

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

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

Glasgow City Health and Social Care Partnership: Flexible Purchasing Framework for Social Care Supports

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).**

Background In June 2025, Glasgow Health and Social Care Partnership (GCHSCP) will re-tender the Framework Agreement for the provision of Purchased Social Care Supports as a result of the previous 2019 Framework Contract ending in January 2026. The 2019 Frameworks established the Contractual basis for the purchasing of social care supports. The Flexible Purchasing Framework for Social Care Supports 2026 Agreement will establish the contractual basis for the purchasing of

1. Care & Support
2. Day Opportunities/ Community & Building based; Short-Breaks/Community & Building Based (Children with Disabilities only)
3. Additional Supports for the following caregroups/lots; Older People, Learning Disabilities, Physical Disability, Mental Health, Children with disabilities and Bespoke Packages for people with multiple support needs.

The Flexible Purchasing Framework for Social Care Supports 2026 helps to deliver on the Maximising Independence and Access to Social Care agenda. It also contributes to the wider personalisation agenda in Glasgow and to shifting the balance of care out of the hospital and closer to the patient's home. Self-directed support addresses several of the Scottish Government's key themes. The type of care and support packages that can be delivered via self-directed support can help to prevent the deterioration of an individual's physical and mental ill health, contributing to a Healthier Scotland. It will also contribute to a Fairer and Wealthier Scotland as self-directed support can be used to support a person into employment, training and education. The policy also contributes to meeting a National Indicator: "Improve support for people with care needs". The policy is also in accordance with the conclusions of the Christie Commission (June 2011) regarding the future of public service delivery in Scotland. This Equality Impact Assessment was undertaken to formally capture contextual information relating to children and adult services for different protected characteristic groups at this time and will be used to inform ongoing strategy development, subsequent service change proposals and contributes to other equality impact assessments that will be undertaken to ensure any service change is compliant with the HSCP and Health Board's legal duties in respect of their Public Sector Duty. This Equality Impact Assessment will be re-visited once the Flexible Purchasing Framework for Social Care Supports 2026 is in operation and will be used to provide a baseline for future strategy assessment.

The Council has a legal obligation to promote equality of opportunity and anti-discrimination and there are numerous robust contractual clauses within the Framework Agreement which compel Provider organisations to deliver on these obligations. The most notable clause is clause 31:

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**31. EQUAL OPPORTUNITIES AND NON-DISCRIMINATION**

31.1 In providing the Services, the Provider shall comply with equal opportunities and the Public Sector Equality Duty and shall ensure compliance with the Council's written policies on such matters and with all Laws, regulations, codes of practice and guidance from time to time applicable in such regard.

31.2 The Provider shall provide such information and documentation to the Council as the Council may reasonably require from time to time for the purposes of:

- 31.2.1 assessing the Provider's compliance with its obligation under clause 31.1;
- 31.2.2 enabling the Council to review diversity in employment data such as total Staff in post, applications for posts, appointments to post, annual gender pay audits, promotions, performance reviews, training, disciplinary matters, grievances, tribunal matters and all other relevant information required for the Council to comply with its Public Sector Equality Duty; and
- 31.2.3 enabling the Council to review data in respect of complaints and satisfaction surveys in respect of the Provider's approach to equalities, diversity and human rights.

31.3 In delivering and reviewing the Services the Provider shall:

- 31.3.1 have regard to any guidance provided by Scottish Ministers for local authorities on the Public Sector Equality Duty (including assisting in or preparing reports in order to secure the Council's compliance with the Public Sector Equality Duty);
- 31.3.2 comply with reasonable requests for information or data in respect of the Council's Public Sector Equality Duty including where the Council undertakes an equalities impact assessment and
- 31.3.3 compile and keep all required records in order that the Council may comply with the Public Sector Equality Duty including where the Council undertakes an equalities impact assessment.

31.4 The Provider shall deliver the Services in a non-discriminatory manner that ensures fairness and equality to all Service Users. The Provider recognises that the Council has a responsibility to monitor the extent to which the provision of the Services extends to groups who are at risk of social exclusion. The Provider agrees, where appropriate and practicable, to provide information to the Council in relation to employment and use of the Service by the following criteria: age, sex, sexual orientation, disability, religion or belief, race, marriage and civil partnership, pregnancy and maternity; and gender reassignment.

