for Medical staff and Psychotherapy staff. Additionally a close working relationship is required with Adult Mental Health Services and with the Women and Children's Directorate.

The aim of the realignment is to create a management structure that ensures robust clinical standards, governance and performance, which is linked across, and in to, Women and Children's, Acute Adult, and Adult Mental Health Services in GGC. That works in partnership with other Health Boards and HSCPs and is accountable to NSS for the delivery of identified services. A management

structure that ensures whole system responsibility to adapt and change to ensure sufficient resource is available to safely manage demand.

The single system management arrangement aims to offer the following advantages:

- Adaptability cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Planning and performance:- a single management arrangement would strengthen the effectiveness of strategic planning and specifically the implementation of improvements plans. The complexity of management arrangements has led to a mixed prioritisation across the 6 HSCP's
- Better ability to meet increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements, as well as ability to single system planning to meet unforeseen peaks of demand in specific localities
- Improved cohesion between Tier 3 and Tier 4 services which include the national and regional in-patient units
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A more cohesive structure to take forward the development of new regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.

- More streamlined accounting for performance:- A single chief officer and associated management team will ensure a more streamlined and effective accounting for the service performance both to the Health Board, Scottish Government and HSCP's
- Better ability to standardise service model and offer:- It is essential that the specialist nature of CAMHS and SCPT is strengthened though adherence to service specifications and evidenced based practise and that regardless as to where a child and family access the service they are assured of access to the same high standards of care and MDT. A single management arrangement will ensure the workforce plans mirror across all teams and the care pathways governed to maintain standards of care and the development of new pathways.

4. Clinical perspective

Clinical directors have been consulted on the change proposal and acknowledge that Specialist Children's Services currently has a complex structure of community services with Board-wide, hosted teams and locality-based teams, that work together to provide care for children, young people and families who need it across NHSGGC, alongside regional and national inpatient services.

Generally clinical staff welcome a re-alignment of management structures as a means by which training initiatives, workforce planning and clinical governance can be managed in a more integrated way across the Health Board area, taking account of local need alongside service delivery priorities for these small, specialist services. Staff have fed back the value that they place on working alongside HSCP and local education colleagues to look after children and young people, and do not want to lose opportunities to continue to develop children's services that work alongside each other in each local area.

'Overall it is a benefit for SCS to have an overarching financial, governance and leadership structure. It will be important to ensure robust links and ongoing collaboration with local partner's therefore we will require to have very good communication and relationships with the HSCPs'

'SCS requires to be embedded and part of the local service delivery. The work in the ND pathway highlights this perfectly where we are making real strides in combining the specialist service in a multi-agency approach' SCS SLT Staff

Medical staff are already managed centrally by the Clinical Directors for CAMHS and SCPT so there will be no change for them, but medical staff are supportive of the re-alignment of all staff groups to help support alignment of approaches to service governance and service improvement in consultation with colleagues in HSCPs.

'We recognise the challenges of working in devolved structures, and hope that the biggest change will be our ability to turn professional decisions into operational actions, the current system seems clunky and difficult to navigate' SCS SCPT Medical staffing

Considering the data within the service on numbers of referrals indicates a sustained high level of demand for the services and scrutiny of referrals shows increasing levels of complexity, risk and need. The ongoing increase in number and complexity of referrals to CAMHS certainly involves very strong partnership working with HSCPs and partner agencies and the relationships with local systems and staff are valued and important to deliver the best care to the families we look after together. However, it is felt that managing workforce and skills-based pressures on teams is complex currently in terms of flex of resource when this is required to meet clinical need in the best way. Medical staff in Specialist Children's Services are already managed centrally across GGC and so any need to respond to gaps in provision can be met, but this is not true for other clinical staff such as nurses and psychologists who

are managed through complex and distributed structures across HSCPS. A single structure would promote more ability to adapt and flex based on a single financial framework.

Quality assurance systems are in place across GGC SCS already, but effective and efficient workforce planning can be complex given the need to interface with systems in each HSCP around agreement to posts and in particular, the hosting of senior clinical posts who must provide supervision and support to staff across community services. There are many staff coming in, through the additional Mental Health Recovery and Renewal Funding, who are new to CAMHS, and whole system planning is required for upskilling and support for these staff, and existing staff, to meet the increasing severity and complexity of need in the children and young people we look after.

5. Impact on children and young people who use the services, and their families, carers and guardians

Specialist Children's Services has been working to improve how it obtains feedback for Children young people and their families. The experience of service questionnaire has been digitised and service users encouraged to use the QR codes to provide feedback with each team receiving bespoke reports.

Engagement has also been undertaken in partnership with SAMH in relation to what young people would like to see available on line in relation to our services and on how we can develop these. Similarly in partnership with Glasgow university young people have been consulted on factors which impact on their engagement with the clinical team.

While the proposed alignment will not affect the services that are delivered to children and young people feedback will continue to be sought. The principles of the service alignment, outlined at section 7 below, emphasise the commitment to services being delivered by the same staff as they currently are, from the same settings. As such an impact is not expected for the majority of staff or service users.

Advice has been sought from the Planning & Development Manager for the Equality and Human Rights Team on whether the realignment would require and EQIA

The service is already committed to the following for people who use it, and this will be sustained. Children, young people and families can expect:

- Equality of access based on risk and urgency
- A standardised service, governed robustly to ensure standards of care
- Service delivered in the local area
- Services that are well integrated with Education, Primary Care and the third sector
- The ability to provide feedback and be consulted on service developments
- Confidence that should they need access to Board wide and hospital based services they will
- get these seamlessly
- Assurance that through a network of professional leads and Clinical Directors they will receive
- high quality and assured care

6. Implementation of the Alignment

The alignment of the services will be guided by a project plan which will be developed and will include a communication and engagement plan.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC wide focus to strategic planning.

