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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](mailto:Equality@ggc.scot.nhs.uk) for further details or call 0141 2014560.

**Name of Policy/Service Review/Service Development/Service Redesign/New Service:**

Glasgow City Health and Social Partnership, Community Alcohol & Drug Recovery Services Framework

Is this a: Current Service ☐ Service Development ☐ Service Redesign ☐ New Service X ☒ 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).**

The Glasgow City HSCP has approved the decision to award a contract by open competitive tender for Glasgow Community Alcohol and Drug Recovery services.

The services will be available to all residents of Glasgow City who seek support for the harmful use of alcohol and drugs. The service offers support to families affected by a family member's harmful use of alcohol and drugs. There will be 2 services (STARS and ARBD) where there will need to be an assessed need by Social Work staff to access the service. The remaining services can be accessed by self-referral, primary/secondary care route, statutory route or by other community providers. This promotes equity of access for individuals. The noted services will be awarded as part of the procurement activity.

- Community Recovery Hubs x 3
- Support, Treatment and Recovery Service (STARS)
- Alcohol and Drug Counselling Service
- Support to Families affected by someone else's alcohol or drug use Outreach Support
- Services for individual's diagnosed with Alcohol-Related Brain Damage (ARBD)

These services already are delivered but are legacy arrangements, except for the STARS model. The procurement provides the HSCP a compliant contractual process to engage with selected providers to deliver Community Alcohol and Drug Recovery services across Glasgow. The Invitation to Tender and Service Specification are technical document outlining the tendering process and describing the services to be

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delivered, however, in equality impacting these documents, the following specific legislations and policy drivers are relevant:

Social Work Scotland (1968) Act

The Equality Act 2010 (General Duties)

Human Rights Act 1998 and the Equality and Human Rights Commission

Procurement and the public sector equality duty: A guide for public authorities (Scotland) 2013

The Public Bodies (Joint Working) (Scot) Act 2014

Key pieces of Strategies and Policies that are most relevant to Alcohol and Drug Recovery services are:

- National Drugs Mission Plan 2022–2026: Expanded to include alcohol focus in 2023, focuses on reducing drug-related deaths and harms.
- MAT Standards
- Alcohol Framework 2018: Emphasizes prevention, harm reduction, and changing Scotland's relationship with alcohol.
- Stigma Strategy for Drug Death Taskforce: Tackles stigma associated with drug and alcohol use.
- The Health and Social Care Standards – “Health and Social Care Standards: my support, my life” The Scottish Government, June 2017 (with addendum 31/03/2022) (<https://www.gov.scot/publications/health-social-care-standards-support-life/>)
- The Scottish Government's Whole Family Approach set out in “Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice” (Scottish Government, December 2021) which can be found at <https://www.gov.scot/publications/improving-holistic-family-support-towards-whole-family-approach-family-inclusive-practice-drug-alcohol-services>
- Rights, Respect and Recovery (2018): National strategy for drug and alcohol treatment, care, and recovery, promoting human rights and person-centered approaches.
- A Caring, Compassionate, Human Rights-Informed Drug Policy for Scotland: Promotes compassionate, rights-based approaches.
- Charter of Rights for People Affected by Substance Use <https://www.gov.scot/news/charter-of-rights-for-people-affected-by-substance-use/>
- Glasgow City Council Strategic Priorities

<https://glasgowcity.hscp.scot/strategies-and-plans>

The priorities identified in the Alcohol and Drug Partnership (ADP) Strategy support the attainment of the stated vision of the IJB, including all six key strategic priorities:

- Prevention, early intervention and well being

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- Supporting greater self-determination
- Supporting people in their communities
- Strengthening communities to reduce harm
- A healthy valued and supported workforce
- Building a sustainable future

Specification for the Community Alcohol and Drug Recovery Services Framework Tender is explicit in its promotion of equality. Service requirements clearly stipulate that: The Provider must have an understanding of the complex needs associated with the majority of service users involved in Alcohol and Drug Recovery Services who will present with a range of issues and varying levels of support needs, such as:

- homelessness
- lack of education and employment
- unsupported home or family environments
- being vulnerable to social isolation, harm or exploitation
- pregnancy
- affected by gender-based violence
- issues around gender or sexual orientation
- suffering effects of religious, racial, gender based or other discrimination
- language support and communication support needs due to literacy or language barriers
- mental health needs
- young people, some of whom will have had experience of being looked after and accommodated
- Families affected by another person's substance use, bereavement and isolation

In particular, in respect of Equalities, the Service Specification specifies that: The Services will be inclusive, culturally appropriate and accessible. Care should be anticipatory to meet the needs of those with protected characteristics (defined within the Equality Act 2010) rather than reactive. There will be clear processes outlining how the Services will be delivered to service users with additional needs, such as, physical, sensory or learning disabilities and service users who do not speak or read English, including access to interpreting services when required. Activity and materials used to promote the Services will be appropriate for those from protected characteristic groups.