31.5 The Provider shall not discriminate directly or indirectly, or by way of victimisation or harassment, against any person on grounds of gender reassignment, age, marriage or civil partnership, sexual orientation, disability, religion or belief, sex, pregnancy or maternity and race contrary to the Equality Act 2010.

31.6 The Provider shall notify the Council forthwith in writing as soon as it becomes aware of any investigation of or proceedings brought against the Provider under the legislation contained in the Equality Act 2010. Where any investigation is undertaken by a person or body empowered to conduct such investigation, and/or proceedings are instituted in connection with any matter relating to the Provider's performance of this Contract being in contravention of the Equality Act 2010, the Provider shall free of charge:

- (i) provide any information requested in the timescale allotted;
- (ii) attend any meetings as required and permit the Provider's affected Staff to attend;
- (iii) promptly allow access to and investigation of any document or data deemed to be relevant;
- (iv) allow itself and any Staff of the Provider to appear as witness in any ensuing proceedings; and
- (v) co-operate fully and promptly in every way required by the person or body conducting such investigation during the course of that investigation. Where any such investigation is conducted or proceedings are brought under the Equality Act 2010, which arise directly or indirectly out of any act or omission of the Provider, its agents or subcontractors, or the Staff of the Provider, and where there is a finding against the Provider in such investigation or proceedings, the Provider shall indemnify the Council with respect to all costs, charges and expenses arising out of or in connection with any such investigation or proceedings and such other financial redress to cover any

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payment the Council may have been ordered or required to pay to a third party.

31.7 In recognition of the Council's legal obligation to tackle discrimination and promote equalities and diversity in all its functions and policies under the Equality Act 2010 the Provider may be subject to the requirement to complete a questionnaire and/or provide information to the Council's officers on the extent and quality of the Provider's equalities and diversity policies and practice. Poor practice in this regard may result in the Council issuing a mind to comply letter describing the nature of improvement required and associated timescales. Failure to adhere to the terms of the said letter within the stipulated timescale may be considered as a breach of contract that has not been remedied under clause 38 giving the Council the right to terminate the Contract forthwith.

31.8 In the event that the Provider enters into any subcontract in connection with this Contract, it shall impose obligations on its subcontractors in proportionate and relevant terms substantially similar to those imposed on it pursuant to this clause. Other relevant contractual clauses include: Grounds for termination of contract: 16.2.13 Not compliant with the requirements of the Equality Act 2010. 5.2 The Provider must at all times meet the standards detailed within relevant National Care Standards which will be regarded as minimum standards. The Provider must also adhere to the principles of dignity, privacy, choice, safety, realising potential and equality and diversity rights as an individual.

### 27. RACIAL DISCRIMINATION AND THE PROMOTION OF RACIAL EQUALITY

The changes identified from the development of the Flexible Purchasing Framework for Social Care Supports 2026 is in relation to process changes to align with the HSCP Access to Social Care, with the lotting strategy of the tender changing however the HSCP will continue to purchase and offer the same supports. Another change within the Flexible Purchasing Framework for Social Care Supports 2026 is the introduction of the opportunity to purchase bespoke packages of support for people with multiple support needs and the opportunity for the delivery of additional & innovative supports thus ensuring a personalised choice based approach.

Although the HSCP will no longer purchase Adult Short Break provision via the Flexible Purchasing Framework for Social Care Supports 2026 they will now purchase this via the National Care Home framework, it is envisaged that this will increase the availability of Short Break/Respite provision and expand choice available.

<https://glasgowcity.hscp.scot/publication/item-no-09-review-access-social-care-support#:~:text=This%20report%20sets%20out%20the,IJB%20approval%20for%20this%20approach.>

**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> Angela Dowdalls – Principal Officer Commissioning	<b>Date of Lead Reviewer Training:</b>
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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):**

Geri McCormick - Head of Commissioning
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		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
1.	<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>	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Data collected through care first	<p>Providers will be required to submit 6-monthly reports with equalities included.</p> <p>This is specified in the framework agreement 'The Provider agrees, where appropriate and practicable, to provide information to the Council in relation to employment and use of the Service by the following criteria: age, sex, sexual orientation, disability, religion or belief, race, marriage and civil partnership, pregnancy and maternity; and gender reassignment.'</p>
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<p><b>Please provide details of how data captured has been/will be used to inform policy content or service design.</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement</i>	Providers will be required to submit regular monitoring reports which will include all 9 protected characteristics. This will be used to identify that support is being made available to all independent of age, ensuring those under 18 and over 65 are have proportionate access to purchased social care.	

