

OFFICIAL  
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:

ADP Strategy Refresh 2023 – 2026

Is this a: Current Service  Service Development  Service Redesign  New Service  New Policy  Policy Review x

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

Our vision is for the people of Glasgow to live free from the harms of alcohol and drugs.

Our Aims :

- Improve the quality of life for people suffering harm through alcohol and drug use.
- Intervene as early as possible to prevent alcohol and drug problems.
- Tackle stigma and health inequalities for those affected by alcohol and drug use.
- Reduce the harms caused by alcohol and drugs.
- Ensure a flexible, agile and effective response to emerging trends in alcohol and drug use.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

The Scottish Government requires all ADPs to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The National Mission Plan 2022, which as of 2023 includes an alcohol focus, runs until 2026. This Glasgow City ADP strategy refresh will align with this timeframe and the ambitious program of priorities that will improve the quality of life for people, families and communities in the city.

**OFFICIAL**

The priorities identified in the ADP Strategy support the attainment of the stated vision of the IJB, including all six key strategic priorities

- Prevention, early intervention and well being
- Supporting greater self determination
- Supporting people in their communities
- Strengthening communities to reduce harm
- A healthy valued and supported workforce
- Building a sustainable future

**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)**

<b>Name:</b> Gillian Ferguson	<b>Date of Lead Reviewer Training:</b> NA
----------------------------------	--

**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):**

Shannon Considine ADP Senior Officer (HSCP)
---

<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
----------------	----------------------------------	---

**OFFICIAL**

<p>1.</p>	<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>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</b></p>	<p>Glasgow City has a population of 635,640 and is the largest Health and Social Care Partnership area in Scotland, a city with wide and diverse social care needs.</p> <ul style="list-style-type: none"> <li>• 19.3% of the Glasgow population (122,000) live in an income deprived area</li> <li>• Life expectancy is lower in Glasgow than the Scottish average</li> <li>• Males – 73.1 years (Scottish average is 76.8 years)</li> <li>• Females – 78.3 years (Scottish average is 81 years)</li> <li>• Over a fifth (21%) of adults are estimated to drink harmful levels of alcohol</li> <li>• Glasgow has more than 18,000 people (estimate) who use drugs problematically (3.4% of the city, compared to 2% national average)</li> <li>• In 2022 196 people died of a drug related death</li> <li>• In 2022 202 people died of an alcohol specific death</li> </ul> <p>All of these challenges will inform the ADP planning and development over the life of this strategy.</p> <p>Of the Glasgow Population:</p> <p>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:          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>Glasgow City ADP demonstrate a good understanding of the overall demographics for the population of Glasgow and of the cohort that is likely to access services in the City.</p> <p>There are challenges to accessing service level data such as information sharing agreements amongst partners, the choice of anonymity when accessing low threshold services and low completion rates of demographics data.</p> <p>In terms of whole population data for drug and alcohol related deaths, this information is published broken down for age and gender however not for other protected characteristics such as ethnicity or sexual orientation. This is as the numbers are likely to be &lt;5 and could therefore make people easily identifiable.</p> <p>Glasgow City ADP continue to build on their information sharing agreements and champion the need for accurate data collection.</p>
-----------	--	--	--	--

**OFFICIAL**

**OFFICIAL**

			<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% <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>Those who died of a Drug Related Death (DRD) in Glasgow City in 2022 were most likely to be: Male (67.3%) and aged between 45-54 (37.8%; Median = 47) Overall the age range with the greatest difference compared to 2021, were those aged Under 25 with a decrease of 50% but represented a small number of cases. This is then followed closely by the 35-44 (49.5% dec), 45-54 (39.8% dec), 25-34 (38.5% dec), 65 and over (30.0% dec). Only in those aged 55-64 is there no change between each of the years. In 2022, there was a similar rate of decrease in both males and females compared to 2021 (37.7% for males; 35.4% for females). Over the last 10 years, and in contrast to previous years, there was a higher rate of death in males (80.8%) compared with females (33.3%). <a href="https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2022">https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2022</a></p> <p>In NHS GGC Board Area 2022 saw no difference in the sex split of alcohol-specific deaths, remaining at 70% male and 30% female.</p>	
--	--	--	--	--

