

Outcome of Preliminary Equality Impact Assessments

Introduction

The IJB are committed to making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of the people of Glasgow, in line with the public sector equality and Fairer Scotland duties. To support meeting these duties, proposals have been subject to an Equality Impact Assessment (EQIA) to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible.

Identification of a potentially negative impact does not mean that the option cannot go forward. However, where this has been identified, action will be considered that minimise that impact should the option be approved.

Assessment

Proposals have been subject to a minimum of a preliminary Equality Impact Assessment to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible. EQIA's have been undertaken and published, wherever possible, however for those proposals that are still subject to ongoing reviews, preliminary assessments have been done and EQIA's will be undertaken and published in line with the completion of the reviews. The outcome of the assessments for each of the proposals is included at Appendix 1.

Overview and Cumulative Impact

TO FOLLOW - an overview will be added of the proposals where a potential impact was identified, and which characteristics are most likely to be impacted.

Equality Impacts

TO FOLLOW – Overview of potential for cumulative impact.

Socioeconomic Impacts

TO FOLLOW – Overview of potential for cumulative impact.

Staff Impacts

Potential equality impacts would relate to the workforce profile.

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- Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% are aged 50 – 65 years.
- Glasgow City HSCP Council staff are predominantly; Female (81%), 48% are aged 50 – 65 years and 39% are aged 30 – 49 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

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Appendix 1: Outcome of Equality Impact Assessments

Proposal	Outcome of Assessment	EQIA Status
Continence Products Spending	It is not anticipated that this proposal will have a direct impact on equality or poverty, as patients will continue to receive the support and products they need to meet their needs. Following an intensive review, efficiencies were identified in ordering practices, batch ordering and cost-effective products.	Only Screening Required
Maximisation of Income from Third Party Orgs	Screening to follow	Only Screening Required
Review of Health Improvement Services	<p>Review of Health Improvement Services</p> <p>This proposal includes;</p> <ul style="list-style-type: none"> • Review and Redesign of Health Improvement Staffing Structure • Reduction in expenditure that supports Partner prevention activity • Cessation of Financial Advice Patient Referral Service • Reduction in Health Improvement Funding Contribution to the Lifelink Counselling Contract • Discontinuation of funding for Urban Roots <p><u>Review and Redesign of Health Improvement Staffing Structure</u></p> <p>This proposal will require a review, redesign and reduction across a range of workstreams and specific services are not known at this stage. Due to the scale of the saving and the services delivered by Health Improvement, there is likely to be an impact on equality and poverty. A health impact assessment will be used to identify those aspects of the service that will be reduced and which posts removed. An EQIA will be undertaken as part of the review to identify any potential mitigating actions and will be published when available.</p> <p>It is recognised that Primary care and Health Improvement work with all services across Glasgow City HSCP and, in the case of the hosted teams, with the 5 other HSCPs in NHSGGC. The Health Improvement teams support HSCP services to develop and implement early intervention and prevention programmes, reducing the need for people to require help from downstream services. A reduction in Health Improvement interventions will impact on demand for other services.</p>	<p>Screening Done, full EQIA to be done and published on conclusion of review</p> <p>Full EQIA's done</p>