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	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><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</i></p>	<p>The review of Access to Social Care considered the research below which also supports the development of the Flexible Purchasing Framework for Social Care Supports.</p> <p><u>My Support, My Choice - Self Directed Support Scotland   Self Directed Support Scotland (<a href="http://sdsscotland.org.uk">sdsscotland.org.uk</a>)</u></p> <p>Qualitative information on the experience of service users receiving Self Directed Support in Glasgow was gathered by Self Direct Support Scotland and The Alliance (September 2021 Report). While only a relatively small number of people were able to participate in this study (in the context of the c3500 people in Glasgow in receipt of SDS), it nonetheless identified areas for improvement. This included the timing, quality and accessibility of information received by some service users to inform choices and care planning decisions. Although there were areas for improvement identified, the engagement generally</p>	

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	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><b><i>young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></b></p>	<p>reported that SDS had improved their social care experience.</p> <p>My support my choice report</p> <p>My Support My Choice: Peoples Experiences of SDS and Social Care in Scotland also created Thematic Reports specifically for:</p> <ul style="list-style-type: none"> <li>• Women's Experience</li> <li>• People with mental Health Problem's Experiences</li> <li>• People with Learning Disabilities' Experiences</li> <li>• Black and Minority Ethnic Peoples' Experiences</li> <li>• Blind and Partially Sighted Peoples' Experiences</li> </ul> <p>This approach will consider and support the equity principles of this policy the HSCP will be duty bound to consider other, more cost-effective alternatives to ensure we deliver best value through fair and equitable use of resources.</p> <p>The recommendations and priorities from the My Support My Choice report will be taken into considerations when developing the options for reducing spend of the service.</p> <ul style="list-style-type: none"> <li>• The Social Care (Self-directed Support) (Scotland) Act 2013 and detailed Practitioner Guidance</li> <li>• Glasgow City HSCP Self-directed Support: Framework of Standards Self-Evaluation Report</li> <li>• Staff Engagement on Self-Directed Support (SDS) Processes and Practice</li> </ul> <p>Case Studies were undertaken across the following groups:</p> <ul style="list-style-type: none"> <li>• Older Person</li> <li>• Adult with a Learning Disability</li> <li>• Adult with Alcohol-related Brain Damage</li> </ul> <p>The <u>My support my choice report</u> identified specific actions relating to equality groups, including;</p>	
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			<ul style="list-style-type: none"><li>• Support people with lived experience of mental health problems to access good quality information in a range of accessible and tailored formats about the different SDS options.</li><li>• Blind and partially sighted people should be promptly provided with all information – in accessible formats – pertaining to their SDS, including Personal Outcome Plans, budget agreements, and decisions about their support package</li><li>• work to dismantle communication barriers faced by older people.</li><li>• To work to dismantle communication barriers faced by Black and minority ethnic people and older people. People in specific ethnic minority communities would benefit from targeted initiatives on information.</li><li>• Targeted initiatives are required to ensure that Black and minority ethnic people have access to culturally appropriate SDS/ social care</li><li>• Action to distinguishes between the experiences of women as users of SDS, and women who are unpaid carers for friends and family members who use SDS (as important but distinct experiences).</li><li>• Professionals should ensure that all unpaid carers are offered carers' assessments and have their rights explained to them.</li><li>• Ensuring non-discriminatory attitudes and behaviour and a lack of gender bias in the support offered and provided to disabled parents is essential to ensure parity of support.</li><li>• ensure that SDS budget cuts &amp; tightened eligibility criteria do not negatively affect the physical &amp; mental health of people on low incomes who access or are applying for SDS/social care.</li></ul> <p>In addition to the above the data below was also considered in</p>	
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			<p>relation to the development of the Framework:</p> <ul style="list-style-type: none"> <li>• The Social Care (Self-directed Support) (Scotland) Act 2013: statutory guidance was issued to local authorities to give an overview of their duties and powers in relation to the Act. The Act makes legislative provisions relating to the arranging of care and support to provide a range of choices to people for how they are provided with support. <a href="#">Social Care (Self-directed Support) (Scotland) Act 2013: statutory guidance - gov.scot</a></li> <li>• The Health and Care (Staffing) (Scotland) Act 2019 offers a number of principles for health and care staff and health and care services for the delivery of safe and high-quality services which deliver improved outcomes for those receiving support. Services should have a strength bases approach and respect the dignity and rights of those receiving support. Additional Information can be found here. <a href="#">Health and Care (Staffing) (Scotland) Act 2019</a></li> <li>• The Carer (Scotland) Act 2016 extends and enhances the rights of carers in Scotland. Providers should be aware of the duties under that Act and <a href="#">Glasgow's Carer Strategy</a>.</li> </ul>	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
4.	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)	<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</i>	<p>The Flexible Purchasing Framework for Social Care Supports has been developed to support the Review of Access to Social Care, consultation was concluded in relation to this activity and has informed this development. The eqia of the implementation of the review, can be accessed <a href="#">here</a>.</p> <p>In addition a review of Day Opportunities was concluded in relation to Older People which informed this activity. <a href="https://www.glasgow.gov.uk/article/9912/Consultation-on-Day-Services-for-older-people">https://www.glasgow.gov.uk/article/9912/Consultation-on-Day-Services-for-older-people</a></p>	If any impact is identified in future then reassessment will be conducted and mitigating actions identified.

