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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. Please refer to the EQIA Guidance Document while completing this form. 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 [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@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 & Social Care Connect (Previously Single Point of Access Project – Social Care and Health Activities)

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

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

*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.*

The new Health & Social Care Connect service is a single point of access model which will replace the existing Social Care Direct service by providing accessible, early intervention and prevention support at the first point of contact for specific social care and health activities. The first phase will be for the Social Care Part of the Service. Below details the scope of Phase 1 of the service.

**Adults and Older People**

- All new referrals including OT
- Internal Referrals that would have ordinarily gone to duty
- Initial Assessments and home visits will be carried out as required
- Work will only be handed over when longer term allocation is required
- Responsibility for ASP will sit with the localities
- ASP's will be screened by SPOA for new referrals, if meeting the 3 point test passed to locality ASP hubs
- ASP's for open work across care groups will continue to be passed to ASP Duty Hubs

**Children and Families**

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- All new referrals/ but not pre-birth
- Initial Assessment and home visits will be carried out as required
- Notification of Concern and Child Protection referrals that are screened by SPOA TL and it is determined there is risk of significant harm this will be passed directly to duty teams, as per agreed safe handover processes.
- Notification of Concern and welfare referrals that require further assessment to determine the level of need an/or risk will remain with SPOA for initial assessment and home visit as necessary:
  - Should the level of concern or risk escalate to risk of significant harm this will be passed to localities to invoke CP processes.
  - Should the assessment determine further intervention/supports are required this will be passed to the localities for ongoing allocation.
- Homeless families referrals/ homeless health visiting

### **Homelessness**

- All new referrals/ Homeless Prevention
- Homeless applications and initial booking of accommodation
- Reducing demand on locality services

### **Alcohol and Drug Recovery Services**

- ADRS not part of phase 1, part of phase 2
- Processes in place to support the provision of information, offer advice and guidance
- Referrals passed directly to the localities to process in line with MAT standards
- All staff in SPoA will be trained in Harm Reduction approach
- Social Care Workers x 4 will support this service

The main focus of this new service will be to assist people get the right help at the right time through a revised model of intervention which promotes reablement and independence. Members of the public, staff and other agencies will be able to use the HSCC to obtain further information, request help or get a service.

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To allow for different social care needs there will be enhanced ways to contact the service which provide flexible options which enable the same experience along with reducing duplication. These methods include:

- Completing and submitting an online referral form (being reviewed and updated for accessibility and uniformity across services)
- Via phone call or by email message
- Webchat option being explored and functionality developed
- Internal requests through HSCP systems such as Eclipse/ Emis etc
- Your Support Your Way Glasgow website to access information

*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.)*

The main drivers for change are:

- **Strategic direction from IJB** to develop integrated first point of contact arrangements within the GCHSCP
- **Increased demand** on statutory services and duplication within the system
- Need to **reconnect and deepen connections** with communities and 3<sup>rd</sup> sector partners
- **Maximising Independence** strategy
- **Children's Transformational Change** Agenda
- **Rapid Rehousing Transition Plan** and Housing Options Approach
- Lessons learned from **Pandemic** and benefits of adopting a multi-disciplinary approach
- Range of **research on revised delivery models** which has influenced the need to enhance our arrangements at the front door

SPOA will demonstrate a commitment to all five priorities:

1. Prevention, early intervention and harm reduction
2. Providing greater self-determination and choice
3. Shifting the balance of care
4. Enabling independent living longer
5. Public Protection

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

Name: Jayne Miller	Date of Lead Reviewer Training: 2019
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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):

Mhairi Henderson, Susan Thomson
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<b>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected</b>	<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>	Range of established recording systems in both organisations which collect a range of data. Main recording for social care information will be Eclipse, I World and Carefirst. For NHS will be Emis, Sci gateway and other data which populates NHS Portal.  The data routinely collected includes sex, age, ethnicity, disability, language, cultural background but would also include health status i.e. pregnancy.  See HSCP EQIA which outlines this information in more detail;  <a href="https://glasgowcity.hscp.scot/publication/eqia-glasgow-city-ijb-strategic-plan-2019-2022">https://glasgowcity.hscp.scot/publication/eqia-glasgow-city-ijb-strategic-plan-2019-2022</a>	