Specific needs due to protected characteristics will be identified by the Provider and they will make appropriate adjustments to the delivery of the Services. This will include developing strategies to engage specific groups of service users, such as, women, pregnant women, men, individuals from black and minority ethnic communities, LGBTi communities, and individuals with disabilities. Monitoring of the uptake of specific groups of service users will be in line with the requirements of the Equality Act 2010.

**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)**

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<b>Name:</b> Lorraine Taylor	<b>Date of Lead Reviewer Training:</b> 06/08/2024
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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):**

Maureen McMaster, Principal Officer  
Jacqueline Norval, Senior Contract and Commissioning Officer

	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<b>1.</b>	<p><b>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.</b></p>	<p><b><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use</i></b></p> <p>.</p> <p>Monitoring of the uptake of specific groups of service users will be in line with the requirements of the Equality Act 2010 for all characteristics.</p> <p>To help support the continuing development of the services, information on the needs of the target group is collected. The information helps in the support and training of staff required to deliver this service.</p> <p>Of the Glasgow Population: Sexual Orientation: Heterosexual/straight 484,936 90.6% LGBTi 30,509 5.7% Not known 19,804 3.7%</p> <p>Ethnicity: Minority Ethnic 11.5%</p> <p>Religion:</p>	<p>Under the Council's Contract Management Framework, providers must show their awareness of their responsibilities in respect of equalities and confirm their commitment to regular review of practice in relation to equality considerations.</p> <p>Glasgow City HSCP Commissioning will be undertaking annual monitoring of equalities data from providers. This return will be anonymised but will be underpinned by the providers own procedures to routinely collect all data from their service users across all protected characteristics.</p> <p>Monitoring of the access and utilisation of these</p>

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			<p>Church of Scotland 74,935 14.0% Roman Catholic 111,867 20.9% Other Christian 26,762 5.0% Muslim 47,102 8.8% Other Religion 19,269 3.6% None 253,708 47.4% Not indicated 1,606 0.3%</p> <p>Accessibility: Uses other language at home - British Sign Language 1,850 0.3% Does not speak English well or at all 16,539 2.7% Does not speak, read or write English at all 20,206 3.3%</p> <p><a href="https://glasgowcity.hscp.scot/publication/demo-graphics-and-needs-profile-full-report-2023">https://glasgowcity.hscp.scot/publication/demo-graphics-and-needs-profile-full-report-2023</a></p> <p>As well as overall demographics captured by the annual Glasgow City HSCP Needs Profile there are some sources of drug and alcohol specific data sets that can be broken down by gender and SIMD data:</p> <p>Drug Related Death Data: <a href="https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2023">https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2023</a></p> <p>Alcohol Specific Death Data: <a href="https://www.nrscotland.gov.uk/files/statistics/alcohol-deaths/2023/alcohol-specific-deaths-23-">https://www.nrscotland.gov.uk/files/statistics/alcohol-deaths/2023/alcohol-specific-deaths-23-</a></p>	<p>services by specific groups will be undertaken in line with the requirements of the Equality Act 2010. A culture of continuous improvement will be fostered in these services.</p>
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			<a href="#">report.pdf</a>	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<p><b>Please provide details of how data captured has been/will be used to inform policy content or service design.</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p><b><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 introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></b></p>	<p>The information collected on the protected characteristics will help us to identify any gaps in service in order that service provision can be reviewed and where required improved.</p> <p>With regard to the non-routinely requested information (Sexual Orientation / Gender reassignment / Religion or Belief) – services will work with these protected characteristics, promoting equality and opportunity throughout the life of the service provision.</p> <p>During the analysis phase of the tendering process the working group consulted various sources of data including; HSCP Needs Profile, Glasgow Centre for Population Health Data, DRD figures, ASD figure and the Child Poverty in Glasgow Dashboard. Relevant data will be presented in the body of the report to ensure this is considered when a decision on any future tender is made.</p> <p>The following factors can be considered as service gaps:</p> <ul style="list-style-type: none"> <li>• Stigma – in relation to pregnant women / women with children, BME, LGBTi</li> <li>• Accessibility – locality groups and more flexible opening hours should be considered</li> </ul>	<p>Under the Council's Contract Management Framework, providers must show their awareness of their responsibilities in respect of protected characteristics and confirm their commitment to regular review of practice in relation to equality considerations.</p> <p>Specific needs due to protected characteristics will be identified during the referral and assessment process and providers will be required to make appropriate adjustments to the delivery of the Service.</p> <p>Monitoring of the access and utilisation of these services by specific groups will be undertaken in line with the requirements of the Equality Act 2010. A culture of continuous improvement will be fostered in these services.</p>