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	<p>support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Providers will be required to submit regular monitoring reports which will include information in relation to complaints, concerns, service user feedback.</p> <p>The purchasing within the future flexible framework will now be on an outcome based support planning and outcome monitoring and will be achieved on a one to one basis via the Individuals Outcome Based Support Plan.</p>	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service	<i>An access audit of an outpatient physiotherapy department found that users were required to</i>	Categories of Support purchased within the flexible purchasing Framework for Social Care Supports will be provided to people in their own home, accommodation option and in community settings based on the individuals capability and support needs	Increase costs relating to travel/transport can impact on providers capacity to deliver appropriate support or individuals

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	<p>users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>will be part of the Outcome Based Support Planning that providers are being asked to deliver on.</p>	<p>ability to access services out with the family home.</p> <p>The recent change to parking charges will also have a negative impact on above.</p> <p>The Flexible Purchasing Framework for Social Care Supports 2026 will allow providers to submit rates that consider these costs and mitigate some of the impact.</p> <p>It is recognised that increased parking costs may have a disproportionate impact on low income families, Pensioners and Single Parents and those living in certain areas of the city.</p> <p>Please see EqIA for further details: <a href="http://www.glasgow.gov.uk/article/1328/Equality-Impact-Assessment-EqIA">www.glasgow.gov.uk/article/1328/Equality-Impact-Assessment-EqIA</a></p>
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the</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</i></p>	<p>The Flexible Purchasing Framework for Social Care Supports 2026 will be for new service users or those whose care package is being reviewed.</p> <p>The above individuals will be informed of the new framework via their caremanager/assessment/review process.</p> <p>The caremanager will identify the provider via the Framework, in discussion with the individual. The final process for call off is still</p>	<p>Providers will be required to support individuals who have communication needs.</p>

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	<p><b>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>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.</p>	<p><b>users.</b></p> <p><b><i>Written materials were offered in other languages and formats.</i></b></p> <p><b><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></b></p>	<p>be agreed and will consider the impact on individuals and all communication approaches that need to be considered eg for individuals with sensory impairments, learning disabilities or limited or no English. The individuals care plan will include any communication needs e.g. access to interpreters, alternative formats.</p>	
7	Protected Characteristic	Service Evidence Provided		Possible negative impact and Additional Mitigating Action Required
(a)	Age	The Flexible Purchasing Framework for Social Care Supports		The decision to tender for the

