Integrated Impact Assessment Summary Report

Audit Risk level	

(Risk level will be added by Equalities Officer)

Each of the numbered sections below must be completed

Interim report		Final report	√	(Tick as appropriate)

1.   Title of plan, policy or strategy being assessed

NHS Lothian Health Promotion Service (HPS) Training Programme

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

The aims and objectives of the training programme are:

- To increase the skills and knowledge of people working in the wider field of health improvement
- To provide courses that aim to build confidence, explore attitudes and reinforce sound health promotion methodology
- To build capacity in the workforce to tackle health inequalities.

The impact assessment will help ensure training courses and events are well attended, as accessible as is reasonably possible and delivered to a high standard. It supports standard 1.5 of the HPS Quality Framework for Training.

Although the training programme is open to all, a priority target group is those members of the workforce who work with people more likely to experience inequalities in health and/or who work to tackle the broader determinants of health inequalities. Promoting attendance from these agencies will have a positive effect on the determinants and impact of inequalities.

3.   Briefly describe public involvement in this proposal to date and planned

The target group for the training programme is the wider health improvement workforce therefore no lay people were represented at the IIA. All courses and events organised by the Service are individually evaluated by service users i.e. participants in training. At least 2 members of panel (Catherine Evans and Karen Marchant) have attended courses on training programme as participants. 1 (Iain Stewart) has authorised staff to attend.

4.   **Date of IIA** 11th June 2015

5.   **Who was present at the IIA?**

Name	Job Title	Date of IIA training	Email
Claire Glen (Facilitator)	Senior Health Promotion Specialist		claire.glen@nhslothian.scot.nhs.uk
Elizabeth Oldcorn (Lead Officer; report writer)	Senior Health Promotion Specialist		elizabeth.oldcorn@nhslothian.scot.nhs.uk
			karen.marchant@nhslothian.scot.nhs.uk
Karen Marchant	PA/Secretary		
Amanda Langsley	Manager, Centre for Management of Aggression NHS Lothian		amanda.langsley@nhslothian.scot.nhs.uk
Iain Stewart	Manager, Edinburgh Community Food Initiative		istewart@edinburghcommunityfood.org.uk
Lesley Reid	Senior Health Promotion Specialist		lesley.reid@nhslothian.scot.nhs.uk
Catherine Evans	Public Involvement Coordinator, NHS Lothian		catherine.evans@nhslothian.scot.nhs.uk

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Available but not presented	Information on health inequalities and priority areas for action across Lothian available which informs training programme content, based on needs of workforce and gaps in training provision by other providers. Courses also cover health promotion methods and principles of working. Provision guided by demand.
Data on service uptake/access	Overview of attendance figures presented	Just under ½ participants from voluntary sector; approx 25% from NHS; 20% Local Authority; rest either private sector or 'other' e.g. students, carers. Attendance figures on locality reflects distribution of services (mainly concentrated in City of Edinburgh) and provision of training in other areas (e.g. West Lothian). Information on organisation but not on role collated. Further breakdown within organisation and role, across sectors required to inform targeting of training and programme.
Data on equality outcomes	3 month follow up evaluation data available but not presented.	Courses evaluated including a 3 month follow up which assesses impact on various aspects of practice which demonstrates an impact on practice of attendees. Both initial evaluation form and 3 month follow up questions recently redrafted to include assessment of knowledge, awareness, skills and practice specifically in relation to health inequalities.

Evidence	Available?	Comments: what does the evidence tell you?
Research/literature evidence	Literature available re. efficacy of learning and development, transfer of learning, but not presented here.	Importance of structured and well planned delivery of training to achieving aims of training. Importance of Manager's support in attendance and subsequent effective transfer of learning to practice discussed. Potential for information for Managers section to be included on website.
Public/patient/client experience information	Initial evaluation and 3 month follow up evaluation of training conducted on all courses	Evaluations positive. At least 2 members of panel have attended courses on training programme as participants
Evidence of inclusive engagement of service users and involvement findings	Evaluation reports	HPS Quality Standards for training require results from evaluations to be considered, and the organisation, structure and content of courses amended accordingly when appropriate. Currently no service user involvement in overall structure, process, of training programme organisation and delivery. Potential for this could be explored.
Evidence of unmet need	Not available	Difficult to access those who do not engage with the training programme, to assess training needs due to size and changeability of wider health improvement workforce. Responsibility lies with programme leads to ascertain learning and development needs of workforce and gaps in provision, in relation to specific and emerging issues.
Good practice	Quality standards	Overall, training programme delivers