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			<ul style="list-style-type: none"> <li>• Service Provision – availability / trauma informed practice / follow on support</li> <li>• Inclusion – family support / signposting, early intervention and young people affected by parental addiction</li> </ul>	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
3.	<p><b>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</b></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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><b><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</i></b></p>	<p>The services will be linked in with BME groups and LGBTi groups to open clear pathways and involve local communities. Research suggests that there is clear stigma for this client group accessing Addiction services.</p> <p>Glasgow Alcohol and Drug Partnership 2023-2026</p> <p>The primary aims of this strategy are to increase community opportunities whilst increasing access to services.</p> <p>Iriss (2024) identified social priorities such as addressing stigma, upholding equalities and human rights and involving people with lived and living experience (LLE) of substance use as crucial to the commissioning of drug and alcohol services. The review process as involved group members with lived experience, has considered feedback from the ADP families reference group and will seek and consider specific feedback from people who have used the services under review when making any recommendations.</p> <p><a href="#">iriss-da-ethical-commissioning-report-final.pdf (ihub.scot)</a></p>	<p>Providers of the Community Alcohol &amp; Drug Recovery Services Framework will be expected to deliver services across a broad range of individuals given the multi-dimensional aspects of addiction and recovery services. They will therefore be expected to deliver a holistic service which is appropriate for all groups while being sensitive to the differing needs and expectations of relevant groups.</p> <p>At all times, the focus of services is on outcomes of preventing and reducing drug and alcohol stigma. Outcomes will be achieved through a sensitivity to the needs and requirements of the wide range of individuals who experience addiction.</p> <p>Services will embed any changes/actions that mitigate any negative impacts, into practice. This will mean the response is not a one off but will be used in the future</p>

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	4) Not applicable	<i>victimisation and fostering good relations).</i>	<p>All commissioning workstreams will provide reports that make recommendations in line with the ADP Strategy and relevant national and local priorities and frameworks.</p> <p><b>National Priorities and Frameworks</b>  The National Mission Plan 2022  Rights Respect Recovery 2018  The Alcohol Framework 2018  Partnership Delivery Framework 2019  Scotland's Public Health Priorities 2018  Creating Hope Together (Suicide Prevention) 2022 - 2032  UN Convention on the Rights of the Child  Drug and Alcohol Services - Improving Holistic Family Support</p> <p><b>Local Priorities and Frameworks</b>  Glasgow City HSCP Strategic Plan 2023-26  Glasgow City Carers Strategy 2022-25  Community Justice Outcomes Improvement Plan 2018-23  Children and Young People's Integrated Service Plan  Family Support Strategy  Glasgow HSCP Rapid Rehousing Transition Plan  NHS Greater Glasgow and Clyde Mental Health Strategy  Police Scotland Greater Glasgow Division Local Policing Plan 2023-26  NHS Greater Glasgow and Clyde Drug Harms Framework  Public Health Strategy, Changing the Tide</p>	service delivery.
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			Glasgow Begging Strategy	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
4.	<p><b>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.</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b></p>	<p><b><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></b></p> <p><b><i>(Due regard to promoting equality of opportunity)</i></b></p> <p><b><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to</i></b></p>	<p>In February 2024, working groups were established to review the current community support provision in Glasgow. These involved representatives from the GCADP, GCHSCP Alcohol and Drug Recovery staff (ADRS), third-sector representatives, commissioning staff, and individuals with lived experience.</p> <p><b>The next step was to invite a wider representation of stakeholders</b> from across the sector to participate in 3 connected events to support this work. Over 60 people, committed to attending all 3 sessions. The purpose of the events was to embed a culture of collaboration in the redesign and provision of Glasgow's community alcohol and drug recovery services.</p> <p>Involved in these events were a wide range of stakeholders. The stakeholders represented and/or worked with people with protected characteristics. They highlighted the barriers but also the strengthen in supporting people and their feedback has formed part of the service design.</p> <p>The Lived Experience Reference Groups, who are part of the ADP, have been involved in progressing services that take a Gendered Lens approach to service design. The voice of</p>	<p>The current providers were informed of the tender being progressed. Some of the services are legacy agreements with 25+ years of providing services for Glasgow City and are not national services with experience in bidding in tenders.</p> <p>Evidence gathered from the working groups identified the need for a range of community-based alcohol and drug recovery services. This would be a multi-service approach to reduce harm and promote recovery across Glasgow City for people aged 16 and above. These services would be available to those assessed as requiring ADRS care management and/or for people who wish to self-refer and seek support services. Identified was the need to ensure family members, carers and young people who are affected by a family member's alcohol and/or drug use had a safe and supportive network.</p>

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	<p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p><b><i>reduce poverty for children in households at risk of low incomes.</i></b></p>	<p>these groups has been used to promote equity across the protected characteristics</p> <p>Evidence gathered from the working groups identified the need for a range of community-based alcohol and drug recovery services. All the services were visited by the Commissioning Service Manager, Principal Officer and a Senior Officer in an attempt to be visible and supportive.</p> <p>These services would be available to those assessed as requiring ADRS care management and/or for people who wish to self-refer and seek support services. Identified was the need to ensure family members, carers and young people who are affected by a family member's alcohol and/or drug use had a safe and supportive network.</p> <p>The services will be contract managed under Glasgow HSCP PSR guidance with 6 monthly reviews and compliance with the contract. A review of services awarded the contract will be progressed before the end of the first 3 years. Feedback will be sought from those who have used and/or are still using the services throughout the contract award.</p>	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<b>5.</b>	<b>Is your service physically accessible to everyone? If this is a policy that impacts on</b>	<b><i>An access audit of an outpatient physiotherapy department found</i></b>	Service provision should be accessible to everyone in terms of building / (public) transport and transport links. Alternative online/telephone support should be available,	All tenders for commissioned services, the service specification requires the Providers bidding for the tender, are DDA compliant. This