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<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><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 type="checkbox"/></p>	<p>2026 offers support to people from birth onwards and will therefore consider the needs of older people and children and young people require at times different approaches/provision</p> <p>The Flexible Purchasing Framework for Social Care Supports 2026 gives access to a range of specialist Providers to citizens of all ages in the city. Older adults in particular will have access to a number of care and support providers beyond the traditional option of HSCP homecare.</p> <p>Glasgow has a population of 622,820. It is densely populated with 3,567 people per km2 with 52.3% of residents living in houses and 47.2% living in flats. This is very different from the Scottish average of 70 people per km2 with more than four fifths of people living in houses (81.2%) (NRS Mid-Year Estimates of Population 2022; Scottish Household Survey 2022). Glasgow is a diverse city. Of those who disclosed their country of origin, 78.4% of people living in Glasgow were born in the UK and 11.6% outside the UK. This compares with 87.4% (UK) and 7.9% (outside UK) for Scotland, meaning the percentage of Glasgow's population born outside the UK is almost 50% higher than the percentage for Scotland as a whole (Scottish Survey Core Questions (SSCQ) 2022). 79.6% of Glasgow's total population has a white ethnic background and 20.3% has a Black or Minority Ethnic (BME) background. The proportion of Glasgow local authority school pupils with a non-white ethnic background is 27.6%. By comparison, Scotland's overall population is 91.0% white and 8.7% BME, with 11.3% of local authority school pupils having a non-white ethnic background (Scottish Survey Core Questions (SSCQ) 2022; Scottish Government Pupil Census Supplementary Statistics 2023).</p> <p>National Records of Scotland (NRS) produced estimated population projections in 2018. These indicate that the overall population of Glasgow is expected to grow by 1.2% between 2024 and 2029, 2.3% between 2024 and 2034, and 3.8%</p>	<p>Flexible Purchasing Framework for Social Care Supports 2026 for social care supports in Glasgow will offer increased choice and control for all citizens in receipt of services under Section 12A of the Social Work (Scotland) Act 1968, the SDS Act 2013, Section 22 -24 of the Children (Scotland) Act 1995 and people who receive support as unpaid carers under the Carers Act Scotland 2018. This primary client groups eligible to access the Framework are children and adults with disabilities, people with mental ill health and older people. It is intended that they will benefit from the positive outcomes of self-directed support which include: greater flexibility, choice and control in care arrangements, better quality care and a more independent lifestyle. 59.2% of Glasgow adults aged 18+ who have high levels of care needs, are cared for at home. This is lower than the Scotland rate of 63.5%. 453 Glasgow adults aged 18-64 are in long stay residential care, representing 17.5% of the Scottish total number. This percentage is higher than Glasgow's 12.8% share of the 18-64 years population of Scotland. 2,600 Glasgow adults were receiving care at home during the last week of the financial year (March 2023), representing 15.6% of the</p>
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		<p>between 2024 and 2043. Scotland's population is also expected to grow overall, by 0.7% between 2024 and 2029, by 1.1% between 2024 and 2034, and by 1.3% between 2024 and 2043. Within the overall increase in Glasgow between 2024 and 2034, the child population (0-17 years) is forecast to decrease by 6.0%. The adult (16-64 years) population is expected to increase by only 0.3% and the older people (65+) population is expected to increase by 22.3%. Within Scotland between 2024 and 2034, there are expected decreases in both the child and adult populations (7.5% and 2.3% respectively) and an increase of 19.0% in the older people population (NRS Population Projections 2018).</p> <p>Personalisation, as outlined in the Social Care (Self-directed Support, SDS) (Scotland) Act 2013, aims to provide service users with greater choice and control over the support they receive. At the end of March 2024, a total of 3,171 adults were in receipt of a personalised social care service, a slight reduction since March 2023 (3,178). In contrast, children with disabilities with SDS rose by 27% over the same period (from 402 to 510). The overall proportion of service users who chose the Direct Payment option to receive their personalised budget increased from 21% to 23% in 2023, as shown below. This varied considerably between age groups, with 76% of children with disabilities receiving a direct payment compared to 15% of adults.</p>	<p>Scottish total number. This percentage is higher than Glasgow's 12.8% share of the 18-64 years population of Scotland. 1,980 (76.2%) of these Glasgow adults receiving care at home during the last week of the financial year were in receipt of personal care, similar to the 74.7% of all Scottish adults receiving care at home in this week.</p> <p>37.9% of Glasgow's older people aged 65+ who have high levels of care needs, live at home. This is higher than the 36.7% for Scotland overall. Glasgow has 3,271 people aged 65+ living in long stay residential care and 4,900 people aged 65+ in receipt of home care. Almost all (97.1%) of those receiving home care are receiving personal care at home.</p> <p>Individuals may choose not to access their support provider via the Framework. They will still have the option to choose their own providers from their allocated care budget.</p> <p>There is an expectation that Technology and Digital provision will be a key aspect of the purchased support provision therefore digital exclusion may apply and will be a consideration under age, disability</p>
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			and poverty in particular. Individuals will be offered support by support provider to engage with technology and digital option. If the individual does not want to participate, they will still have the option to choose their own support package via option 1 of SDS.
(b)	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input 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 type="checkbox"/></p>	<p>It is estimated that more than 100,000 people in Glasgow have a physical disability, 7.8% of the population. Currently, 20,000 people in the City are living with a cancer diagnosis and this is forecast to rise to approximately 35,000 by 2030. More than a quarter of Glasgow adults, 28.6%, live with a limiting long-term illness or condition More than 8,000 people are estimated to be living with dementia in Glasgow Around 3,700 people, 0.6% of Glasgow's population, are recorded as having a learning disability, whilst almost 13,600 people, 2.1%, are reported as having a learning difficulty It is estimated that around 6,500 people in Glasgow have a form of autism.</p> <p>6.1% of the population has been recorded as having a hearing impairment, and almost 2.5% of the population have a visual impairment 6.5% of the population has been recorded as having a mental health condition The number of adolescents reporting emotional or mental illness in the city rose from 5% in 2015 to 22% in 2019, with children and young people waiting longer than adults to start treatment (61% start within the 18-week period compared with 89% of adults) Nearly a quarter (23%) of Glasgow adults have common mental health problems compared to 17% of Scotland's adults, with higher proportions for females in both Glasgow and Scotland (23% Glasgow and 19% Scotland) than males (22% Glasgow and 15% Scotland) A fifth of Glasgow's population, 20.5%, is prescribed drugs for anxiety, depression and psychosis. The Scottish average is 19.3%.</p> <p>The 2026 Flexible Framework will put in place a number of social care providers who are able to meet the needs of a broad range of service users with a diverse range of disabilities. The impact of an individual's disability in terms of leading a full and</p>	<p>Adult Services will not be purchasing Adult Short Breaks/Respite via the Flexible Purchasing Framework for Social Care Supports 2026 due to the low capacity the previous framework delivered. However to mitigate any impact on people they will now purchase this provision via the National Framework which should allow for more capacity and increased choice. The individual will be supported in a similar approach to accessing the 2026 Framework.</p>