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Proposal	Outcome of Assessment	EQIA Status
	<p>Due to the nature of the service and targeted programmes, any reduction in service is more likely to have an impact on children and young people, disabled people, in particular mental health, black and minority ethnic people, sexual orientation, women, pregnancy and maternity and people living in poverty.</p> <p>The review of business delivery within primary care and health improvement will be monitored by the Primary Care and Health Improvement Core Leadership Group.</p> <p>This proposal will include a reduction in FTE within Primary Care and Health Improvement, some of which are currently vacant. At this stage the total number of posts that will be removed is not known, but due to the scale, it is likely that redeployment will also be required. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% are aged 50 – 65 years.</p> <p>An assessment will be undertaken when plans for implementation are more fully developed in line with the change management policy.</p> <p><u>Reduction in expenditure that supports Partner prevention activity</u></p> <p>There will be a rationalisation and reduction in non-pay expenditure. Where an impact on service delivery is identified that will have a significant impact on equality groups then an EQIA will be undertaken. Supplies budget supports the delivery of the health improvement and early intervention programmes including resources, resource developments, facilitating partnership working, training and capacity building for community and 3rd sector partners, alongside development budgets for new initiatives. Loss of this funding will impact on what can be delivered across a range of our programmes – primarily impacting on those in SIMD 1 and 2, people with poor mental health, children & young people, BME populations, asylum seekers.</p> <p><u>Reduction in Health Improvement Funding to the Lifelink Counselling Contract</u></p> <p>EQIA UNDERWAY - TO FOLLOW – Afton to speak to Suzanne for summary</p>	

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Proposal	Outcome of Assessment	EQIA Status
	<p><u>Discontinuation of funding for Urban Roots –_DRAFT subject to quality assurance</u></p> <p>The proposal includes the discontinuation of the Urban Roots – Therapeutic Gardening & Food Activity Contract. The current contract comes to an end March 2025. This has the potential to have a negative impact on equality as the majority of participants are Women from Black and Minority Ethnic Backgrounds, living in areas in the 5% to 30% most deprived where access to quality, useable greenspace and green health activity is limited. The focus of the service is on reducing isolation and loneliness, therefore any reduction in service is likely to have an impact on mental health.</p> <p>Formal advice was issued to Urban Roots on the potential end of contract in October 2024. Work was ongoing in the months previous to this to prepare them for the potential end of contract, including support with alternative grant funding applications.</p> <p>An eqia was undertaken and can be found here.</p> <p><u>Cessation of Financial Advice Patient Referral Service</u></p> <p>The NHS Financial Inclusion service enabled community-based NHS staff to refer patients facing financial difficulties to dedicated Money Advice providers, with an aim of mitigating the high level of poverty experienced by our population, and its negative impact on health, by addressing financial instability for patients.</p> <p>The service was closed to new referrals from 1st November 2024, as there was insufficient funding to sustain delivery. This option represents the recurring Health Improvement contribution.</p> <p>An EQIA was carried out as part of the closing down of the overall service and can be found here. The EQIA found that the cessation of this service has the potential to have a significant negative impact on a number of vulnerable groups, in particular; families with children under 5 years old, Disabled People, Pregnancy and Maternity, People from Black and Minority Ethnic Backgrounds, Women and People living in poverty.</p>	
Cessation of Huntingdon' Service	EQIA UNDERWAY - TO FOLLOW	Full EQIA done

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Proposal	Outcome of Assessment	EQIA Status
Reduction in Post Diagnostic Support Link Workers	EQIA UNDERWAY - TO FOLLOW	Full EQIA done
Reduction to Non – Pay Budgets	SCREENING – TO FOLLOW	Only Screening Required
Review of Linguistics Service – New Tender	<p>A review was undertaken of the linguistics service in 2022, with an associated EQIA published. The service specification was informed by the EQIA, and a new contract was awarded in December 2025 and savings identified. Any reduction in cost compared with current costs are not expected to result in a reduction of service. It is anticipated Specialist providers are expected to deliver the service at lower cost with no reduction in quality and this will be monitored in line with any service specification.</p> <p>As the service is targeted at equality groups and there has been a gap since the review was carried out, a review of the EQIA actions was undertaken to ensure the service specification reflected them. The EQIA and review can be found here. – REVIEW - TO FOLLOW</p>	Full EQIA done
Increase Charges to Service User by 5%	<p>The proposal includes a 5% uprating to charges and a 13% uprating to hot meals (£1.94 to £2.19). It also includes the introduction of a new charge for new HSCP keysafe purchase and installation service (£100). This service was previously chargeable through a commissioned service and has been brought in house. Updates have been made to the costings for the transition from analogue to digital telecare, the differential between the anticipated costs and actual costs has not been as high as originally anticipated. Community Alarm unit cost will be at the same level for everyone transitioning to digital telecare for 2025/26 at £4.15.</p> <p>There is potential for this increase to have a socio-economic impact for those experiencing poverty. This may result in service users self-excluding from services, due to the cost. Due to the nature of the services provided, this increase is most likely to have an impact on older and disabled people.</p> <p>Steps will be taken to mitigate the impact of the increase through the financial assessment. The financial assessment aims to ensure income maximisation has taken place by ensuring that service users are in receipt of all social security benefits to which they are entitled and reflects on the service users ability to pay. It also, acknowledges that there may be circumstances where it is appropriate to consider the waiving or abatement of charges in cases of hardship, exceptional need or other exceptional circumstance. An equality impact assessment has been undertaken on the charging policy and can be found here. The assessment includes fuller details on the mitigating actions.</p>	Full EQIA done