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	<p><b>movement of service users through areas are there potential barriers that need to be addressed?</b></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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" 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>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>as well as alternative, flexible provision where the person requiring support can access and feel safe.</p>	<p>will be mirrored in any future tender proposal to ensure any barriers to accessing services is mitigated in any future tender proposals.</p>
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
6.	<p><b>How will the service change or policy development ensure it does not discriminate in the way it</b></p>	<p><i>Following a service review, an information video to explain new procedures was</i></p>	<p>HSCP services are required to comply with accessibility legislation in any communication which is produced and shared with the public, any future tender proposals will recommend the stipulation of accessibility compliance in</p>	<p>Clear communication sent to all ADRS teams to inform them of any changes around service provider / service provision.</p>

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	<p><b>communicates with service users and staff?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p><b><i>hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></b></p> <p><b><i>Written materials were offered in other languages and formats.</i></b></p> <p><b><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></b></p>	<p>any future lots that go to tender including:</p> <p>Interpreter / BSL Provision          Accessible buildings / rooms          Translatable materials          Guidance on working with marginalised groups</p>	<p>Representation / Presentation at ADRS Team Meetings by providers and/or Senior Officer responsible for monitoring the contract.</p> <p>Leaflet drop in GP Surgeries / Libraries / Information on Glasgow City Council's website etc</p> <p>HSCP, Care Manager and Provider will work alongside service users to ensure that they are 'heard', and concerns are addressed by the relevant professional or support services.</p> <p>Information in multiple formats will be required to reflect the services available.</p> <p>Multiple routes to request support will be available to promote ease of access to the services.          Services will be required to put appropriate training in place for their staff.</p> <p>The services will operate a 'no wrong door' approach which will reduce opportunities for a disproportionate impact on individuals who have difficulty accessing services due to communication issues.</p>
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				A communication strategy will be incorporated into the implementation plan for the contract for the services to ensure that information on changes are effectively delivered including to those who may have difficulty accessing such information.
<b>7</b>	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
<b>(a)</b>	<p><b>Age</b></p> <p><b>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).</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p>	<p>The service provision being tendered is for anyone meeting the service specification criteria (i.e. affected by their own or another's drug/alcohol use) who is 16+</p> <p>However, there will be a service within the provision that provides respite for adults from the child(ren) they care for as an alternative support for children and young people through children's services. This may be a parent/guardian or grandparent with a potential, positive impact in inclusion – family support / signposting, early intervention and young people affected by parental addiction.</p>	<p>Evidence gathered from the working groups identified the need for a range of community-based alcohol and drug recovery services. This would be a multi-service approach to reduce harm and promote recovery across Glasgow City for people aged 16+ and above. These services would be available to those assessed as requiring ADRS care management and/or for people who wish to self-refer and seek support services. Identified was the need to ensure family members, carers and young people who are affected by a family member's alcohol and/or drug use had a safe and supportive network.</p> <p>For younger people accessing services there will be a focus of delivering support for this age group . The delivering of age specific</p>	

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	<b>4) Not applicable</b> <input type="checkbox"/>		<p>groups will be developed and shaped by demand and people accessing the services.</p>
(b)	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>The evidence points to a high occurrence of comorbid mental health problems and substance use disorders; it is also noted that people experiencing both often struggle to access the most appropriate service. Policy to tackle this inequality is set out by rapid review recommendations from the Scottish Parliament:  <a href="https://www.gov.scot/publications/way-ahead-recommendations-scottish-government-rapid-review-co-occurring-substance-use-mental-health-conditions-scotland/pages/2/">https://www.gov.scot/publications/way-ahead-recommendations-scottish-government-rapid-review-co-occurring-substance-use-mental-health-conditions-scotland/pages/2/</a>          As well as a report from the Mental Welfare Commission for Scotland on Ending the Exclusion:  <a href="https://www.mwcscot.org.uk/sites/default/files/2022-09/EndingTheExclusion_September2022.pdf">https://www.mwcscot.org.uk/sites/default/files/2022-09/EndingTheExclusion_September2022.pdf</a></p> <p>GADRS is also seeing an increase in those with physical disabilities, i.e. people who are dependent on wheelchair access. It is therefore imperative that building being used to provide support are accessible with either ramp or elevator access, door width requirements and accessible rooms / bathrooms etc.</p>	<p>With the increase in physical care needs for this client group, services will need to consider their accommodation models and design space accordingly. It is therefore imperative that buildings being used to provide support are accessible with either ramp or elevator access, door width requirements and accessible rooms / bathrooms etc. GADRS have also seen an increase in presentations that are co-morbid with Mental Health. It is imperative that providers have proactive communication with ADRS staff in these situations and refer to ADRS MH nurses / CMHT to provide coordinated care. Encourage service users to adopt healthy lifestyle habits, adhere to prescribed treatments and engage in integrated care plans that address all coexisting conditions by developing a comprehensive treatment plan and utilise lifestyle changes to manage multiple chronic conditions.</p> <p>A communication strategy will be incorporated into the implementation plan for the contract for these redesigned services to ensure that</p>