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		active life is therefore diminished by having a choice of providers able to offer support within the City.	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(c)	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input 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 type="checkbox"/></p>	<p>Framework Providers are required under the terms of the Flexible Purchasing Framework for Social Care Supports 2026 contract to deliver services in accordance with the 2010 Equalities Act and therefore are prohibited from discriminating against adults and children on the basis of gender reassignment issues.</p> <p>Transgender people are one of the most marginalised protected characteristic groups in the UK. Trans people are likely to experience abuse at various point throughout their lives. In a study by Scottish Transgender Alliance (2008) 25% of respondents said they had to move from a family home due to family responses. This often results in homelessness, 46% had experienced transphobic abuse in relationships and 62% had experienced transphobic abuse from strangers in public places. - Scottish Transgender Alliance – Transgender experiences in Scotland 2008.</p> <p>We will also rely on information contained within and guidance from the following reports and research:  <a href="https://glasgowcity.hscp.scot/sites/default/files/publications/Final%20Equalities%20Mainstream%20Report.pdf">https://glasgowcity.hscp.scot/sites/default/files/publications/Final%20Equalities%20Mainstream%20Report.pdf</a></p>	<p>There will be occasions where single sex provision or gender specific support will be required. This will be informed via assessment and support planning.</p> <p>The Flexible Purchasing Framework for Social Care Supports 2026 requires providers to have appropriate staffing levels to accommodate when single sex provision is required.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the</b></p>	<p>There is no impact identified of this exercise at this stage for this protected characteristic</p>	<p>If any impact is identified in future then reassessment will be conducted and mitigating actions identified.</p>

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	<p><b>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>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>		
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>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>Laura A. and Carter C. (2010); Women with Learning Disabilities and Maternity Services in Leeds: found that the experiences of women with learning disabilities highlighted initial issues for concern that seriously contravene basic international and national human rights standards: -The lack of identification of a woman with a learning disability and therefore her lack of support; -The lack of information about crucial health and social issues that affect a woman with a learning disability; -The non-accessible information given to a woman with a learning disability; -The grave concerns with respect to the lack of a free and informed consent for deciding a termination that have been evidenced with respect to a woman with a learning disability - Laura A and Carter C 2010</p>	<p>If any impact is identified in future then reassessment will be conducted and mitigating actions identified.</p>