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	<p><b>characteristic data omitted.</b></p>			
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><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 opportunity</b> <input checked="" type="checkbox"/></p>	<p><i><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.</b></i></p>	<p>Due to increased demand on statutory services and duplication within current systems, the new service aims to improve responses and outcomes for initial requests, reduce inappropriate demand on services and better promote independence, reablement and rehabilitation.</p> <p>The new service will offer an asset / strengths-based approach across all disciplines. Along with providing an opportunity to align the service design and delivery with the strategic priority and principles of Maximising Independence.</p> <p>Business Development/ Planning leads routinely gather and analysis data, which is then utilised to develop services, policy or adapt operational arrangements. This data is also shared with a range of stakeholders and partners which enables collaboration and improves relationships. This data is also submitted to Scottish Government and other agreed parties for these purposes.</p>	

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	<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>(Due regard promoting equality of opportunity)</i></p>	<p>Information is reported on a regular basis to the IJB, Local Authority and Health Board on these characteristics which informs these requirements.</p>	
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><i>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></p>	<p>Range of research undertaken on new approach and model.</p> <p><b>North Ayrshire</b></p> <ul style="list-style-type: none"> <li>• Service Access Assistants direct to either <b>Service Access</b> or <b>Main Teams</b></li> <li>• <b>Service Access Team</b> provide short-term outcome led MDT interventions</li> <li>• Signposting /self-assessment</li> <li>• High risk directed to other teams (i.e. ASP)</li> </ul> <p><b>East Renfrewshire</b></p> <ul style="list-style-type: none"> <li>• Experienced admin direct to <b>MDT Rapid Access Team</b> or <b>Main Teams</b></li> <li>• Deeper conversation undertaken in those teams</li> <li>• <b>Rapid Access teams</b> - examine personal resource/ signpost to assets and offer self-management approach</li> </ul> <p><b>Edinburgh</b></p> <ul style="list-style-type: none"> <li>• Adopted <b>3 conversations</b> approach</li> <li>• 56% supported at conversation 1 - informal support / connected to communities</li> <li>• 20% helped at conversation 2 with short-term/</li> </ul>	

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	<p>4) Not applicable <input type="checkbox"/></p>	<p><i>victimisation and fostering good relations).</i></p>	<p>low cost support</p> <ul style="list-style-type: none"> <li>• 76% did not require conversation 3</li> </ul> <p>We are doing something more radical in Glasgow with a multi-disciplinary service across the care groups. With staff have knowledge across the care groups and trained in this way to provide the most person-centred service at the front door of the HSCP.</p>	
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<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?</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</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p>	<p>Range of internal scoping/ development sessions held with staff to determine key changes and activities. Survey undertaken with public who contacted Social Care Direct to seek views on experience and feedback used to determine changes to proposals.</p> <p>Further engagements events held and recently 1 with key stakeholders/ partners on planned proposals. Next stage to link via locality forums to seek views/ feedback from patients/ service users on proposals.</p>	

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	<p>victimisation</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><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>		
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>5.</p>	<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><b><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to</i></b></p>	<p>The aim of the new service is to make access to services easier for all service users within the following services:</p> <ul style="list-style-type: none"> <li>• Social care – Adults/Older People/ Children and Families/Homelessness.</li> <li>• Alcohol and Drugs Recovery Services</li> <li>• NHS Community and Primary Care Services: Phase 1 Social Care Part of the Service</li> </ul> <p><b>Adults and Older People</b></p> <ul style="list-style-type: none"> <li>• All new referrals including OT</li> <li>• Internal Referrals that would have ordinarily gone to duty</li> <li>• Initial Assessments and home visits will be</li> </ul>	



