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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:

Glasgow Mental Health and Huntington's Service

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).

This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025.

The service was originally known as the Social Opportunities Service commissioned over 20 years ago to provide flexible community supports for people at early to mid stage Huntington's disease. In March 2021, the service was renamed as Glasgow Mental Health and Huntington's Service (GMHHS). The service is registered with the Care Inspectorate to provide Housing Support and a Care at Home Service to people who experience complex and enduring mental health difficulties, and individuals who experience symptomatic Huntington's disease. In addition to the Personalisation service which delivers Self Directed Support, GMHHS also receives an annual funding award from a Mental Health block funding allocation to deliver a total 84 hours of support to a maximum of 15 individuals. The historical and current referral route for this part of the service, namely individuals with Huntington's disease, comes solely from the Scottish Huntington's Association (SHA). The aim of the review was to demonstrate 'fit for purpose' and 'best value' for the partnership.

The review has identified the service is consistently under utilised and has had continuous low referrals over a number of years. The service is no longer appropriate in meeting previously targetted support with now more complex demands. Current funding ends on March 31st 2025. The review identified that the service isn't cost effective, and as a consequence of the review findings finance are considering their final recommendation to discontinue the service and anticipate the budget would go towards savings.

For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or

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transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.

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: Lorraine Taylor	Date of Lead Reviewer Training: 21 st February 2024
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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):

Sonia Chadha, Senior officer

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>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.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Historically, limited equality data has been routinely gathered. Socioeconomic is not available. However, of the current 10 service users the following is noted:</p> <ul style="list-style-type: none"> • 6 are female and 4 are male. • 3 people (30 to 50 yrs), 3 people (50-60yrs), 2 people in their 70's and 1 person in their 80's. • 1 person using the service for more than 10yrs, 1 more than 9 years, 1 more than 7 years, 3, more than 3 years, 2 more than 2 years and 1 person less than a year. • 3 people are based in North West of the city, 3 people in North East and 4 people supported in the South <p>There are no age restrictions to age to support people over 16 yrs of age and over 65 yrs.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and</p>	<p><i>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</i></p>	<p>The historical and current referral route for this part of the service, namely individuals with Huntington's disease, comes solely from the Scottish Huntington's Association (SHA).</p> <p>All of the people supported have the experience of early to mid-stage Huntington's (stage 1 or 2) and may also experience a range of other mental health difficulties</p> <p>Information used to gain access to the service is undertaken on a 'case by case' basis and may also be subject to s/w assessment.</p>	<p>Subject to individual needs and person- centred assessment.</p>

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	<p>victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	<p><i>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</i></p>	<p>The service was commissioned with maximum capacity for up to 15 individuals per week to deliver a total of 84hrs per week. The review has evidenced the service has been under achieving in its aims of targeted support with an average of 9 people utilising approx 5/6 hours per week.</p> <ul style="list-style-type: none"> • The last Service Review report was completed in May 2016 and concluded services were not operating as initially envisaged in 2001. • Past records also highlight the need for the service to be prioritised for further review. • The service has always been funded by an annual award since 2011. This predates the personalisation model and consequently, there was no mechanism to fund the service via personalisation at that time. • A recent trends analysis has shown under capacity and decreasing demand. for the last few years. 	<p>Multi-party meetings involving commissioning staff, the provider and the advisory service, have frequently taken place over last few years to address concerns and low referrals into the service. However, evidence would indicate this has had little impact in maximising capacity to support up to commissioned resource of 15 people per week.</p>

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	characteristics 4) Not applicable <input type="checkbox"/>	<i>fostering good relations).</i>		
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
4.	<p>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 NMSGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p><i>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.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Due to the sensitivity of the proposal consultation and engagement has not yet taken place.</p> <p>The service seeks feedback via quality service tool, 6 monthly reviews, file audits (monthly) and quarterly service practice audits. They also undertake a “You said, we did” exercise to gather feedback to improve service quality. The service manager states that they are passionate to support genuine service user involvement, and view having a suitable office space for service users to meet in aiding them with this action.</p> <p>Service users</p>	<p>The GMHHS manager has been fully involved in the review and agreement reached. Given the vulnerability of service users to increased heightened anxiety about potential changes to the service direct engagement has not been possible.</p> <p>However, once recommendations have been approved transitional planning will ensure service users and their significant others are fully engaged to ensure any identified needs for continued / future support including advocacy support are appropriately sourced.</p>

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	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>			
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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).</i></p>	<p>The service is delivered on an outreach basis. It is provided to adults diagnosed with Huntington’s disease with support needs met in their home and/or in the community. Any continued or future support needs will be subject to a social work needs assessment and consider all aspects of each person’s needs; physical, social, emotional and environmental.</p> <p>The current provider has not identified any barriers to support in each person’s home and overcome any inaccessible in their immediate community-based setting.</p>	<p>Subject to individual physical and environmental assessment.</p>

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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.</p>	<p><i>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.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>The transitional plan will outline how the changes will be communicated with service users and carers, who will be involved, and the format utilised within a multi-disciplinary approach. This will aim to ensure support is in place and identify and specify any additional resources required including advocacy and carers support if needed. The provider has indicated there are no current communication issues. However, in line with usual business rearrangements, there will be access to interpreters, translations, alternative formats and advocacy support if required.</p>	<p>Subject to individual needs and person- centred assessment. On a 'case by case' basis.</p>