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Proposal	Outcome of Assessment	EQIA Status
Income Maximisation – Recovery of Client Contributions	<p>It is not anticipated that this option will have a significant impact on equality groups as there is no change to the charges applied, the proposal includes improvements in collection of charges incurred. Although it is noted that those who are subject to the charges are service users in permanent residential or nursing care and are therefore predominantly older and/or disabled people. There is potential for socio economic impact for those subject to the charges. However, it is noted that mitigating action is taken when the charges are being applied. Those accessing the service are financially assessed through the Scottish Government Charging for Residential Accommodation Guidelines (CRAG).</p> <p>The Financial Assessment and Income Team also takes steps to refer service users, partners or spouse’s to welfare rights advice for guidance on income maximisation. It is also noted that under CRAG section 05005, there is provision for an increase to the weekly personal allowance expense in certain situations such as: property maintenance costs, retaining a higher personal allowance to allow the service user to lead a more independent life, where there is a dependent child and disregarding half of a service user’s occupational pension if paid to the spouse or civil partner.</p>	Only Screening Required
Increase to EquipU Management Fee	No direct impact on equality groups have been identified as charges are not applied to service users. Uplift would be applied to EquipU Partners, in line with inflation.	Only Screening Required
HR Training Income Generation	No direct impact on equality groups have been identified as charges are not applied to service users. Charges apply to universities for the provision of placements and are set by the Scottish Social Services Council. Charges apply to other Local Authorities and Council services for the provision of admin and practical services via our Approved Scottish Qualifications Authority (SQA) Centre and the delivery of training courses by our Learning & Development Home Care Team and are held at a cheaper rate than other providers.	Only Screening Required
Support Services: Budget Realignment Following Review of Budget and Establishment and Staff Turnover Application	No direct impact on equality groups have been identified. Staff budget has been realigned to reflect staff turnover, in line with other services.	Only Screening Required
Realigning Future Care Planning Work	EQIA to Follow	Full EQIA done
Prescribing Efficiency	This proposal includes the further implementation of the Prescribing Efficiency Programme. An EQIA was	Full EQIA done