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	4) Not applicable <input type="checkbox"/>		
	<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>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>To promote equality of opportunity and it is necessary for social care Provider organisation's workforce composition to reflect the multi racial characteristic of the city. The Framework Agreement is vulnerable to these recruitment challenges which will be kept under review through formal contract management activity</p> <p>Framework Providers are required under the terms of the Flexible Purchasing Framework 2026 contract to deliver services in accordance with the 2010 Equalities Act and therefore are prohibited from discriminating against adults and children on the basis of race. GCHSCP Demographics and Needs Profile evidences that Glasgow's population is very different from that of Scotland overall with Glasgow City having a percentage of Black and Minority Ethnic (BME) people (19.3%) almost 3 times that of Scotland (7.1%). There are also differences in the ethnic profile of the population within Glasgow with a BME population in North East of 14.3%, North West 20.9% and South 21.4%.</p>	<p>If any impact is identified in future then reassessment will be conducted and mitigating actions identified</p>
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and</p>	<p>Currently the HSCP does not have access to any data on discrimination experienced by adults or children on the grounds of religion or belief which would be relevant for this EQIA</p>	<p>If any impact is identified in future then reassessment will be conducted and mitigating actions identified</p>

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	<b>victimisation</b>  2) Promote equality of opportunity <input type="checkbox"/>  3) Foster good relations between protected characteristics. <input type="checkbox"/>  4) Not applicable <input type="checkbox"/>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(h)	<b>Sex</b>  <b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b>  <b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b>  1) Remove discrimination, harassment and victimisation <input type="checkbox"/>  2) Promote equality of opportunity <input type="checkbox"/>  3) Foster good relations between protected characteristics. <input type="checkbox"/>  4) Not applicable <input type="checkbox"/>	<p>Social care work has historically attracted more female staff than males and at times this has led to difficulties providing services to individuals who have specifically needed a male staff team. The Framework Agreement is vulnerable to these recruitment challenges which will be kept under review through formal contract management activity</p> <p>Lisney E. (2014) Disability and intersectionality: Multiple identities, cumulative discrimination, Scottish Women's Aid suggested that women with disabilities are vulnerable to physical, sexual, psychological and financial abuse. In a study across the European Union including Scotland, Shah S. et al (2015); Access to support services and protection for disabled women who have experienced violence; European Commission found that women with disabilities (women and girls who are deaf and those with long-term health Conditions) are more susceptible to different forms of violence across their lives compared with non-disabled women. The violence happens within a range of contexts (e.g. home, school, hospital) and is done by various perpetrators, including professionals and family members as well as partners. However, disabled women and girls face several obstacles when trying to access information and support to escape abusive relationships, both from women's support services (which are often not accessible) and disabled</p>	<p>If any impact is identified in future then reassessment will be conducted and mitigating actions identified</p>