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	<p>Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
(a)	<p>Age</p> <p>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).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Current breakdown of people being supported:</p> <ul style="list-style-type: none"> 4 individuals (30 to 50 yrs), 3 individuals (50-60yrs), 2 individuals in their 70's and 1 person in their 80's. <p>No impact identified at this stage. However, any identified age barrier will be taken into consideration as part of the individual referral/ and or s/w assessment. Given the degenerative nature of the disease due consideration will be given to anticipated future needs.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>	

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(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The potential for impact on disability as the service is targeted to people with Huntington’s disease which impacts on daily living. The service users will be referred for a social work assessment to identify any significant need for supports. Alternative supports will be sought within existing community-based services. There is potential that this will not directly align with current service provision.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington’s Association for direct advisory support and appropriate sign posting.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p>	<p>No impact identified at this stage. However, any identified gender reassignment issue raised will be taken into consideration as part of the individual referral/ and or s/w assessment.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and</p>

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports.</p> <p>Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No impact identified at this stage. However, any marriage or cohabitation issue will be taken into consideration as part of the individual referral/ s/w assessment.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by</p>

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	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>
<p>(e)</p>	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No impact identified at this stage and service user profile substantiates this. However, any pregnancy or issue identified will be taken into consideration as part of the individual referral/ and or s/w assessment.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No impact identified at this stage. The majority of service users are white Scottish and the provider has indicated there are no current communication issues. However, in line with usual business rearrangements, there will be access to interpreters, translations, alternative formats and advocacy support if required.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p>	<p>Limited equality data has not been routinely gathered. No impact identified at this stage. However, any religious belief made known will be taken into consideration as part of the individual referral/ and or s/w assessment.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and</p>

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>Of the current 10 individuals using the service, 6 are female and 4 are male.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and advisory staff, with low referrals into the service. For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. It is recognised that a disproportionate number of carers are female and</p>

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	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>potentially on low incomes. Service users and carers will be supported with any welfare benefit checks and income maximisation required or requested by the carer or service user.</p> <p>Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports.</p> <p>Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>No impact identified at this stage.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or</p>

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	<p>4) Not applicable <input type="checkbox"/></p>		<p>transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(j)</p>	<p>Socio – Economic Status & Social Class</p> <p>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?</p> <p>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)</p> <p>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?</p>	<ul style="list-style-type: none"> • People who currently utilise the service are not personally charged under current block funding arrangements. Potential socio-economic impact for those whose assessed need does not match current provision. • Any change in service provision that incurred a change in location could involve additional travel costs and change in service level 	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and advisory staff, with low referrals into the service. For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff.</p> <p>Service users and carers will be supported with all aspects of income maximisation and application to find alternative source of funding for any additional service costs. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports. Transitional planning arrangements will consider all relevant and</p>

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	<p>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)?</p> <p>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?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>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?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>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.</p>		<p>specialist supports and include liaison with Scottish Huntington’s Association for direct advisory support and appropriate sign posting.</p>
<p>(k)</p>	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with</p>	<p>No impact identified at this stage. However, any issue identified in relation to a person feeling marginalised will be taken into consideration as part of the individual referral/ and or s/w assessment.</p>	<p>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and</p>

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	<p>addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>		<p>advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified relevant person to support them with the transition of the service ending or transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>
<p>8.</p>	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	<p>This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025. However, achieving a saving was not the aim of the review.</p> <p>To meet the aims of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028. The review has been 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>It is anticipated that impact will be mitigated as the service has been underutilised over several years, despite targeted interventions by commissioning staff, the provider and advisory staff, with low referrals into the service.</p> <p>For those service users currently accessing the service, an individual review will be undertaken by locality based social work staff. Following this they will be supported by operational staff and any identified</p>

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	<p>characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>relevant person to support them with the transition of the service ending or transfer to alternative supports. Transitional planning arrangements will consider all relevant and specialist supports and include liaison with Scottish Huntington's Association for direct advisory support and appropriate sign posting.</p>
		<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>9.</p>	<p>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.</p>	<p>All staff who would be undertaking assessments would require to complete Equality and Human Rights training as part of their mandatory training requirements.</p>	

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.

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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.

N/A

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*.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

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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)

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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.

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)
<ul style="list-style-type: none"> • Commissioning will share information with social work locality teams to support individual reviews of the people currently supported by the service. • Decommissioning Plan being developed in collaboration with GMHHS staff and locality managers. • Operational lead to be identified • Timeline for anticipated service end with alternative supports to be identified • Commissioning will seek advice from legal to terminate the block contract 	4/02/25	SC
	21/2/25	SC
	10/2/25	MR
	20/3/25	MR
	TBC	LT

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

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Lead Reviewer:

Name Lorraine Taylor

EQIA Sign Off:

Job Title Service Manager Commissioning (Mental Health)

Signature Lorraine Taylor

Date 11/2/25

Quality Assurance Sign Off:

Name

Job Title

Signature

Date

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**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:

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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:			

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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

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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

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