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Proposal	Outcome of Assessment	EQIA Status
Programme (including full year impact of 24-25)	<p>undertaken for this programme in January 2024 and approach remains consistent with this assessment.</p> <p>This includes the removal of medicines identified as having low clinical value, may have an impact on those living in poverty. No specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. e.g. Disabled People and Older People. Those who choose to purchase items would incur a charge for items no longer available on prescription, or it may result in withdrawing from those medicines, due to incurring costs. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives, and some may still be appropriate in some circumstances.</p> <p>This programme will include consideration of supporting patients to switch prescriptions to a more cost-effective brand, in discussion with the patient and healthcare professional, if appropriate. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients may require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p>	
Maximisation of Funding Sources Available for Treatment Rooms and Pharmacy Staff	<p>It is not anticipated that this proposal will have an impact on equality groups or poverty.</p> <p>It is recognised that Treatment Rooms provide a critical community health interventions, however no change in service provision is anticipated. The budget will be realigned to funding provided by the Scottish Government to support continued treatment room services.</p>	Only Screening Required
Review of Support to Carer and Integration of Carers Service within Localities – Review of Carers Teams	<p>NHS – EQIA UNDERWAY - TO FOLLOW</p> <p>Council – Summary only, EQIA will be made available, in line with outcome of review</p>	Full EQIA done Screening Done, full EQIA to be done and published on conclusion of review
Review of Commissioned Adult Mental Health Services	<p>This proposal relates to two separate initiatives within the commissioning of Adult Mental Health Services:</p> <ul style="list-style-type: none">• The Review of Glasgow Mental Health and Huntington’s Service – EQIA here – DRAFT subject to quality assurance• Redesign and deregistration of Mental Health Care homes with Glasgow City Council – EQIA here	Full EQIA’s done

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Proposal	Outcome of Assessment	EQIA Status
	<p style="text-align: center;">DRAFT subject to quality assurance</p> <p>Summary of Outcomes to follow</p>	
<p>Review of Commissioned Adult Alcohol & Drug Recovery Services</p>	<p>Impacts are not known at this time. A programme of reviews of historic contracts are currently underway, however specific services, where savings may be identified are not known at this stage. The reviews are being undertaken as part of a systematic programme of review in accordance with contract management framework requirements. To ensure community services are person-centred, outcome focussed and achieve best value for the HSCP.</p> <p>Any change or reduction in service is more likely to impact on men and ages 35 – 54 years, due to the current Alcohol and Drug Recovery Service case load. In line with business as usual, EQIAs will be completed in conjunction with each of the reviews, published and used to inform future tendering and associated service specifications.</p>	<p>Screening Done, full EQIA to be done and published on conclusion of review</p>
<p>Access to Social Care – Maximising Independence</p>	<p>In September 2024 the IJB approved the review of access to social care. The review did not propose any changes to existing relevant policies. It was to ensure that SDS resources are allocated to meet assessed need in a consistent way. It set out that the HSCP will update how we consistently apply our eligibility criteria; refresh our signposting to alternative supports within local communities; update our social work assessments to be strength-based and apply a more consistent allocation of resources where people’s needs are equivalent.</p> <p>As there is no change in policy an EQIA is not required. However, this EQIA has been undertaken on the implementation of the approach as good practice and to ensure equality impacts and opportunities for further mitigation are a core consideration throughout implementation.</p> <p>EQIA here DRAFT subject to quality assurance</p>	<p>Full EQIA done</p>
<p>Review of Commissioned Services in Homelessness</p>	<p>EQIA UNDERWAY - TO FOLLOW</p>	<p>Full EQIA done</p>
<p>Cessation of Funding of Care and Repair Service</p>	<p>EQIA UNDERWAY - TO FOLLOW</p>	<p>Full EQIA done</p>

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Proposal	Outcome of Assessment	EQIA Status
Closure of Dementia Resource Centre	EQIA here DRAFT subject to quality assurance Summary of Outcomes to follow	Full EQIA done
Removing the provision of a Supported Living Service within Glasgow HSCP Care at Home Services	EQIA to follow	Full EQIA done
Cease Funding of Independent Sector Lead Funding – Scottish Care	It is not anticipated that this proposal will have a significant impact on equality or poverty. The Scottish Care through its Partners for Integration team endeavour to create the conditions for transformational change in how services are commissioned and delivered by embedding a culture of improvement and the implementation of good practice through partnership working with the independent sector. While the availability of the Independent Sector Lead has supplemented the wider relationship management aspect of Contract Management with the independent sector providers in the city, it is not critical and will have limited operational impact for the HSCP if not continued. There is not a specific equality element to this partnership programme.	Only Screening Required
Review of Commissioned Services	Screening to follow	Only Screening Required
Review of Support Services	Screening to follow	Only Screening Required
Reduction in GP Engagement Budgets	Funding is provided to support GPs to attend meetings as part of the engagement activity to promote collaborative working between HSCP services and general practice. It is not anticipated that this proposal will have an immediate direct impact on equality or poverty, however, savings to this budget were made in previous years and, therefore, there is the potential that over time reduced collaborative working may lead to poorer quality of care for patients in the future that there will be impacts on the most vulnerable groups. Attendance at locality primary care meetings and the use of webinars will continue to be supported to encourage engagement and information sharing. It is noted that this proposal has reduced capacity and flexibility within the system.	Only Screening Required
Reduction in Aids and	EQIA to follow	Full EQIA done