**OFFICIAL**

**OFFICIAL**

			<p>Within NHSGG&amp;C the most common age range for alcohol-specific deaths was 55-64 years and this increased slightly to 35%. The 35-44 year age range, the 55-64 year age range, and the 65-74 year age range have all increased proportionally with the 45-54 year age range decreasing in this time period.</p> <p><a href="https://www.nrscotland.gov.uk/files//statistics/alcohol-deaths/2022/alcohol-specific-deaths-22-report.pdf">https://www.nrscotland.gov.uk/files//statistics/alcohol-deaths/2022/alcohol-specific-deaths-22-report.pdf</a></p>	
	<p align="center"><b>Example</b></p>	<p align="center"><b>Service Evidence Provided</b></p>	<p align="center"><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p><b>2.</b></p>	<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</b> <input type="checkbox"/></p>	<p><b>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)</b></p>	<p>The ADP funds a Glasgow city Intelligence hub whereby data is collected via various established information sharing agreements and used to inform the strategic planning of service provision in the city.</p> <p>The data has shown a need to strengthen women’s services due to an increasingly high occurrence of drug related deaths in females in Glasgow City. This has led to the development of the women’s workstream, there is now a specific subgroup looking at strategic planning around women and also a women’s reference group which seeks to capture the voices and qualitative data from women with lived experience. Work from the Women’s subgroup has create a women’s dashboard to data within the intelligence hub and are now working in partnership with Glasgow’s Violence Against Women Partnership.</p> <p>Data has also been used to strengthen the response to a spike in drug related deaths amongst the homeless population, experience high levels of deprivation. This has allowed for targeted interventions for the population including training for staff and increased availability of harm reduction interventions.</p>	<p>Glasgow city ADP will continue to support and develop data collection through the intelligence hub and where possible will seek to use the available data to support the development of initiatives which promote equality and remove discrimination for Glasgow’s Population.</p>

**OFFICIAL**

**OFFICIAL**

	<p>characteristics. <input checked="" type="checkbox"/> x</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>Data available on the level of suicide amongst women who have had children removed from their care supported the development of a support for birth parents project within the city.</p>	
	<p align="center"><b>Example</b></p>	<p align="center"><b>Service Evidence Provided</b></p>	<p align="center"><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>3.</p>	<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"/> x <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/> x <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/> x <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><b>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</b></p>	<p>The Scottish Government requires all ADPs to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The National Mission Plan 2022, which as of 2023 includes an alcohol focus, runs until 2026. This Glasgow City ADP strategy refresh will align with this timeframe and the ambitious program of priorities that will improve the quality of life for people, families and communities in the city. <a href="http://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/">www.gov.scot/publications/national-drugs-mission-plan-2022-2026/</a></p> <p>The ADP will continue to develop shared arrangements to support the delivery of common priorities with stakeholders reflecting and incorporating local and national strategic frameworks and service arrangements, including;</p> <p><b>National Priorities and Frameworks</b></p> <p>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></p>	

**OFFICIAL**

**OFFICIAL**

		<p>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 Glasgow Begging Strategy</p> <p>A recent health needs assessment of the LGBT+ community demonstrated the need for services to support the community to link in with mental health and drug and alcohol services, as well as the need for access to safe spaces away from drugs and alcohol. This has led to the funding of the LGBT+ bridging services, this is a joint mental health and ADP project that offers support to bridge people into services as well as social inclusion support. The health needs assessment is available here:</p> <p><a href="https://glasgowcity.hscp.scot/sites/default/files/publications/Item%20No%2007%20-%20LGBT%2B%20Health%20Needs%20Assessment%20-%20Presentation%200.pdf">https://glasgowcity.hscp.scot/sites/default/files/publications/Item%20No%2007%20-%20LGBT%2B%20Health%20Needs%20Assessment%20-%20Presentation%200.pdf</a></p>	
	<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

**OFFICIAL**

**OFFICIAL**

<p>4.</p>	<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>1) Remove discrimination, harassment and victimisation    x <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity    x <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics    x <input checked="" type="checkbox"/></p> <p>4) Not applicable    <input type="checkbox"/></p>	<p><b>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.</b></p> <p><b>(Due regard to promoting equality of opportunity)</b></p> <p><b>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</b></p>	<p>Glasgow city commissions an advocacy service which works to support people to access services or advocate for improved service. The service provides regular reports to the ADP on the scope of their work and the feedback from these reports is used to hold services to account and ensure peoples voices are heard.</p> <p>The ADP has been engaging with women with lived experience of drug and alcohol use for over 1 year now through an established reference group. Examples of consultation and feedback being implemented include:</p> <ul style="list-style-type: none"> <li>• The group named the ‘Martha’s mammie’s’ support for birth parents service and the referral criteria of the services was also changed following feedback from the group</li> <li>• The ADP has submitted a response to the Scottish Government consultation on the minimum unit pricing of alcohol – the response includes a section with the views of those with lived experience.</li> <li>• The group has been consulted on a number of services developments early in the process including the CAPA service and the proposed community mental health hubs.</li> </ul>	
-----------	--	---	--	--