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<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/> <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><i>remove discrimination, harassment and victimisation).</i></p>	<p>carried out as required</p> <ul style="list-style-type: none"> <li>• Work will only be handed over when longer term allocation is required</li> <li>• Responsibility for ASP will sit with the localities</li> <li>• ASP's will be screened by SPOA for new referrals, if meeting the 3 point test passed to locality ASP hubs</li> <li>• ASP's for open work across care groups will continue to be passed to ASP Duty Hubs</li> </ul> <p><b>Children and Families</b></p> <ul style="list-style-type: none"> <li>• All new referrals/ but not pre-birth</li> <li>• Initial Assessment and home visits will be carried out as required</li> <li>• Child Protection referrals of assault/ abuse nature will be passed directly to duty teams</li> <li>• Child Protection neglect/ concern, initial assessment and home visit if child protection passed to localities</li> <li>• Homeless families referrals/ homeless health visiting</li> </ul> <p><b>Homelessness</b></p> <ul style="list-style-type: none"> <li>• All new referrals/ Homeless Prevention</li> <li>• Homeless applications and initial booking of accommodation</li> <li>• Reducing demand on locality services</li> </ul> <p><b>Alcohol and Drug Recovery Services</b></p> <ul style="list-style-type: none"> <li>• ADRS not part of phase 1, part of phase 2</li> <li>• Processes in place to support the provision of information, offer advice and guidance</li> </ul>	
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			<ul style="list-style-type: none"> <li>• Referrals passed directly to the localities to process in line with MAT standards</li> <li>• All staff in SPoA will be trained in Harm Reduction approach</li> <li>• Social Care Workers x 4 will support this service</li> </ul> <p>A range of options is available to contact the service both virtually by online referrals form, email or webchat but also via phone with interpreting/ supports available for anyone requiring communication support. Also protocols and support arrangements in place if individuals physically attend at locality offices to seek a service. Home visits will be undertaken if required.</p>	
	<i>Example</i>	<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 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</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages</i></p>	<p>Access to services will be improved by:</p> <ul style="list-style-type: none"> <li>• Updated <b>online referral</b> across services</li> <li>• <b>Phone call, email message, webchat</b> functionality</li> <li>• Internal requests through HSCP IT systems include <b>Eclipse</b> and <b>Carefirst</b></li> <li>• <b>Your Support Your Way Glasgow</b> website to access information and services</li> <li>• On-line <b>Eligibility Checker</b> via YSYWG</li> <li>• Use of <b>Attend Anywhere</b> for appointments</li> <li>• <b>Access to supports</b> i.e. interpreting services and for visual/ hearing impairments</li> <li>• Develop methods of <b>customer engagement</b> and <b>feedback</b> to support continuous improvement</li> </ul>	



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	<p><b>discrimination, harassment and victimisation</b></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>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 show how the service review or policy has taken note of this.</b></p>	<p><b>and formats.</b></p> <p><b><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></b></p>	<p>The service will:</p> <ul style="list-style-type: none"> <li>• Offer multi-disciplinary strengths based approach</li> <li>• Focus on prevention, early intervention and wellbeing conversations</li> <li>• Have the highest skill set of staff at the front door</li> <li>• Adopt trauma informed approach to address complex needs and risks</li> <li>• Offer the 'right service at the right time' and manage the demand on statutory services</li> <li>• Bring the right people into statutory services who require it</li> </ul>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p><b>Age</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people</b></p>	<p>The new service will be open to all age groups who currently access the various services and fall within the referral criteria of that service. By introducing a wider range of ways to access the services, i.e.</p>		

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<p><b>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><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>telephone, email, website, interpreter services, service users will benefit from easier access to current services. Access will be person centred and will be flexible to meet the support requirements of each individual.</p>	
<p><b>(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>The new service will have no negative impact on people with a disability, as stated above, the aim is to improve access through a wider range of routes.</p> <p>Services who support disabled people were involved in the engagement and will continue to be involved as we go forward. Most of the referrals to the service will be for adults with disabilities and older people, which will amount to around 170 referrals per day. Families with Children with disabilities will also be accessing the service.</p>	

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	<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><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><b>(c)</b></p>	<p><b>Gender Identity</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</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 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>All people treated with dignity and respect so supported appropriately with their gender identity. For example if being placed in temporary accommodation this would be taken into consideration to ensure the more appropriate placement.</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><b>(d)</b></p>	<p><b>Marriage and Civil Partnership</b></p>	<p>The new service will have no negative impact on marriage or civil partnership</p>	

