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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:

Withdrawal from Care and Repair 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.

Glasgow Care & Repair is jointly funded by Glasgow City Health and Social Care Partnership and Glasgow City Council as part of a two year funding agreement and currently delivered by Southside Housing Association. This funding is in place until 31st March 2025.

There are 3 main areas of service, offering practical assistance, advice and information to older and/or disabled people who are home owners or private tenants living in Glasgow helping them to live more comfortably and safely in their own homes, for longer:

- **Handyperson** - practical minor tasks such as installing key safes, doorbells and smoke detectors; changing light bulbs and toilet seats; fitting shelves, bannisters, grab and handrails; hanging curtains; fitting thresholds and securing loose flooring and cables; and preparing the home for medical equipment or major works.
- **Home and Hospital** - a specialised version of the Handyperson Service for older and disabled people due for discharge from hospital ensuring they are returning to a safe and secure home.
- **Advice & Information** – advice and support for older and disabled people to enable them to carry out repairs and improvements to their home such as advice on the nature of repair work and improvements required; assistance on agreeing terms and monitoring quality of work; and signposting and referrals to other agencies.

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Performance Report 1.04.23 – 31.03.24

1.0 Service Uptake	Quarter 1/2	Quarter 3/4	Total
Total number of Referrals	292	302	594
Total Number of Service Users	255	250	505
Number of Tasks Completed	518	514	1032
Number of Home visits undertaken	275	272	547
Referral for Further Assistance	3	5	8

This proposal includes withdrawal from current arrangement and absorb majority of elements in-house.

Key safe installation

Over 80% of Home & Hospital tasks are comprised of key safe installations which could be brought in-house to deliver this element. Telecare fits key safes as part of their Telecare alarm system installation and moving key safe installation into this service area to support hospital discharge. £32,500 per annum of the budget will be retained to sustain key safe installation to support Hospital Discharge.

Based on the number of referrals received in 23/24, it is proposed that an addition of 1 FTE Telecare Technician Grade 3 post would be able to meet this demand. This is based on 4 key safe installations per day (approx. 80 per month). There would also be administrative, travel and materials costs. Key safes are currently chargeable and would continue to be chargeable when brought in house, although there is a possibility of increased costs to the service user. The Social Work Charging Policy will be reviewed and updated as required to reflect this. This Policy and associated EqIA are reviewed on an annual basis.

Handyperson tasks

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There are related handyman tasks required to make a person's home safe and secure, making up less than 20% of the current service (less than 200 tasks per year). This includes installing bannisters and handrails, rearranging furniture to accommodate medical equipment, improving accessibility of kitchen and bathroom facilities, and securing loose cables and flooring. These could potentially be absorbed into the main handyman service. This is based on current demand.

Advice and Information Service

The Advice and Information service will be absorbed into the Maximising Independence Hubs model (Make it Local Information and Advice Service) at no or minimal extra cost.

Further discussions will be required with Glasgow City Council regarding the match funding they provide, as the key safe provision makes up the majority of the services delivered and that will be delivered in house by the HSCP going forward. It is recognised that this may impact on the sustainability of the wider service, but is not known at this stage. This eqia will be updated to reflect the outcome of this, in line with the 6 month review process.

HR Implications

At this stage, it is not known if there is a potential TUPE implication for staff currently employed for the company providing the current repairs and servicing. This will be updated following discussions with Glasgow City Council and Southside Housing Association. This will be followed by discussions with Procurement, Legal and HR in preparation for communicating with the incumbent provider in terms of TUPE.

Given the stage of this programme of work, this EQIA can only provide a general overview. The eqia will be monitored and updated in line with the 6 monthly review process.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	Date of Lead Reviewer Training:
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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):

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>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>	<ul style="list-style-type: none"> • Age • Disability 	<p>The Social Work Care First 6 system as a matter of course collects:</p> <ul style="list-style-type: none"> • age • disability • pregnancy and maternity • race • religion or belief • sex <p>This will be collected for the services moving in house going forward.</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>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><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</i></p>	<p>Information collected is used to assess demand/capacity for the service going forward.</p> <p>In additional to equality data the following areas are captured and reported;</p> <ul style="list-style-type: none"> • Area of the City • Tenure • Work undertaken <p>The equalities and additional data collected was</p>	