**OFFICIAL**

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p><b>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?</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    x <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity    x <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics    x <input checked="" type="checkbox"/></p> <p>4) Not applicable    <input type="checkbox"/></p>	<p><b>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).</b></p>	<p>All HSCP buildings are designed with accessibility in mind.</p> <p>All tenders for commissioned services include wordage to ensure the services bidding for the tender are DDA compliant:</p> <p>One of the ADP objectives for the strategy is to: <i>'Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations'</i></p> <p>We will therefore seek to ensure any barriers to accessing services in mitigated going forward.</p>	<p>The ADP strategy seeks to coordinate a large number of partners in Glasgow City, not all of which are funded directly by the ADP. For this reason, the ADP strategy cannot guarantee that all drug and alcohol services in the city will meet this standard, however it is actively encouraged by the partnership.</p>
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action

**OFFICIAL**

		<b>OFFICIAL</b>		<b>Required</b>
6.	<p><b>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to</p>	<p><b>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.</b></p> <p><b>Written materials were offered in other languages and formats.</b></p> <p><b>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</b></p>	<p>All ADP communications are reviewed for accessibility in line with HSCP's guide to accessible communications, this includes the strategy document. Interpreters are available to be booked for those who do not have English as a first language, including BSL users. Written information is currently available in English and can be made available in other languages and formats on an 'as and when required' basis request.</p> <p>HSCP services have access to interpreter phonedlines to support service users, services out with the HSCP are encouraged to consider inclusivity and the equalities act through the tendering process.</p> <p>One of the aims of the strategy is to <b>Tackle stigma and health inequalities for those affected by alcohol and drug use'</b> As such the ADP is involved in a board wide health improvement initiative to tackle stigma, including the stigmatising language and communication people might experience when accessing services.</p> <p>A survey was conducted amongst key ADP stakeholders and people using services, looking at means of communication and how we best reach our target audience, this resulted in a number of communications objectives being developed including:</p> <ul style="list-style-type: none"> <li>• Raise awareness of the partnership working and initiatives across Glasgow City to tackle the harms caused by alcohol and drug use, including prevention and education initiatives, harm reduction interventions and recovery communities.</li> <li>• Promote new support services for individuals and their families.</li> <li>• Provide accurate information to services provided by</li> </ul>	<p>It is recommended that:</p> <p>-the Strategic Plan reflects Glasgow City HSCP's guide to Accessible Communications, can be offered in other languages and formats, and that all digital/video content is accompanied by a BSL signer.</p> <p>- the design of specific services or interventions to support people with their drug or alcohol use, are individually assessed to ensure potential barriers to awareness, understanding and access, are addressed.</p>

**OFFICIAL**

	<p><b>show how the service review or policy has taken note of this.</b></p>		<p>partner organisations to potential service users, their families and loved ones.</p> <ul style="list-style-type: none"> <li>• Share the success of services and individuals in Glasgow City, particularly the outcomes of the Recovery Communities.</li> <li>• Share significant policy developments and funding opportunities.</li> <li>• Work with partners to share and promote campaigns to ensure the greatest opportunity for wider engagement.</li> <li>• Challenge any stigmatising language used across mainstream media, promoting a compassionate response to substance use disorder issues and championing a public health approach.</li> </ul>	
7	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
(a)	<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 type="checkbox"/></p>	<p>Drug related deaths figures for Glasgow City by age range as follows: 35-44 (49.5% dec), 45-54 (39.8% dec), 25-34 (38.5% dec), 65 and over (30.0% dec).</p> <p>Within NHSGG&amp;C the most common age range for alcohol-specific deaths was 55-64 years and this increased slightly to 35%. The 35-44 year age range, the 55-64 year age range, and the 65-74 year age range have all increased proportionally with the 45-54 year age range decreasing in this time period.</p> <p>The ADP strategy brings together partners that consider service provision throughout the life-course, with a number of initiatives for specific age groups.</p> <p>This includes the development of a young person's service</p>	<p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>'Develop work</b></p>	