Evidence	Available?	Comments: what does the evidence tell you?
guidelines	framework and action plan. Training manual.	quality learning and development events in both structure and content.
Environmental data	Not available	
Risk from cumulative impacts	Not available	
Other (please specify)	N/a	
Additional evidence required	N/a	

7. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights **Positive**	Affected populations
Courses aim to promote health and reduce health inequalities by increasing knowledge, raising awareness, challenging attitudes, developing skills.	Staff and volunteers (attendees at courses). Indirect effect on users of services (both partners & community) attendees represent.
Content of programme and individual courses challenge values and attitudes, stigma and discrimination. Training methods adhere to standard training principles, as well as policies and protocols of NHS Lothian e.g. equality and diversity, data protection etc.	
Evaluations indicate workforce who attend improve their knowledge, skills and professional practice, which in turn should improve the service provided to their clients and partners. May also impact on staff and their families' personal health and well being.	
Staff working in deprived areas and/or with people known to be at risk of health inequalities should continue to be prioritised when short listing applicants for courses.	People vulnerable to health inequalities

Negative	
No negative impacts identified. However ongoing considerations should be given to the following:	
• Accessibility of courses will checked for the following: hearing loops, days of religious observance, prayer space, location of venues, heterosexist terminology in programme and content of courses.	Hearing impaired, LGBT people, people who are married/unmarried/civil partnership.
• Cost of attendance – places are free but travel, parking, tea/coffee/water, child care incur costs. Attendees organisations should cover travel and parking. Carers & low waged may be vulnerable.	Volunteers/low waged/carers
• Literacy levels of wider health improvement workforce should be sufficient to comprehend programme and course information and materials. HPS staff could receive update on health literacy techniques.	People with low literacy or health literacy issues
• Promoting access for workers for who English is not their first language, although it is reasonable to expect that the majority of workers will be proficient in English.	People for who English is not their first language

Environment and Sustainability	Affected populations
Positive	
Inclusion of workshops relating to Fuel Poverty and Health intended to have a positive impact.	Indirect effect on service users at risk of fuel poverty
Datix recording in place. Risk assessments of venues should be carried out by venue – follow up to confirm.	Staff and participants
PVG checks in place for staff when delivering training in a location where there may be vulnerable people.	Staff. Vulnerable groups
Additional actions required to promote bike travel & public transport usage.	HPS Admin team; Participants; general pop
Low usage of paper – on line booking system (is it smart	

phone compatible? Does this reduce accessibility to non-IT literate people?). Courses frequently use printed handouts. **Negative** No negative impacts identified. However increased use of elearning could reduce emissions from travel to venues.	General population

Economic **Positive** Improve knowledge and skills, potential employability of participants, positive destinations.	**Affected populations** Wider health improvement workforce; students
Development of skills of staff involved in organisation and delivery of programme	HPS staff
Improve quality of, and access to, services due to content of courses (signposting; partnership working) and multiagency, networking opportunities provided by open programme format.	Service users/wider community
Supporting local enterprise when non-NHS venues used	Local businesses
Negative No negative impacts identified.	

8. **Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights, environmental and sustainability issues be addressed?**

A minority of courses and events are either delivered or co-delivered by partner organisations. A contract for external, fee incurring trainers is in place which ensures adherence to health promotion principles and NHS Lothian policies and procedures e.g. equality and diversity, confidentiality etc.

Where partners in training delivery are not charging, but delivering on a partnership basis, the organisation is required to adhere to an Abridged Quality Framework and sign a partnership agreement to that effect.

9. **Consider how you will communicate information about this policy/ service change to children and young people and those affected by hearing loss, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

There is a communication plan 2014-16 in place outlining the mechanisms by which the programme is advertised. The programme is advertised via email distribution lists, internet and intranet, partner e-bulletins, social media.

There are opportunities to strengthen targeting of the programme to organisations who work with people vulnerable to health inequalities. Increased scrutiny of attendance and inequalities monitoring data to identify gaps and take appropriate action.