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	<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>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 checked="" type="checkbox"/></p>		
<p><b>(e)</b></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>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>The new service will incorporate the following from existing Children and Families services:</p> <ul style="list-style-type: none"> <li>• All new referrals/ but not pre-birth</li> <li>• Initial Assessment and home visits will be carried out as required</li> <li>• Child Protection referrals of assault/ abuse nature will be passed directly to duty teams</li> <li>• Child Protection neglect/ concern, initial assessment and home visit if child protection passed to localities</li> <li>• Homeless families referrals/ homeless health visiting</li> </ul>	

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	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<p><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>(f)</p>	<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>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>There are no barriers to access any of the current services due to race</p> <p>The new service will be open to all ethnic groups who currently access the various services and fall within the referral criteria of that service. By introducing a wider range of ways to access the services, i.e. telephone, email, website, interpreter services, service users will benefit from easier access to current services. Access will be person centred and will be flexible to meet the support requirements of each individual.</p>	
<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</b></p>	<p>There are no barriers to access any of the current services due to religion or belief</p>	

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	<p>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 checked="" type="checkbox"/></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><b>(h)</b></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>1) Remove discrimination, harassment and victimisation <input 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>There are no barriers to access any of the current services due to sex</p> <p>Staff will be appropriately trained in supporting people impacted by Domestic Abuse. Staff will also be trained in Trauma Informed Practice and the Training and Development Session are currently reviewing all training to ensure that it is Trauma Informed.</p>	

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<b>(i)</b>	<p><b>Sexual Orientation</b></p> <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 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>There are no barriers to access any of the current services due to sexual orientation</p>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<b>(j)</b>	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on the 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</b></p>	<p>The new service will focus on people who are at a disadvantage due to inequalities, particularly through homelessness and those with drug and alcohol addiction.</p> <p>The service will also provide financial support and assistance by offering assistance with Scottish Welfare Fund applications, assisting people with no recourse to public funds, and supporting the Poverty Strategy through benefit maximisation, access to</p>	

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	<p><b>consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. If relevant, you should evidence here steps 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: interim guidance for public bodies - gov.scot (www.gov.scot)</a></b></p>	<p>financial and practical support and employability.</p>	
<p><b>(k)</b></p>	<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>For those who are homeless, the service will deliver on:</p> <ul style="list-style-type: none"> <li>• All new requests for advice and assistance from public and partner organisations</li> <li>• Homelessness prevention and tenancy sustainability activities will be the key focus</li> <li>• Initial Homelessness application and emergency accommodation secured when required</li> <li>• Reducing demand on the locality services</li> </ul> <p>For those with alcohol and drug addiction issues, the service will deliver on:</p> <ul style="list-style-type: none"> <li>• ADRS not part of phase 1 – will be part of phase 2</li> <li>• Processes in place to support provision of information, offer advice and guidance</li> <li>• Any referrals will be passed direct to localities to progress in line with MAT standards</li> <li>• All staff in SPoA will be trained in Harm Reduction approach</li> <li>• Social Care Workers (4) will be aligned to support this work</li> </ul> <p>The new service is not currently planning to interface</p>	

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		with services for Asylum Seekers as they are subject to separate arrangements already in place, however, those who have no recourse to public funds and are outwith the asylum system will be supported via this new service.	
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>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</p> <p>2) Promote equality of opportunity</p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable</p>	No – this service will benefit from an investment of £1.4 million to develop a new resourcing model.	
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
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</b>	Robust training, development and induction plan being developed for all staff. This includes statutory and mandatory training in a range of requirements.	

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<b>a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b>		
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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.**

A risk Register has been established for the project and will support implementation however to date no risks identified which could impact on the human rights of patients, service users or staff.

**Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\* .**

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\*

- **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)

**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 change in approach by adopting early intervention, independence and reablement will benefit the service as conversations will be held earlier in the process which will enable improved practice. The information gathered will also enable improved planning and commissioning of specific services or identify gaps in provision.

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Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)

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

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Lead Reviewer:  
EQIA Sign Off:

Signature



Name  
Job Title

Pat Togher  
Assistant Chief Officer Public Protection and Complex Needs

Date            6 October 2022

Quality Assurance Sign Off:

Signature

Name  
Job Title:  
Date

Alastair Low  
Planning and Development Manager  
6 October 2022

**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
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			

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
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			



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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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