**OFFICIAL**

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>within the Alcohol and Drug Recovery Services, funded as part of the governments Whole Families Approach to care:  <a href="https://www.gov.scot/publications/improving-holistic-family-support-towards-whole-family-approach-family-inclusive-practice-drug-alcohol-services/pages/9/">https://www.gov.scot/publications/improving-holistic-family-support-towards-whole-family-approach-family-inclusive-practice-drug-alcohol-services/pages/9/</a></p> <p>The partnership also supports learning hubs for people in recovery and their children and whole family support through the children 1<sup>st</sup> initiative.</p> <p>The Strategy also aims to '<b>Align developments with the Carers strategy, with focus on support for young carers</b>'</p>	<p><b>with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations'</b></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>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 checked="" type="checkbox"/></p> <p>4) Not applicable <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></p> <p>As well as a report from the Mental Welfare Commission for Scotland on Ending the Exclusion:  <a href="https://www.mwscot.org.uk/sites/default/files/2022-09/EndingTheExclusion_September2022.pdf">https://www.mwscot.org.uk/sites/default/files/2022-09/EndingTheExclusion_September2022.pdf</a></p> <p>Drug and alcohol treatment services are working towards implementing the Medication Assisted Treatment Standards Across their services, MAT 9 is around joint working between Mental Health and Drug and Alcohol Services:  <a href="https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/">https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/</a></p> <p>Currently Glasgow is involved in reviewing the interface between Mental Health and Drug and Alcohol Services across the board. To ensure local policy is in line with government policy directive</p>	<p>Though there is much national evidence on the topic of comorbid mental health and Substance use, there is no available local data analysis. Going forward this will be reviewed as part of MAT 9 implementation.</p> <p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of</p>

**OFFICIAL**

**OFFICIAL**

		<p>by April 2024.</p> <p>An example of joint working between mental health services and drug and alcohol services is the joint funding of the LGBT+ bridging services, supporting people to access services appropriate for them.</p>	<p>the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(c)</p>	<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 checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>Nationally there around 262,000 people (0.5% of the 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>The ADP funds the LGBT+ bridging service which provides direct support to trans people seeking to access services, the</p>	<p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>

**OFFICIAL**

**OFFICIAL**

		<p>project is lead by services that also provide wider support to trans people waiting on gender reassignment surgery through a governance backed scheme. Specific training on gender reassignment has also been adopted by a number of community projects to give staff the confidence to offer support to people from the trans community accessing these services.</p> <p>NHSGGC's Gender Reassignment Policy (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.  <a href="https://www.nhsggc.org.uk/media/266027/gender-reassignment-policy-review-2021-revised.pdf">https://www.nhsggc.org.uk/media/266027/gender-reassignment-policy-review-2021-revised.pdf</a></p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(d)</p>	<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 type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p> <p><b>3) Foster good relations between protected</b> <input type="checkbox"/></p>	<p>Services will be provided that are inclusive of marriage and civil partnership status.</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>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>'Develop work</b></p>



**OFFICIAL**

	<p><b>characteristics</b></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This will be considered through the lens of the ADP women’s work in partnership with the Violence Against Women Partnership.</p>	<p><b>with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>
<p>(e)</p>	<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>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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>All three Glasgow localities and Glasgow City (86.5%) as a whole have a higher healthy birth rate percentage than Scotland (84.1%).</p> <p>30.2% of Glasgow babies are exclusively breast-fed at 6-8 weeks compared to 31.9% of Scotland’s babies, with big differences in this rate for the Glasgow localities ranging from 21.7% for Northeast to 32.2% for South and 36.0% for Northwest.</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 available local data on pregnancy and drug / alcohol use. The ADP are however aware of experiential accounts from the ADP women’s reference group from mothers who have reported that they were fearful of accessing services in case social work services became involved in the care of their child and tried to hide their problematic use due to this fear and the stigma that surrounds drug and alcohol use as a mother.</p> <p>The Blossom team (formally the special needs in pregnancy team) are a long-standing ADP partner, involved in the strategic planning of children young person and family’s drug and alcohol services. They are represented alongside children and family services to ensuring maternal needs are met while also ensuring statutory obligations to child protection are upheld.</p> <p>Glasgow also provides the Maratha’s Mammie’s support to birth parents services. This service provides support to people who have had their children removed from their care, this is often due</p>	<p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>