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	<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>representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>used to inform the review of the service, including an options appraisal, to explore options for taking this forward that meet best value. This proposal was seen as the option which best delivered on best value, while protecting hospital discharge.</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><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,</i></p>	<p>A review of the service was undertaken, including an options appraisal, to explore options for taking this forward that meet best value. This followed the full service review that was undertaken in 2021 and the 6 monthly monitoring reports that have been scrutinised to evidence demand and areas of greatest need.</p> <p>Alternative options have been explored. Having sought legal advice, the HSCP are unable to adopt the same grant approach as NRS as it is a service being purchased, therefore did not meet the criteria for a Grant. Further Direct Award permissions could be sought however in considering procurement regulations in respect of aggregate value it is the view of the HSCP that this route has been exhausted.</p> <p><u>Referrals during quarter 1 and 2 2024/25</u></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>harassment and victimisation and fostering good relations).</i></p>	<p>Total number of Referrals - 292 Total Number of Service Users - 255 Number of Tasks Completed - 518 Number of Home visits undertaken - 275 Referral for Further Assistance - 3</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<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 NHSGGC 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 <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</i></p>	<p>There has been limited engagement with service users on this proposal, as the mainly one off, with a limited number of recurring service users. However feedback on the service is collected as part of business as usual and reported in the contract management reporting. 40 feedback forms were received in quarters 1 and 2 2024/25. The feedback from service users was generally very positive.</p> <p>The Advisory Group meets every quarter. This groups consists of; Scottish Housing Association Federation, Glasgow City Council, Southside Housing Association, Care and Repair Scotland and HSCP Commissioning.</p> <p>Due to the sensitivity of budget proposals, discussions have not yet been had with Glasgow City Council and Southside Housing Association.</p>	

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	<p>opportunity</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>low incomes.</i></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><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>Service took place in service users own home, with an aim of supporting service users ability to live as independently as possible.</p>	<p>Service continue to be delivered in service users own home.</p>

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	4) Not applicable <input type="checkbox"/>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
6.	<p>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</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>Current communication on the service is via a referral of options, including;</p> <ul style="list-style-type: none"> • Leaflet mailing/delivery city wide • Service advertised via: leaflets; GCC Website; SHA Website; Your Support Your Way Website; HSCP leaflet 'Do you want to move or stay" and also within the Care & Repair Scotland Website • Referrals can be made via phone, letter, email and online referral form (online referral form link available via Southside HA Website, GCC Website and link attached to all C&R staff emails • Referrals can be taken from anyone (with the exception of clients at home at risk of hospital admission – these require a referral made by HSCP staff • Home visits are available as well as assistance/advice by phone and email • Translation Services may be accessed by staff where required 	<p>Communication will continue to be undertaken in a variety of formats to support accessibility, in line with the GCHSCP participation and engagement strategy.</p> <p>A communication plan will developed to ensure that all referrers are aware that the key safe service has been brought in house and how to continue to refer.</p> <p>Service users do not self-refer for key safe, so change of moving in house is unlikely to be a change that requires communication.</p> <p>Access to interpreters, translations and alternative formats will be continue to be available for the key safe programme, on request, in line with business as usual.</p> <p>Any changes to the handyperson service is currently unknown and will be</p>

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	<p>access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			<p>subject to discussion with Glasgow City Council and Southside Housing Association. If there is likely to be any change or reduction in service, this would be discussed at point of contact with service users, as repeat access is not common. A communications plan would be required for referral partners.</p>									
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required										
(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 <input type="checkbox"/></p>	<p><u>Age of service users during quarter 1 and 2 2024/25</u></p> <table border="1" data-bbox="884 813 1456 1109"> <tr> <td>Under 65 (exceptional cases / severe disabilities)</td> <td>38</td> </tr> <tr> <td>65-69</td> <td>24</td> </tr> <tr> <td>70-79</td> <td>82</td> </tr> <tr> <td>80-89</td> <td>122</td> </tr> <tr> <td>90+</td> <td>28</td> </tr> </table> <p>Due to the nature of the service being delivered, this proposal is more likely to have an impact on Older People.</p> <p>The primary users of this service are older people living in their own homes or in tenancies around the City. Whilst this is a non-statutory service it would likely displace the cost of the work onto these older</p>	Under 65 (exceptional cases / severe disabilities)	38	65-69	24	70-79	82	80-89	122	90+	28	<p>Although this proposal includes a significant reduction in the funding provided. It is noted that over 80% of Home & Hospital tasks are comprised of key safe installations which could be brought in-house, which will continue to support hospital discharge.</p> <p>There is a potential for impact on the wider handyperson service as reduced funding may impact on the sustainability of the wider service, but is not known at this stage. As this service is match funded by Glasgow City Council, further discussions will be required to understand the full impact. However, it is anticipated</p>
Under 65 (exceptional cases / severe disabilities)	38												
65-69	24												
70-79	82												
80-89	122												
90+	28												