10. **Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005? (see Section 4)**

No

11. **Additional Information and Evidence Required**

    If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

No further evidence required for the assessment. Attendance data and equalities monitoring data available to inform targeted advertising of programme to ensure reach to organisations who can have an impact of the determinants of health inequalities.

12. **Recommendations (these should be drawn from 6 – 11 above)**

Promoting attendance, particularly to tackle health inequalities
1. Identify priority groups of workforce to tackle health inequalities for different areas of training.
2. Provide more detailed breakdown of attendance data within organisation and role, across sectors to see if priority groups being reached.
3. Examine attendance data in relation to target groups to inform targeting of training and programme.
4. Refresh short listing criteria to ensure priority given to applicants who work in areas of deprivation or with inequalities issues/groups.
5. Review distribution lists; promote training programme via HR online.

Promoting accessibility

6. Check accessibility of courses for: hearing loops, days of religious observance, prayer space, location of venues, heterosexist terminology in programme and content of courses. To be considered in context of budgetary limitations.
7. Consider possible barriers experienced by carers, single parents, volunteers, low waged – refreshments, respite care, childcare, travel, and feasibility of actions to address any identified.
8. Consider inclusion of a statement about accessing programme in other languages and translation services; explore potential to deliver bespoke courses to specific groups, bearing in mind capacity of Service to respond.
9. IT barriers: Explore potential of having a paper application form and whether on line booking system is smart phone compatible.
10. Further explore potential for information for Managers section to be included on website – previously LearnPro said this is not possible.
11. Investigate inclusion of hearing loop and wheelchair access symbols on promotional materials.

Environment and Sustainability

12. HPS Capacity Building Group to consider ways to promote active travel, including location of venues, car sharing.

Meeting needs of target populations

13. Potential to explore service user (participant) involvement in overall structure and process of training programme organisation and delivery i.e. not specific courses which are already evaluated.
14. Continue to explore working with partners in delivery and providing a variety of formats e.g. workshops, short courses, blended learning, in context of capacity of HPS (trainers, admin support, budget) to support expansion.

Meeting needs of staff and service users

15. Ensure facilitators' appropriate knowledge and skills in literacy & health literacy.
16. Health and Safety: Confirm responsibility for risk assessments of venues; Re-examine status of PVG checks for all staff delivering training in terms of sites staff have access to.

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date

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Refine monitoring and recording of attendance data	SHPS lead; Training programme admin staff	May 2015	May 2016
Supporting facilitators: remind SHPS of protocols and procedures specifically: short listing criteria. Explore potential of health literacy training for facilitators.	SHPS lead	September 2015	Sep 2016
Revisit facilitators knowledge and awareness of literacy and health literacy issues.	SHPS lead/HPS Capacity Building Group	Spring 2016	If required; when a significant turnover of staff
Review and refresh communication plan and distribution lists, in line with target groups, to ensure reach, especially inequalities organisations; make personal contact with key people.	SHPS lead, Course leads HR via Amanda Langsley	Sep/Oct 2015	June-July 2017
Revise information contained on training website (and flyer), specifically regarding information for Mangers, active travel, symbols (see r. 9), language.	HPS Capacity Building Group	Sep/Oct 2015	Annually
Explore potential for service user engagement	HPS Capacity Building Group	Sep- Dec 2015	When completed.
Review accessibility of course in line with recommendations 4-9	SHPS lead; HPS Capacity Building Group	August-October 2015	June/July 2016
Clarify PVG status of trainers	SHPS lead; Health and Safety	Autumn 2015	When new trainers

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
	Group		appointed
Clarify responsibility of venue risk assessment and take further action if required	SHPS lead	September 2015	When new venues used

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

The HPS Capacity Building Group will monitor the implementation of the recommendations and actions, and any further actions that arise. This will be supported by reporting on the Service Quality framework standards, performance monitoring of the training programme and the annual review of attendance data.

15. Sign off by Head of Service

Moyra A Burns

Name Moyra A Burns

Date 19 October 2015

16. Publication

Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.

Section 5 Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to equalities@eastlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity

- **Midlothian Council**

Please send a completed copy of the IIA to zoe.graham@midlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.midlothian.gov.uk/downloads/751/equality_and_diversity

- **NHS Lothian**

Completed IIAs should be forwarded to impactassessments@nhslothian.scot.nhs.uk to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

- **City of Edinburgh** *to be added*

- **West Lothian Council** *to be added*