**OFFICIAL**

**OFFICIAL**

		to drug and alcohol use.	
	<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 checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>Services which provide a response to people from BAME communities must take into account the very specific and complex needs of these communities, including:</p> <ul style="list-style-type: none"> <li>• Language difficulties and access to interpreting services and translated resources</li> <li>• Cultural awareness or sensitivities</li> <li>• Immigration and legal status and trafficking</li> <li>• Loneliness and isolation</li> </ul> <p>11.5% of Glasgow’s population are Minority Ethnic and around 3.3% or 20,206 people do not speak, read or write English at all <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 not strong local data available on the ethnicity of people accessing services, and Drug related death data / alcohol specific death data is not broken down for ethnicity to protect anonymity.</p> <p>A health needs assessment of people injecting drugs in public spaces did however show that this cohort of people are likely to be white British: <a href="https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf">https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf</a></p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>	<p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>

**OFFICIAL**



**OFFICIAL**

<p>(g)</p>	<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 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 differential impact on strategy or service provision based upon the protected characteristic of religion and belief.</p> <p>Glasgow population by religion is estimated to be:</p> <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><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>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(h)</p>	<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>	<p>In 2022 those who died of a Drug Related Death (DRD) in Glasgow City were most likely to be: Male (67.3%)</p> <p>In 2022, there was a similar rate of decrease in DRDs for both males and females compared to 2021 (37.7% for males; 35.4% for females). However suspected DRD data from the first quarter of 2023 has shown a spike of around 14% nationally in female deaths.</p> <p><a href="https://www.nrscotland.gov.uk/files/statistics/drug-related-">https://www.nrscotland.gov.uk/files/statistics/drug-related-</a></p>	<p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP</p>

**OFFICIAL**

**OFFICIAL**

	<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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><a href="https://www.gov.scot/publications/suspected-drug-deaths-scotland-january-march-2023/deaths/22/drug-related-deaths-22-report.pdf">deaths/22/drug-related-deaths-22-report.pdf</a>  <a href="https://www.gov.scot/publications/suspected-drug-deaths-scotland-january-march-2023/">https://www.gov.scot/publications/suspected-drug-deaths-scotland-january-march-2023/</a></p> <p>In NHS GGC Board Area 2022 the sex split of alcohol-specific deaths, was 70% male and 30% female.  <a href="https://www.nrscotland.gov.uk/files//statistics/alcohol-deaths/2022/alcohol-specific-deaths-22-report.pdf">https://www.nrscotland.gov.uk/files//statistics/alcohol-deaths/2022/alcohol-specific-deaths-22-report.pdf</a></p> <p>The rate of public injecting has a male to female ratio of around 4.3: 1  <a href="https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf">https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf</a></p> <p>The ADP strives to take a gendered lens to strategic planning not only is there a specific Women’s subgroup working in partnership with the Violence Against Women Partnership, but there is also a Women’s Reference group, seeking to ensure the voice of Women with lived experience are heard at every level of the strategic planning process.</p> <p>This work seeks to capture the voices and qualitative data from women with lived experience. Work from the Women’s subgroup has create a women’s dashboard to data within the intelligence hub and are now working in partnership with Glasgow’s Violence Against Women Partnership.</p> <p>Data available on the level of suicide amongst women who have had children removed from their care supported the development of a support for birth parents project within the city.</p>	<p>equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>
(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a</b></p>	<p>Recent data for Glasgow City shows the following composition of sexual orientation:  Heterosexual/straight 484,936 90.6%</p>	<p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies</p>

**OFFICIAL**

**OFFICIAL**

<p><b>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 checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>LGBTi 30,509 5.7% Not known 19,804 3.7% <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 not strong local data available on the sexual orientation of people accessing services, and Drug related death date / alcohol specific death data is not broken down for sexual orientation to protect anonymity.</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>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p> <p>Currently the ADP is involved in the ‘kinderstrongerbetter’ partnership which seeks to advance drug and alcohol support for the LGBTQI+ community.</p> <p>The ADP also jointly funds the LGBT+ bridging service, supporting people from the community to access mental health and drug and alcohol services, as well as tackling social isolation.</p>	<p>accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>
<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and</b></p>