The roadmap will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

Principles

- Services will continue to be delivered locally, and by existing teams
- Services and staff will remain located within their current HSCPs
- Services and staff will continue to work closely in partnership with HSCP colleagues

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group supported by staff side has been established to oversee the development and implementation of the single service model. Sub groups relating to the component parts of the change will include convened. A Workforce Change Group will be established to oversee, advise and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

6.1 Clinical Governance

The current clinical governance arrangements are complex. With Tier 3 services reporting through six individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

A sub group of the oversight group will focus specifically on refreshing and streamlining the governance reporting to ensure sight in all areas where it is required but a more streamlined approach, aligned to the new single structure.

6.2 Performance

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate
Which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.

A sub group of the oversight group will focus specifically on refreshing the performance reporting.

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. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. 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:

Specialist Children's Services Single Service Alignment

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.

Within the GG&C Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Hosted Tier 4 services.

The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.

A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of services across GG&C and the performance of CAMHS and community paediatrics across the health board area.

The main principles that will guide the transition is as follows:

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs

- Services will continue to work closely in partnership with HSCP colleagues

Change will be guided by a project plan which will be developed and will include a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group will be put in place to support the work, with representation from all HSCPs within the GGC area.

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.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

This EQIA has been undertaken to demonstrate transparency of process and evidence that due regard has been shown in meeting the 3 parts of the Public Sector Equality Duty in any decisions proposed. The 3 parts are:

- Eliminate Discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations between people who share a protected characteristic and those who do not

As this change of service relates exclusively to a change of management arrangements with no anticipated impact on patient experience of service design or delivery, we do not anticipate risk of legislative breach.

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:	**Date of Lead Reviewer Training:**
Karen Lamb, Supported by Lesley Boyd	2019

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):

Karen Lamb, Lesley Boyd, Alastair Low

		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
1.	**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.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	As this service change does not impact on direct service experience for our patients and poses no additional requirements of staff (either physically moving, travelling or changing job role) there is no requirement to assess risk against disaggregated data by protected characteristic of either employee or patient groups.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐	***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.***	As per above, though specialist child and adolescent mental health services have access to desegregated patient and employee data by some protected characteristics, the nature of the service change is limited and does not impact directly or indirectly on protected characteristic groups.	

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics.** **4) Not applicable** ■	***(Due regard promoting equality of opportunity)***		
		Example	**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 Policy?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■	***Looked after and accommodated care services reviewed a range of research evidence to help promote 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).***	A single system management approach has been supported by the Scottish Government as the most effective way to operationally and strategically meet the demands of complex specialist children's services. This model is currently in operation in all other Health Board areas within Scotland.	

		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**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 NHSGGC to listen and understand what matters to people and can offer support.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐	***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 service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	As this decision does not impact on direct service experience for our patients there is no tangible change in service to engage with our patient group on. This decision relates solely to the management of services and proposed changes to currently devolved arrangements, In line with this, recognised processes have been followed to engage with staff-side representation.	

	4) Not applicable ■			
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**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?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation ☐** **2) Promote equality of opportunity ☐** **3) Foster good relations between protected characteristics. ☐** **4) Not applicable ■**	***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 request was placed to have the doors retained by magnets that could deactivate in the event of a fire.*** ***(Due regard to remove discrimination, harassment and victimisation).***	The scope of the decision being made does not cover any changes to physical access to existing services but limits itself to management arrangements of services.	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■ **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**	***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.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	Changes to current management arrangements will be discussed in partnership through staff-side representation and direct engagement with staff currently employed within service. As previously stated, there is no anticipated change to roles and responsibilities or the physical location of staff that poses a risk if breaching our responsibilities as outlines in the Public Sector Equality Duty.	

	paid in your evidence to show how the service review or policy has taken note of this.			
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age** **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 segregation on the grounds of age promoted by the policy or included in the service design).** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■		No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■		
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	While there is no anticipated impact on patients or staff, any planned changes to management structure will be communicated to staff absent from the workplace due to pregnancy, maternity or paternity leave in line with protections afforded under the Equality Act (2010).	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

	3) Foster good relations between protected characteristics ☐ **4) Not applicable** ■		
(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?**	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■		
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to the protected characteristics of staff or patients.	

	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(j)	**Socio – Economic Status & Social Class** **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?** **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) Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty: 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?	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to people through further reducing inequality of outcome caused by 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 and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 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.		
(k)	**Other marginalised groups** **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?**	No anticipated impact. Proposed changes to services are limited to realigning management structures and will not pose a risk of detrimental impact to marginalised groups currently accessing services.	
8.	**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 protected characteristic groups?**	There is no anticipated cost saving from the proposed realigned management arrangements. A single management structure is expected to bring a more effective co-ordination of service provision which may lead to greater efficiencies within services.	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). ☐ **1) Remove discrimination, harassment and victimisation** **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■		
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
9.	**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.**	All staff groups will continue to receive role specific training required to undertake respective roles in specialist children's mental health services. This will include completion of the Statutory and Mandatory Equality and Human Rights e-learning module.	

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.

This decision will not impact on the human rights afforded to either patients or staff.

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* .

This decision will not impact on the human rights afforded to either patients or staff. However, staff within the service will be fully engaged with all developments of the decision making process.

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview 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)
- ☐ 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.

N/A

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)**
N/A		

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

6 month review post alignment to check that there hasn't been an impact

Lead Reviewer: **Name** **Karen Lamb/Lesley Boyd**
EQIA Sign Off: **Job Title** **Head of Specialist Children's Services**
Signature
Date **15-02-2023**

Quality Assurance Sign Off: **Name**
Job Title
Signature
Date

NHS
Greater Glasgow and Clyde

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:

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

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