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	<p>characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>people.</p>	<p>that as the majority of the service will continue to be provided directly by the HSCP then a reduced fund for the remainder of the service would be minimal. This will be reviewed following engagement and assessment updated, as required. There is commitment to exploring alternative options of the handyperson provision, if there are concerns about it being retained.</p> <p>Key safes are currently chargeable and would continue to be chargeable when brought in house, although there is a possibility of increased costs to the service user. The Social Work Charging Policy will be reviewed and updated as required to reflect this. This Policy and associated EqlA are reviewed on an annual basis.</p> <p>Mitigations will be in place to reduce the impact of this change;</p> <ul style="list-style-type: none">• People will be signposted to alternative third sector independent living organisations.• Preventative guidance and materials will be added to our website.• The majority of tasks
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			completed by the service are keysafe installations. Part of the funding is being retained to continue this provision which enables Hospital discharge. But will incur a charge for service users, as outlined above.
(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>Due to the nature of the service being delivered, this proposal is more likely to have an impact on Disabled People.</p> <p>There is a direct correlation between disability and low income or reliance on state benefits. Accordingly there is a higher proportion of people with a disability living in areas of deprivation.</p>	As above
	Protected Characteristic	Service Evidence Provided	
(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>	No impacts identified at this stage.	As above

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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>Protected Characteristic</p>	<p>Service Evidence Provided</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>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 impacts identified at this stage.</p>	<p>As above</p>

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(e)	<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 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 impacts identified at this stage.</p>	<p>As above</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	
(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>No impacts identified at this stage.</p>	<p>As above</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>		
(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>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 impacts identified at this stage.</p>	<p>As above</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	
(h)	<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>A sex profile of service users is not available. No impacts identified at this stage.</p> <p>It is recognised that some service users may have been victims of gender based violence and as a result have concerns with someone of the opposite sex entering the home. Similar HSCP services take steps to highlight and accommodate any requests for a female to be present. This will be explored as part of the process</p>	<p>As above</p>

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	<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>of bringing the key safe service in house.</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>4) Not applicable <input type="checkbox"/></p>	<p>No impacts identified at this stage.</p>	<p>As above</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	

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<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:</p> <ol style="list-style-type: none">1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?5. What does our Duty assessment tell us about socio-	<p>Key safes are currently chargeable and would continue to be chargeable when brought in house, although there is a possibility of increased costs to the service user. The Social Work Charging Policy will be reviewed and updated as required to reflect this. This Policy and associated EqIA are reviewed on an annual basis.</p> <p>This proposal may have a greater impact on people on lower incomes who are unable to supplement their support by other financial means if they wished to do so. Services users may self-exclude.</p>	<p>As above</p>
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	<p>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>		
(k)	<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 addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>No direct impacts identified at this stage.</p>	<p>As above</p>
8.	<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</p>	<p>This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025.</p> <p>Glasgow Care & Repair is jointly funded by Glasgow City Health and Social Care Partnership and Glasgow City Council as part of a two year funding agreement and currently delivered by Southside Housing Association. This funding is in place until</p>	<p>As above</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>31st March 2025.</p> <p>There are 3 main areas of service, offering practical assistance, advice and information to older and/or disabled people who are home owners or private tenants living in Glasgow helping them to live more comfortably and safely in their own homes, for longer.</p> <p>It is estimated £32,500 per annum of the budget will be retained to sustain key safe installation to support Hospital Discharge.</p> <p>Given the stage of this programme of work, this EQIA can only provide a general overview. The eqia will be monitored and updated in line with the 6 monthly review process.</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 HSCP staff are encouraged to complete the equality GOLD module. Equality is also included in induction training.</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.

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The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

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)
Brian Lithgow	

Engagement with Glasgow City Council and Southside Housing Association.

Develop a communication plan to ensure that all referrers are aware that the key safe service has been brought in house and how to continue to refer.

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

**Lead Reviewer:
EQIA Sign Off:**

Name Liam Herbert
Job Title Head of Planning & Strategy
Signature
Date 27/02/25

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

**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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