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		<p>people's organisations (which do not often prioritise tackling gender-based violence). The voices and experiences of disabled women and girls are often hidden or not taken seriously. - Lisney E (2014): "Disability &amp; Intersectionally"</p> <p>It is also recognised that a disproportionate number of carers are female, potentially on low incomes.</p> <p>It is also recognised that carers are likely to experience significant financial challenges that may have a negative impact on their health and wellbeing.</p> <p>Care assessments and reviews will continue to be based on meeting an individual's assessed needs. The Flexible Purchasing Framework 2026 has included support provision for carers when required.</p>	
(i)	<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 type="checkbox"/></p>	<p>The SDS Scotland My Support My Choice: National Report (2020) reports that disabled people who are LGBT+ described some difficulty when working with new support workers due to their awareness of LGBT+ and at times not accepting of their sexual orientation. It was reported that there is a need for more accessible LGBT+ activities and opportunities for people of all ages who are LGBT+.</p> <p>The Flexible Purchasing Framework 2026 contract will support the ability of service users to exercise their choice to take a Direct payment. In 2022 there were 183,860 LGB+ people in Scotland. This is 4.0% of people aged 16 and over and a further 23,500 (0.51% of over-16s) people chose another sexual orientation such as pansexual or asexual or queer. The census also asked about trans history for the first time, with 19,990 people (0.44% of the over-16 population identifying as trans or having a trans history</p>	<p>If any impact is identified in future then reassessment will be conducted and mitigating actions identified</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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 <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:<a href="https://www.gov.scot/publications/fairer-scotland-duty/guidance-for-public-bodies/pages/1-introduction.aspx">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 socioeconomic 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 socioeconomic disadvantage?</li> <li>4. Are some communities of interest or communities</li> </ol>	<p>The Scottish n 2021-24, a significant portion of the Scottish population lived in poverty, with 23% of children and 20% of working-age adults living in relative poverty after housing costs, <a href="#">according to The Scottish Government</a>. Additionally, 16% of the population lived in absolute poverty after housing costs, and 16% lived in households with low food security. Socio-economic deprivation is also linked to ethnicity, with Black and minority ethnic children disproportionately exposed to poverty.</p> <p>In 2021-24, the poverty rate after housing costs for people in households with a disabled person was 23% (550,000 people each year). This compares with 17% (510,000 people) in a household without disabled household members.</p> <p>Providers on the Framework will submit their own individual rate and this can vary across providers however people can choose to ‘top up’ their care if allocated budget does not cover all their requirements.</p>	<p>Increase costs relating to travel/transport can impact on providers capacity to deliver appropriate support or individuals ability to access services out with the family home.</p> <p>The recent change to parking charges will also have a negative impact on above.</p> <p>The Flexible Purchasing Framework 2026 will allow providers to submit rates that consider these costs and mitigate some of the impact.</p> <p>It is recognised that increased parking costs may have a disproportionate impact on low income families, Pensioners and Single Parents and those living in certain areas of the city.</p> <p>Please see EqlA for further details:</p> <p><a href="https://www.glasgow.gov.uk/article/1328/Equality-Impact-Assessment-EqlA">https://www.glasgow.gov.uk/article/1328/Equality-Impact-Assessment-EqlA</a></p>

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	<p>of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<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>	None	None
8.	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b></p> <p><b>Your evidence should show which of the 3 parts of the</b></p>	The Flexible Purchasing Framework 2026 will support the Review of Access to Social Care which has a £3million saving attached to it.	The Flexible Purchasing Framework 2026 will allow for providers to submit their individual rates and promote Fair Work with an expectation that the living wage is being offered to staff with the highest % being

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	<p><b>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>		females on low incomes.
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
9.	<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>Equalities responsibilities for Purchased Providers will be covered in the contract terms.</p>	<p>If any impact is identified in future then reassessment will be conducted and mitigating actions identified</p>

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

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

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

United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol website: <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> requires all service provision to be concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.

There is a commitment to Fair Access to Social Care and Maximising Independence focused on prevention, early intervention and redirection based on a risk-enabling, strengths and reablement-based system of assessment and support planning, which was deemed the appropriate strategic response and best route to maintaining a sustainable community health and social care system in the city. Service users will be encouraged and supported to shape their own care while mitigating risk by being provided with a range of choices for how they are provided with support. This approach will consider and support the equity principles of this policy the HSCP will be duty bound to consider other, more cost-effective alternatives to ensure we deliver best value through fair and equitable use of resources.

The Flexible Purchasing Framework 2026 will be the purchasing approach to support the HSCP deliver on the above by ensuring purchased providers utilise a strength based approach to service delivery and supporting sustainable communities. In addition the Framework will allow for a more personalised and choice based option for people.

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

\*

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

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

☐

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

☒

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

☐

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

☐

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

--

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

Date for completion

Who is responsible?(initials)

The above EQIA to be reviewed once Flexible Purchasing Framework 2026 has been implemented.

June 2026

Angela Dowdalls

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

June 2026

Lead Reviewer:

EQIA Sign Off:

Name

Job Title

Signature

Date

Geri McCormick

Head of Commissioning

Geri McCormick

05/06/2025

Quality Assurance Sign Off:

Job Title

Signature

Date

Dr Noreen Shields

Planning and Development Manager



06/06/2025

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**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET**

**Name of Policy/Current Service/Service Development/Service Redesign:**

--

**Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy**

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

**Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion**

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

--

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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