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Proposal	Outcome of Assessment	EQIA Status
Adaptation Equipment Spend		
Older People Community Mental Health Team – Removal of Vacant OT Post	<p>The proposal includes a reduction of 1 FTE.</p> <p>This post relates to Occupational Therapy compliment of staff within the wider Older Peoples’ Mental Health multidisciplinary team. Although it is recognised that the service is delivered to over 65s with mental ill health in the community, it is anticipated that impact on service users will be minimal as this reduction is currently being accommodated within the existing team structures as there continues to be Occupational Therapy staff within the team and the service will continue to be available within existing resources. There is currently no waiting list for the service. Work will be ongoing, to monitor any change in waiting lists.</p> <p>Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. The posts are currently vacant, so no redeployment is required.</p>	Only Screening Required
Reduction to Non – Pay Budgets	Screening to follow	Only Screening Required
Acute Hospital Liaison Psychology - Removal of Vacant Psychology Post	<p>The proposal includes a reduction of 0.5 FTE. This post relates to a psychologist post for the Older Peoples' Psychology Service that responds to referrals from acute services for psychological intervention and treatment of Older Peoples’ Mental Health inpatients. It is anticipated that impact on service users will be minimal as this reduction is currently being accommodated within the existing team structures and the service will continue to be available within existing resources. It is noted that this proposal has reduced capacity and flexibility within the system.</p> <p>Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 years. This post is currently vacant, so no redeployment is required. Work will be ongoing with staffside as proposals are implemented.</p>	Only Screening Required
Cessation of Wellbeing for Longer Fund	<p>EQIA here – DRAFT subject to quality assurance</p> <p>Summary to follow</p>	Full EQIA done
Home First Response Service	The proposal includes a reduction of 1 FTE. This service is a multi-disciplinary team composed of community staff working alongside the acute team to identify, assess and turn around patients at the earliest	Only Screening Required

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Proposal	Outcome of Assessment	EQIA Status
	<p>opportunity, up to 72 hours post-admission. This work aligns with preventative measures such as the development of HSCP Frailty Pathways to support prevention/early intervention activity and future care planning to maintain individuals at home for longer, reducing risk of admission to hospital.</p> <p>Although this service is targeted at Older and Disabled People, it is anticipated that impact on service users will be minimal as this reduction is currently being accommodated within the existing team structures and the service will continue to be available within existing resources. Monitoring has been in place while the post has been vacant during staff moves, and patients seen has been consistent. This will continue to be monitored. It is noted that this proposal has reduced capacity and flexibility within the system.</p> <p>Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% are aged 50 – 65 years. This post is currently vacant, so no redeployment is required. Work will be ongoing with staffside as proposals are implemented.</p>	
Removal of Practice Development Nurse Post	Screening to follow	Only Screening Required
Health Visiting Service – Reduction of 7.8 FTE Posts	EQIA to follow	
Review of Central Parenting Team	To follow	Screening Done, full EQIA to be done and published on conclusion of review
Removal of Counselling Service current sitting within Sandyford Sexual Health Service	EQIA to follow	Full EQIA done
Reduction in Complex	Screening only to follow	Only Screening