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			information on changes are effectively delivered including to those who may have difficulty accessing such information.
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(c) )	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>Nationally there are around 262,000 people (0.5% of the UK population) who reported in the 2021 census that their gender identity was different from what was registered at birth.  <a href="https://commonslibrary.parliament.uk/2021-census-what-do-we-know-about-the-lgbt-population/#:~:text=Around%2094.0%25%20of%20respondents%20aged,registered%20at%20birth%20were%20different.">https://commonslibrary.parliament.uk/2021-census-what-do-we-know-about-the-lgbt-population/#:~:text=Around%2094.0%25%20of%20respondents%20aged,registered%20at%20birth%20were%20different.</a></p> <p>A health needs assessment of the LGBT+ population was carried out across the NHS GGC board area, 126 respondents reported to be trans women, 152 respondents reported to be trans masculine and 479 reported to be non-binary. Trans and non-binary people along with bisexual women were found to have the poorest overall health. With many respondents reporting excessive or problematic alcohol use, and the prevalence of drug use and its links to poor mental health.  <a href="https://glasgowcity.hscp.scot/sites/default/files/publications/Item%20No%2007%20-%20LGBT%2B%20Health%20Needs%20Assessment%20-%20Presentation_0.pdf">https://glasgowcity.hscp.scot/sites/default/files/publications/Item%20No%2007%20-%20LGBT%2B%20Health%20Needs%20Assessment%20-%20Presentation_0.pdf</a></p> <p>NHSGGC's Gender Reassignment Policy</p>	<p>Service users will be offered the opportunity to provide information around their sexual orientation / gender reassignment and religion or belief</p> <p>Glasgow City HSCP Commissioning will be undertaking annual monitoring of equalities data from providers. This return will be anonymised but will be underpinned by the providers own procedures to routinely collect all data from their service users across all protected characteristics.</p> <p>Monitoring of the access and utilisation of these services by specific groups will be undertaken in line with the requirements of the Equality Act 2010. A culture of continuous improvement will be fostered in these services. Services will be delivered in line with the guidance of the updated guidance from the Equality and Human Rights</p>

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		(March 2021) sets out the Board's commitment to provide fair and equitable treatment to patients with the protected characteristic of Gender Reassignment. This follows guidance issued by the Equality and Human Commission and allows NHSGGC to offer policy provision that is up to date and in line with legislation.	Commission, following the Supreme Court Judgement, as and when it is available. GCHSP will undertake annual equality monitoring of services. A communication strategy will be incorporated into the implementation plan for the contract for these redesigned services to ensure that information on changes are effectively delivered including to those who may have difficulty accessing such information.
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d )	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input type="checkbox"/></p>	<p>Forced Marriage is a form of Gender Based Violence which intersects with Domestic Abuse. It's noted that the risk of Domestic Abuse can be elevated at the end of a relationship, marriage or civil partnership.</p> <p>The Femicide Census has consistently shown that separation is a risk factor for intimate partner femicides, or a trigger for violent, abusive and/or controlling men. The restrictions to movement in response to the COVID pandemic made it more difficult for women to leave abusive men. Between 2018 and 2019, on average 43% of all women killed by current or former partners had left or were in the process of leaving. In 2020, evidence of separation was reported in 37% of intimate partner femicides.</p>	<p>There is no foreseen negative impact on people with the protected characteristic of marriage and civil partnership should there be changes to the current tenders under consideration.</p> <p>Providers will be monitored to ensure that Key Performance Indicators are met.</p> <p>GCHSP will undertake annual equality monitoring of services.</p> <p>A communication strategy will be incorporated into the implementation plan for the contract for these redesigned services to ensure that</p>