**OFFICIAL**

**OFFICIAL**

			<b>Additional Mitigating Action Required</b>
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>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?</b></p> <p><b>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 strategic 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: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></b></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"> <li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li> <li>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)?</li> <li>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?</li> <li>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</li> <li>5. What does our Duty assessment tell us about socio-</li> </ol>	<p>In 2021, after adjusting for age, people in the most deprived areas were 15.3 times as likely to die from drug misuse as those in the least deprived areas. <a href="https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/21/drug-related-deaths-21-report.pdf">https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/21/drug-related-deaths-21-report.pdf</a></p> <p>Alcohol-specific deaths were 4.3 times as frequent in the most deprived areas of Scotland compared to the least deprived areas. <a href="https://www.nrscotland.gov.uk/files/statistics/alcohol-deaths/2022/alcohol-specific-deaths-22-report.pdf">https://www.nrscotland.gov.uk/files/statistics/alcohol-deaths/2022/alcohol-specific-deaths-22-report.pdf</a></p> <p>The ADP supports 4 reference groups: Lived and Living experience, Women’s, Families and staff. Members of these group predominantly have lived experience of drug and alcohol use and many also have lived experience of social/ economic deprivation. The voices of these groups informs decision making across the ADP. A recent example being the ADPs response to the Scottish Government consultation on Minimum Unit Pricing for Alcohol. The reference groups felt strongly that this tax discriminates against those from SIMD areas. These views were reflected in the ADP submission to the consultation.</p> <p>Access to welfare rights advice is actively promoted in HSCP drug and alcohol services with care planning tools designed to encourage appropriate support to be offered. The ADP also commission an employability service to ensure people with lived experience have access to training and employment opportunities as part of their recovery journey. <a href="https://www.elevate-glasgow.org/">https://www.elevate-glasgow.org/</a></p>	<p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>‘Develop work with specific populations to identify opportunities for prevention activity, barriers and challenges to engaging with support services and mitigations’</b></p>

**OFFICIAL**

**OFFICIAL**

	<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)<sup>21</sup> 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 Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</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, prostitution, or be ex-service personnel. The strategic partnership membership includes lead staff 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.</p> <p>The Strategy document aims to make 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 harm through alcohol and drug use.</li> <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> </ul>	<p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services</p> <p>The Strategy notes the need to drive work with specific populations and this is a key objective over the life of the strategic plan: <b>'Develop work with specific populations to identify opportunities for prevention activity, barriers and</b></p>

**OFFICIAL**

		<ul style="list-style-type: none"> <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>	<p><b>challenges to engaging with support services and mitigations'</b></p>
<p>8.</p>	<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>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</p>	
		<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>9.</p>	<p><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>	<p>This data would be required to be considered by service area/ independent commissioned services.</p>	<p>The <a href="#">Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. This duty is actively promoted within the HSCP, with ADP representation on the HSCP equalities group and is reflected in all tenders to commissioned services.</p>

**OFFICIAL**

**OFFICIAL**

--	--	--	--

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.

There is no perceived risk

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\* .

Participatory approach to EQIA  
Input from Lived and Living Experience representatives in formation of draft Strategy  
ADP reference group involvement in the national collaborative – a national forum for people with lived experience of drugs and/or alcohol to input into the national charter on

**OFFICIAL**

## OFFICIAL

human rights.

\*

- **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.

OFFICIAL



## OFFICIAL

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)

OFFICIAL

**OFFICIAL**

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.

The ADP supports the women’s reference group, the group are regularly consulted on strategic developments across the work plan and also drive key pieces of work as identified by the group.

**Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.**

	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
Glasgow City ADP continue to build on their information sharing agreements and champion the need for accurate data collection.	2026 - life of the strategy	Gillian Ferguson ADP co-ordinator
Glasgow city ADP will continue to support and develop data collection through the intelligence hub and where possible will seek to use the available data to support the development of initiatives which promote equality and remove discrimination for Glasgow’s Population.	2026 - life of the strategy	Gillian Ferguson ADP co-ordinator
Though there is much national evidence on the topic of comorbid mental health and Substance use, there is no available local data analysis. Going forward this will be reviewed as part of MAT 9 implementation.	April 2024	Stephanie Dragan MAT project manager

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

Assuming publication in January 2024 the 6 monthly review date will be July 2024

**Lead Reviewer:  
EQIA Sign Off:**

**Name Gillian Ferguson  
Job Title ADP co-ordinator  
Signature  
Date**

**OFFICIAL**

**OFFICIAL**

**Quality Assurance Sign Off:**

<b>Name</b>	<b>Alastair Low</b>
<b>Job Title</b>	<b>Planning Manager</b>
<b>Signature</b>	<b>Alastair Low</b>
<b>Date</b>	<b>20/11/2023</b>

**OFFICIAL**

**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:

--

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:			

**OFFICIAL**

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

--

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)

**OFFICIAL**