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Proposal	Outcome of Assessment	EQIA Status
Needs Service		Required
Removal of Scottish Ambulance Service Triage Car Operation in Mental Health Assessment Unit	Screening only to follow	Only Screening Required
Review of Psychotherapy Service	<p>Potential impacts are not known at this time. A review of Psychotherapy Services is underway. The aim of the review is to recommend a model to be considered in line with proposed savings and to develop new criteria and referral pathways for patients continuing to access psychotherapy.</p> <p>Any change or reduction in service is more likely to impact on women and people with mental health conditions, due to the current case load. People accessing psychotherapy often have longstanding and complex psychological problems and treatments can be intensive and long term. Often psychotherapy is a last option for patients who have not responded to other services and supports. The patient group supported are often highly vulnerable with frequent presentations of complex trauma, with therapy lasting a number of years. Patients would receive treatment through Community Mental Health Teams, which is likely to place additional pressure on the psychological therapies waiting lists.</p> <p>An EQIA is being developed as part of this process to reflect the impact on the patient group and opportunities for mitigating action and will be made available with the recommendations.</p>	Screening Done, full EQIA to be done and published on conclusion of review
Reduction in Anchor Trauma Service	<p>Potential impacts are not known at this time. A review of Anchor Trauma Service is underway. The aim of the review is to recommend a model to be considered in line with proposed savings and to develop new criteria and referral pathways for patients continuing to present with a need for a specialist Trauma service. This will not impact on specific funding received from Scottish Government to deliver on national contracts.</p> <p>Any change or reduction in service is more likely to impact on women and people with mental health conditions due to the current case load. The service is targeted at people who present with Complex Post Traumatic Stress Disorder following experiences of complex trauma.</p> <p>An EQIA is being developed as part of this process to reflect the impact on the patient group and opportunities for mitigating action and will be made available with the recommendations</p>	Screening Done, full EQIA to be done and published on conclusion of review

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Proposal	Outcome of Assessment	EQIA Status
Reduction in Primary Care Mental Health Services	<p>Potential impacts are not known at this time. A review of Primary Care Mental Health teams is underway. The aim of the review is to recommend a model to be considered in line with proposed savings. Any change or reduction in service is more likely to impact on women and people with mental health conditions, due to the current case load.</p> <p>An EQIA is being developed as part of this process to reflect the impact on the patient group and opportunities for mitigating action and will be made available with the recommendations.</p>	Screening Done, full EQIA to be done and published on conclusion of review
Reduction in Mental Health Employability Commissioned Services	EQIA to follow	Full EQIA done
Consolidation of Crisis and Outreach Services	<p>Potential impacts are not known at this time. A review of ADRS Crisis Outreach Service and Out of Hours Service is underway. The aim of the review is to recommend a model which will maximise effectiveness, current and future resource and improvements to the patient/service user journey, which is anticipated to deliver savings.</p> <p>Any change or reduction in service may result in reduced capacity to deliver assertive outreach to people at high risk of drug and alcohol related harms, and the provision of specialist treatment. However, the investment in Alcohol and Drug Recovery Services to upskill and increase the workforce has incorporated capacity to respond to people assertively in their own communities, and the Safer Drug Consumption Facility staffing includes a multi-disciplinary workforce that are skilled in responding to wider psychosocial needs.</p> <p>An EQIA is being developed as part of this process to reflect the impact on the patient group and opportunities for mitigating action and will be made available with the recommendations.</p>	Screening Done, full EQIA to be done and published on conclusion of review
Reduction in Alcohol and Drug Partnership Programmes	Screening to follow	Only Screening Required
Removal of Vacant Posts in Learning Disability	To follow	TBC
Commissioning Funding for	To follow	TBC

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Proposal	Outcome of Assessment	EQIA Status
Specialised Supported Living Unit		

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