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	<b>4) Not applicable</b> <input type="checkbox"/>		<p>information on changes are effectively delivered including to those who may have difficulty accessing such information.</p>
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>None of the services being reviewed provide specific support to women during pregnancy / post-partum, however, this does not prevent women accessing the services during pregnancy or post-partum and they will receive support to meet their needs. Services will offer family skill support, and this will benefit this protected characteristic group</p> <p>Pregnant Women accessing Alcohol and Drug Recovery services may be affected by stigma. Pregnancy stigma has been highlighted as a priority and refers to negative attitudes, biases, and discrimination directed towards pregnant individuals, encompassing issues like weight gain, age, substance use, and perceived maternal competence. This can manifest as interpersonal judgment, institutional bias in the workplace, and self-blame, leading to stress, isolation, and compromised health outcomes for pregnant people and their children.</p> <p>Causes of pregnancy stigma:</p> <ul style="list-style-type: none"> <li>• <b>Societal norms and stereotypes:</b> Pregnancy and motherhood are often viewed through traditional gender roles, leading to negative perceptions when individuals deviate from these norms.</li> <li>• <b>Weight stigma:</b> Larger pregnant individuals may face</li> </ul>	<p>There is no foreseen negative impact on people with the protected characteristic of pregnancy and maternity for this service provision.</p> <p>The service will offer education and awareness: Educating the public about the complexities of pregnancy can foster more supportive and understanding attitudes.</p> <p>Challenge stereotypes: Actively work to deconstruct negative stereotypes about pregnant people and their roles.</p> <p>Improve healthcare settings: Ensure that healthcare environments are safe, welcoming, and free from stigmatising biases, according to professional commitments to social justice, says <a href="#">a report on the National Institutes of Health (NIH)</a>.</p> <p>Services will provide resources and support: Offer tangible support and resources to pregnant and parenting</p>

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		<p>additional biases related to weight gain, which can impact their care and well-being.</p> <ul style="list-style-type: none"><li>• <b>Age-related stigma:</b> Teen mothers and older women having children may face judgment for violating age norms for parenting and for being perceived as too old or young for pregnancy.</li><li>• <b>Perceptions of behaviour:</b> Stigmatizing attitudes are common towards pregnant individuals who use substances, such as alcohol or tobacco, often seen as moral failures.</li><li>• <b>Media and cultural portrayals:</b> Media and popular culture can perpetuate negative stereotypes and contribute to the stigmatization of pregnant individuals. Consequences of pregnancy stigma</li><li>• <b>Mental health impacts:</b> Stigma can lead to feelings of shame, guilt, isolation, and a perceived lack of parental competence.</li><li>• <b>Negative health outcomes:</b> Stigma can be a source of chronic stress, potentially leading to adverse health effects for both the mother and baby.</li><li>• <b>Compromised healthcare:</b> Stigmatizing behaviours can damage the patient-provider relationship, hindering communication and negatively affecting the quality of care.</li><li>• <b>Employment and workplace discrimination:</b> Pregnant individuals may face biases such as being less likely to be hired, promoted, or paid less, especially when they return to work.</li></ul>	<p>individuals, regardless of their circumstances.</p> <p>Although there are no specific services for pregnancy or post partum support in this tender, there are services being provided by Glasgow ADRS (Homework Club) in each of the 3 areas and there is a new service provision being implemented in GCADRS for families.</p> <p>Providers will be monitored to ensure that Key Performance Indicators are met. GCHSP will undertake annual equality monitoring of services.</p> <p>. An individual's pregnancy or maternity status is not the subject of a negative impact as a result of the service delivery. Additional mitigation actions are not required.</p>
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		<ul style="list-style-type: none"> <li>• <b>Social isolation:</b> Fear of judgment can cause individuals to limit their social networks and hide their pregnancies, further increasing feelings of isolation.</li> </ul>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(f)	<p><b>Race</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>None of the services being tendered will provide specific support for ethnic minorities, there is no foreseen negative impact as the services will be open/available to all. We will where possible and available access interpreting / translation interpreters or tools to combat any potential language barriers i.e. language line / online interpreting tools such as computer assisted interpretation (CAI) tools, digital and AI transcription.</p>	<p>There is no foreseen negative impact on the protected characteristic of race in the service provision being tendered. However, we would expect providers to collect. Someone may refuse, but we will ask for a full data collection form to be completed.</p> <p>The demographic data available on the ethnicity of people accessing services does not allude to a disproportionate number of people from ethnic minority backgrounds accessing the provision.</p> <p>The services will operate a 'no wrong door' approach which will reduce opportunities for a disproportionate impact on Black, Asian, and Minority Ethnic individuals through difficulty accessing services. Providers will be monitored to ensure that Key Performance Indicators are met.</p>

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			GCHSP will undertake annual equality monitoring of services.
(g) )	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Glasgow population by religion is estimated to be:</p> <p>Church of Scotland 74,935 14.0%</p> <p>Roman Catholic 111,867 20.9%</p> <p>Other Christian 26,762 5.0%</p> <p>Muslim 47,102 8.8%</p> <p>Other Religion 19,269 3.6%</p> <p>None 253,708 47.4%</p> <p>Not indicated 1,606 0.3%</p> <p><a href="https://glasgowcity.hscp.scot/publication/demographics-and-needs-profile-full-report-2023">https://glasgowcity.hscp.scot/publication/demographics-and-needs-profile-full-report-2023</a></p>	<p>There is no foreseen negative impact on the protected characteristic of religion in the service provision being tendered. The services will not provide specific religious services or groups.</p> <p>Providers will be monitored to ensure that Key Performance Indicators are met.</p> <p>GCHSP will undertake annual equality monitoring of services.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(h) )	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p>	<ul style="list-style-type: none"> <li>In 2023 there were 1,172 drug misuse deaths registered in Scotland, an increase of 12% (121 deaths) compared with 2022.</li> <li>In 2023, males were twice as likely to have a drug misuse death as females. Most of the increase in the past year was due to male deaths.</li> </ul>	<p>Service users will be offered the opportunity to provide information around their sexual orientation / gender reassignment and religion or belief will be routinely gathered. It will not affect access to any of the services being tendered.</p> <p>Services will be delivered in line with</p>

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	<p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p><a href="https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023/">https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023/</a></p> <ul style="list-style-type: none"> <li>• There were 1,277 alcohol-specific deaths registered in Scotland in 2023, an increase of one death from 2022. This is the highest number of alcohol-specific deaths registered in a year since 2008</li> <li>• The rate of mortality for alcohol-specific deaths was 22.7 deaths per 100,000 people in 2023. This measure takes into account the size and age-structure of the population.</li> <li>• Male deaths continue to account for around two thirds of alcohol-specific deaths. Over the last year, male alcohol-specific deaths increased by 25, while female deaths decreased by 24.</li> </ul> <p><a href="https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2023/">https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2023/</a></p>	<p>the guidance of the updated guidance from the Equality and Human Rights Commission, following the Supreme Court Judgement, as and when it is available. .</p> <p>GCHSP will undertake annual equality monitoring of services.</p> <p>An individual's protected characteristic of sex is not the subject of a negative impact result.</p> <p>Glasgow City HSCP Commissioning will be undertaking annual monitoring of equalities data from providers.</p> <p>This return will be anonymised but will be underpinned by the providers own procedures to routinely collect all data from their service users across all protected characteristics.</p> <p>Monitoring of the access and utilisation of these services by specific groups will be undertaken in line with the requirements of the Equality Act 2010. A culture of continuous improvement will be fostered in these services.</p>
(i)	<b>Sexual Orientation</b>	Recent data for Glasgow City shows the	Service users will be offered the

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	<p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>following composition of sexual orientation: Heterosexual/straight 484,936 90.6% LGBTi 30,509 5.7% Not known 19,804 3.7% <a href="https://glasgowcity.hscp.scot/publication/demo-graphics-and-needs-profile-full-report-2023">https://glasgowcity.hscp.scot/publication/demo-graphics-and-needs-profile-full-report-2023</a></p> <p>There is not strong local data available on the sexual orientation of people accessing services, and national Drug related death date / alcohol specific death data is not broken down for sexual orientation.</p> <p>A health needs assessment of the LGBT+ population was carried out across the NHS GGC board area, with many respondents reporting excessive or problematic alcohol use, and the prevalence of drug use and its links to poor mental health. <a href="https://glasgowcity.hscp.scot/sites/default/files/publications/Item%20No%2007%20-%20LGBT%2B%20Health%20Needs%20Assessment%20-%20Presentation_0.pdf">https://glasgowcity.hscp.scot/sites/default/files/publications/Item%20No%2007%20-%20LGBT%2B%20Health%20Needs%20Assessment%20-%20Presentation_0.pdf</a></p>	<p>opportunity to provide information around their sexual orientation / gender reassignment and religion or belief.</p> <p>Providers of this service will be sensitive to discrimination, harassment and victimisation and assist individuals to achieve equality of opportunity.</p> <p>GCHSP will undertake annual equality monitoring of services, guidance and protocols for the services in relation to LGBTi individuals may be developed from this analysis of this data.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(j)	<b>Socio – Economic Status &amp; Social Class</b>	<p>There is clear evidence that people from poor economic backgrounds are at an increased risk of suffering from alcohol and drug harms. Services will factor the impact of poverty and ensure they have established relationships with the wider stakeholder who can effectively support in areas of Poverty.</p>	<p>The services will be provided within the three localities, North East, North West and South Glasgow. As well as having building based access, there will be a range of options with regard to access including in-person, telephone, Microsoft TEAMS or equivalent.</p>

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		<p>People who die of an alcohol specific death in Scotland are 4.5x more likely to be from the lowest SIMD areas. In Glasgow City 72.2% of people who died of a drug related death in 2023 were from Quintile 1 of the SIMD.</p> <p>Although none of the services considered provide specific welfare or employability support. It is likely that all services disproportionately support people from lower income backgrounds.</p>	<p>Services will be provided with a person-centred approach to reduce barrier for access including considering travel costs, digital exclusion etc</p> <p>Providers will ensure they can offer advice and signposting to support Poverty related issues.</p> <p>Providers will be monitored to ensure that Key Performance Indicators are met.</p> <p>GCHSP will undertake annual equality monitoring of services.</p>
(k)	<p><b>Other marginalised groups</b></p> <p><b>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 &amp; refugees and travellers?</b></p>	<p>People with problematic drug and/ or alcohol use are more likely to experience homelessness, be involved in the justice system, transactional sex, or be ex-service personnel. The current ADP strategy (2023 – 2026) has partnership membership from homelessness and Asylum services, the Scottish Prison Service, Community Justice, and the Routes Out team (support for routes out of prostitution). This ensures that multiple complex needs are considered in the strategic planning process for marginalised groups.</p> <p>The current strategic direction of the ADP is to drive improvements in the following areas for people with all protected characteristics and from all marginalised groups:</p> <ul style="list-style-type: none"> <li>• Improve the quality of life for people suffering</li> </ul>	

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		<p>harm through alcohol and drug use.</p> <ul style="list-style-type: none"> <li>• Intervene as early as possible to prevent alcohol and drug problems.</li> <li>• Tackle stigma and health inequalities for those affected by alcohol and drug use.</li> <li>• Reduce the harms caused by alcohol and drugs.</li> <li>• Ensure a flexible, agile and effective response to emerging trends in alcohol and drug use.</li> </ul>	
8.	<p><b>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?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input checked="" type="checkbox"/></p>	<p>No, not at this time.</p>	
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

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9.	<b>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.</b>	<p>The Contract and Service specification will have the requirements to have relevant training appropriated to the service delivery.</p> <p>Providers will be expected to ensure that each protected characteristic group has equality of opportunity and that their staff group aims to be reflective of the communities that they are working in.</p> <p>GCHSCP Commissioning will monitor actions in relations to equality through its Contract Management Framework as well as the planned annual equality monitoring activity.</p>	<p>TURAS e-learning module available to all public H and SC services, including commissioned can be used for training and development.</p> <p>GCHSCP will support providers and share good practice and opportunities in relation to equalities.</p> <p>Ongoing routine monitoring will ensure compliance with requirements with enhanced actions undertaken on a proportionate as needed' basis following an assessment of risks.</p>
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**10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.**

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

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

No specific risks in relation to Human Rights were identified as part of the tender with people with lived and living experience involved in the
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process. It is acknowledged that some protected groups may be over represented in the wider population and the community services will ensure equality of opportunity and remove barriers to access. GCHSCP monitoring will ensure compliance with this while a culture of review and continuous improvement will seek to ensure that best practice is maintained. The service will operate in compliance with the Human Rights Act and the Equality Act.

**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\* .**

**Participation** - Participatory approach to EQIA, collaboration by a number of working group members. Input from Lived and Living Experience representatives in working group, consultation and feedback surveys from review.

As part of the development there was comprehensive participation. This involved a range of event, surveys and in person sessions with lived and living experience focus groups.

**Accountability** – The group is aware of the local authorities' responsibility as a duty bearer under United Nations Human Rights treaties and future Scottish Human Rights Bill, and as such is accountable for ensuring any recommendations on service tendering do not infringe on the human rights of people who might access the services.

The rights of a person is embedded in these service models and works to the principles of the Charter of Rights.

**Non-discrimination and equality** - service review undertaken included review of current policies of 3<sup>rd</sup> sector partners and working group to consider wordage in any future report to reflect need for policies and guidelines to uphold non-discrimination and equality.

As part of the evaluation process to deliver service the Providers will be required to evidence and demonstrate how the provide equitable service to all protected characteristic groups.

**Empowerment** – reference group member supported to attend working group to ensure lived experience empowered to share views at each step of the process.

**Legality** – group is aware of legal rights and responsibilities under current and future legislation. <https://www.alliance-scotland.org.uk/wp->

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[content/uploads/2023/12/Charter-of-Rights-Pages\\_Digital\\_singles.pdf](content/uploads/2023/12/Charter-of-Rights-Pages_Digital_singles.pdf)

- **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.**

<b>Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
Glasgow City HSCP Commissioning will be undertaking annual monitoring of equalities data from providers.	Lifetime of Contract	Commissioning
The HSCP Contract Management Framework, covers audit of a Providers policy and procedures in respect of protected characteristics and confirms commitment to regular review of practice in relation to protected characteristics.	Lifetime of Contract	Commissioning
Services will embed any changes/actions that mitigate any negative impacts, into practice. This will mean the response is not a one off but will be used in service delivery going forward.	Lifetime of Contract	Providers
A communication strategy will be incorporated into the implementation plan for the contract for the services to ensure that information on changes are communicated in an accessible format.	Contract Award /Commissioning estimated April 2026	ADRS
Providers will be monitored to ensure that Key Performance Indicators are met.	Lifetime of Contract	Commissioning
TURAS e-learning module available to all public H and SC services, including commissioned can be used for training and development.	Lifetime of Contract	Providers
		Commissioning

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GCHSCP will support providers and share good practice and opportunities in relation to equalities.	

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

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<b>Lead Reviewer:</b>	<b>Name</b> Lorraine Taylor
<b>EQIA Sign Off:</b>	<b>Job Title</b> Service Manager
	<b>Signature</b>
	<b>Date</b> 9/9/25

<b>Quality Assurance Sign Off:</b>	<b>Name</b> Alastair Low
	<b>Job Title</b> Manager, EHRT
	<b>Signature</b> A Low
	<b>Date</b> 15/09/2025

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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](mailto:alastair.low@ggc.scot.nhs.uk)

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